

Overview

Pediatric constipation is a common condition that can lead to abdominal pain, poor appetite, behavior problems, vomiting, and stool accidents. Proper treatment includes a combination of medication, dietary adjustments, behavioral interventions, and patient education.

Causes

Functional: Primary cause of pediatric constipation. Chronic stool withholding leads to mega-rectum and mega-colon, disrupted gut-brain axis, and ineffective stooling pattern

Medication side effect: Many over the counter and prescription medications for children can cause constipation

Post infectious: After illness, many children can develop transient constipation due to decreased motility of the GI tract

Organic: Rare causes of constipation such as Hirschsprung's, anatomic abnormalities, Celiac disease, thyroid disease, and others

Dietary and Behavioral Recommendations

Hydration: Encourage adequate fluid intake; increase water and decrease milk if possible

Scheduled Toilet Sits: Have the child sit on the toilet for 5–10 minutes after each meal and before bed to attempt to stool

Potty Posture: Children should always have their feet flat on a surface (floor, step stool) and not dangling/toe-touching when stooling

Positive Reinforcement: Use a reward system to encourage compliance with scheduled toilet sits and taking medication as recommended

Bowel Cleanout Protocol: Initial step for clearing out "old" stool and to "reset" the colon. A clean out is considered successful when stools are consistently liquid and clear resembling pickle juice. Children need to stay well-hydrated during cleanout process.

Cleanout Agent	Notes
MiraLAX (PEG 3350, Polyethylene Glycol: 1 capful = 17g): 2-3 day clean out regimen <ul style="list-style-type: none"> Age 1–5 years: 8.5 g (½ capful) mixed in 4-6 oz fluid, given every 3-4 hours, total of 2-3 capfuls/day. Age 6–11 years: 17 g (1 capful) mixed in 6-8 oz fluid, given every 3-4 hours, total of 4-6 capfuls/day Age 12+ years: 34 g (2 capfuls) mixed in 8 oz fluid, given every 3-4 hours, total of 8-10 capfuls/day 	Can add 1-2 doses of Senna or Dulcolax daily during cleanout if needed
Magnesium Citrate <ul style="list-style-type: none"> Age 2–6 years: 4 oz orally once. Age 7–12 years: 6–8 oz orally once or split into several doses. Repeat the following day if necessary. Age 13+ years: 10 oz orally once or split into several doses. Repeat the following day if necessary. 	Give for max of 1-2 days; consider only in children unable to tolerate MiraLAX clean out
Enemas (Use for presence of rectal stool ball on X-ray or with failure of oral clean out) <ul style="list-style-type: none"> Age 2–10 years: Pediatric glycerin suppository or pediatric enema once daily for up to 3 days. Age 11+ years: Adult-size enema once daily for up to 3 days. 	Fleet/Sodium Phosphate or Glycerin/Saline preferred

Maintenance Therapy: Long-term maintenance therapy is essential for treatment of constipation and to prevent recurrence.

Daily treatment recommended for at least 3-6 months, with gradual weaning off of medication once symptoms are under good control. Often combination of osmotic and stimulant laxatives are needed for more refractory cases of constipation.

Osmotic Laxatives: SOFTEN (draw water into colon)	Stimulant Laxatives: SQUEEZE (stimulate colon)
MiraLAX (PEG 3350/Polyethylene Glycol: 1 capful = 17g) <ul style="list-style-type: none"> Age 1–5 years: 1/4 to 1/2 capful (4-8.5g) daily Age 6–11 years: 1/2 to 1 capful (8.5-17g) daily Age 12+ years: 1–2 capfuls (17-34g) daily <i>*Okay to increase beyond these doses if necessary, titrate to effect*</i>	Senna (Sennosides/Sennakot) <ul style="list-style-type: none"> Chocolate Ex Lax (1 square = 15mg sennosides) <ul style="list-style-type: none"> Age 2-6 years: ¼ - ½ square daily Age 7-12 years: ½ - 1 square daily Age 13+ years: 1-2 square daily Liquid (8.8mg sennosides/5mL) <ul style="list-style-type: none"> Age 2-6 years: 2.5-5mL daily Age 7-12 years: 5-10mL daily Age 13+ years: 10-15mL daily Tablets (various dosages/tablet) <ul style="list-style-type: none"> Age 2-6 years: 2-6mg sennosides/day Age 7-12 years: 6-15mg sennosides/day Age 13+ years: 15-30mg sennosides/day
Lactulose: 1–3 mL/kg/day divided into 1–2 doses/day	
Magnesium Hydroxide General dosing: 80-240 mg/kg/day, divided into 1-3 doses/day (max dose 4,800mg/day) <ul style="list-style-type: none"> Milk of Magnesia (400mg/5mL liquid): <ul style="list-style-type: none"> Age 2-6 years: 5-15mL/day Age 7-12 years: 15-30mL/day Age 13+ years: 15-60mL/day Tablets (Pedia-Lax Chews, Dulcolax Soft Chews, etc) <ul style="list-style-type: none"> Age 2-6 years: 400-1,200mg/day Age 7-12 years: 1,200-2,400mg/day Age 13+ years: 2,400-4,800mg/day 	Bisacodyl <ul style="list-style-type: none"> Oral or Rectal <ul style="list-style-type: none"> Age 2-10 years: 5mg daily Age 10+ years: 5-10mg daily

"The information provided in this document is intended as general educational guidance to be considered by you in the specific context of your patients' medical needs. As guidance, it is not intended as a substitute for consultation with a specialist. If you have questions or wish to speak with one of our pediatric specialists at UVA Health Children's Hospital, please call 1-424-924-KIDS."

Resources:

North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN): <https://www.naspghan.org>

GI Kids ("The Poo in You" video): [GiKids - Constipation](https://www.gikids.org)

American Academy of Pediatrics (AAP) – Constipation Guidelines: www.healthychildren.org

International Foundation for Gastrointestinal Disorders: <https://www.iffgd.org>

You and constipation: www.youandconstipation.org