Clinical management

Does the child or young person have faecal impaction? (See 'History-taking and physical examination')

No



Disimpaction

- Offer the following oral medication regimen: KPI
 - Polyethylene glycol 3350 + electrolytes¹ using an escalating dose regimen (see table 4) as the first-line treatment. Polyethylene glycol 3350 + electrolytes can be mixed with a cold drink
 - Add a stimulant laxative (see table 4) if polyethylene glycol 3350 + electrolytes does not lead to disimpaction after 2 weeks
 - Substitute a stimulant laxative singly or in combination with an osmotic laxative such as lactulose (see table 4) if polyethylene glycol 3350 + electrolytes is not tolerated
 - Inform families that disimpaction treatment can initially increase symptoms of soiling and abdominal pain
- Do not use the following unless all oral medications have failed:
 - rectal medications
 - sodium citrate enemas
- Do not use phosphate enemas unless under specialist supervision in hospital, and if all oral medications and sodium citrate enemas have failed
- Do not perform manual evacuation of the bowel under anaesthesia unless all oral and rectal medications have failed
- Review all children undergoing disimpaction within 1 week

Maintenance therapy

- Start maintenance therapy as soon as the child or young person's bowel is disimpacted
- Reassess the child or young person frequently during maintenance treatment to ensure they do
 not become reimpacted and assess issues in maintaining treatment such as taking medicine and
 toileting
- Offer the following regimen for ongoing treatment or maintenance therapy: KPI
 - Polyethylene glycol 3350 + electrolytes as the first-line treatment¹
 - Adjust the dose of polyethylene glycol 3350 + electrolytes according to symptoms and response. As a guide for children and young people who have had disimpaction the starting maintenance dose might be half the disimpaction dose (see table 4)
 - Add a stimulant laxative (see table 4) if polyethylene glycol 3350 + electrolytes does not work
 - Substitute a stimulant laxative if polyethylene glycol 3350 + electrolytes is not tolerated by the child or young person. Add another laxative such as lactulose or docusate (see table 4) if stools are hard
 - Continue medication at maintenance dose for several weeks after regular bowel habit is
 established. Children who are toilet training should remain on laxatives until toilet training is
 well established. Do not stop medication abruptly: gradually reduce the dose over a period of
 months in response to stool consistency and frequency. Some children and young people may
 require laxative therapy for several years. A minority may require ongoing laxative therapy

¹ At the time of publication (May 2010), Movicol Paediatric Plain is the only macrogol licensed for children under 12 years that includes electrolytes. It does not have UK marketing authorisation for use in faecal impaction in children under 5 years, or for chronic constipation in children under 2 years. Informed consent should be obtained and documented. Movicol Paediatric Plain is the only macrogol licensed for children under 12 years that is also unflavoured.

Table 4 Laxatives: recommended doses

Table 4 Laxatives: recommended doses	
Laxatives	Recommended doses ^a
Macrogols	
Polyethylene glycol 3350 + electrolytes	Paediatric formula: Oral powder: macrogol 3350 (polyethylene glycol 3350) ^b 6.563 g; sodium bicarbonate 89.3 mg; sodium chloride 175.4 mg; potassium chloride 25.1 mg/sachet (unflavoured).
	 Disimpaction Child under 1 year: ½–1 sachet daily (non-BNFC recommended dose) Child 1–5 years: 2 sachets on 1st day, then 4 sachets daily for 2 days, then 6 sachets daily for 2 days, then 8 sachets daily (non-BNFC recommended dose) Child 5–12 years: 4 sachets on 1st day, then increased in steps of 2 sachets daily to maximum of 12 sachets daily (non-BNFC recommended schedule) Ongoing maintenance (chronic constipation, prevention of faecal impaction) Child under 1 year: ½–1 sachet daily (non-BNFC recommended dose) Child 1–6 years: 1 sachet daily; adjust dose to produce regular soft stools (maximum 4 sachets daily) (for children under 2, non-BNFC recommended dose) Child 6–12 years: 2 sachets daily; adjust dose to produce regular soft stools (maximum 4 sachets daily)
	Adult formula: Oral powder: macrogol 3350 (polyethylene glycol 3350) 13.125 g; sodium bicarbonate 178.5 mg; sodium chloride 350.7 mg; potassium chloride 46.6 mg/sachet (unflavoured).
	 Disimpaction Child/young person 12–18 years: 4 sachets on 1st day, then increased in steps of 2 sachets daily to maximum of 8 sachets daily (non-BNFC recommended dose) Ongoing maintenance (chronic constipation, prevention of faecal impaction) Child/young person 12–18 years: 1–3 sachets daily in divided doses adjusted according to response; maintenance, 1–2 sachets daily
Osmotic laxatives	
Lactulose	 Child 1 month to 1 year: 2.5 ml twice daily, adjusted according to response Child 1–5 years: 2.5–10 ml twice daily, adjusted according to response (non-BNFC recommended dose) Child/young person 5–18 years: 5–20 ml twice daily, adjusted according to response (non-BNFC recommended dose)
	Continued

Table 4 Laxatives: recommended doses (continued)		
Laxatives	Recommended doses ^a	
Stimulant laxatives		
Sodium picosulfate ^c	Non-BNFC recommended doses Elixir (5 mg/5 ml) Child 1 month to 4 years: 2.5–10 mg once a day Child/young person 4–18 years: 2.5–20 mg once a day Non-BNFC recommended dose Perles ^d (1 tablet = 2.5mg) Child/young person 4–18 years: 2.5–20 mg once a day	
Bisacodyl	Non-BNFC recommended doses By mouth Child/young person 4–18 years: 5–20 mg once daily By rectum (suppository) Child/young person 2–18 years: 5–10 mg once daily	
Senna ^e	Senna syrup (7.5 mg/5 ml) Child 1 month to 4 years: 2.5–10 ml once daily Child/young person 4–18 years: 2.5–20 ml once daily Senna (non-proprietary) (1 tablet = 7.5 mg) Child 2–4 years: ½–2 tablets once daily Child 4–6 years: ½–4 tablets once daily Child/young person 6–18 years: 1–4 tablets once daily	
Docusate sodium ^f	 Child 6 months–2 years: 12.5 mg three times daily (use paediatric oral solution) Child 2–12 years: 12.5–25 mg three times daily (use paediatric oral solution) Child/young person 12–18 years: up to 500 mg daily in divided doses 	

^aAll drugs listed above are given by mouth unless stated otherwise. Unless stated otherwise, doses are those recommended by the British National Formulary for Children (BNFC) 2009. Informed consent should be obtained whenever medications/doses are prescribed that are different from those recommended by the BNFC.

- ^c Elixir, licensed for use in children (age range not specified by manufacturer). Perles not licensed for use in children under 4 years. Informed consent should be obtained and documented.
- ^d Perles produced by Dulcolax should not be confused with Dulcolax tablets which contain bisacodyl as the active ingredient.
- ^e Syrup not licensed for use in children under 2 years. Informed consent should be obtained and documented.
- ^f Adult oral solution and capsules not licensed for use in children under 12 years. Informed consent should be obtained and documented.

^b At the time of publication (May 2010) Movicol Paediatric Plain is the only macrogol licensed for children under 12 years that includes electrolytes. It does not have UK marketing authorisation for use in faecal impaction in children under 5 years, or for chronic constipation in children under 2 years. Informed consent should be obtained and documented. Movicol Paediatric Plain is the only macrogol licensed for children under 12 years that is also unflavoured.