



Vernon Pediatrics

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Constipation

Constipation is when bowel movements are passed less often, are hard and dry or painful, or are unusually large.

Many children develop chronic constipation, most commonly with the introduction of solids, around toilet training, and with the start of schooling. Constipated children withhold stool because having a bowel movement is painful. This can enlarge the lower bowel (rectum) and cause soiling of stool in underwear. Because they cannot feel it, children usually have little control over the soiling.

The goal is to have one moderate-sized, soft (pudding-like consistency), painless bowel movement everyday with no soiling. Most children need treatment for a minimum of 3-6 months. Adequate fluid intake is essential for any of the following therapies to be effective.

Fluid Intake

- Increase intake of water and other fluids.
- This helps make bowel movements more frequent and regular.
- Individual fluid needs may be different. Extra fluid may be needed if you are very active, as well as during dry winter months and on hot summer days.

Guidelines for Recommended Fluid Intake	
Weight	Fluid needed per day
5 kg (11 pounds)	½ litre = 500mL = 16 ounces
10 kg (22 pounds)	1 litre = 1000mL = 32 ounces
15 kg (33 pounds)	1 ¼ litre = 1250mL = 40 ounces
20 kg (44 pounds)	1 ½ litre = 1500mL = 48 ounces
25-35 kg (55-77 pounds)	1 ¾ litre = 1750mL = 62 ounces
>35 kg (>77 pounds)	> 2 litres = >2000ml = >70 ounces

Diet and Fibre Intake

Encourage your child to eat a non-constipating diet. Have your child eat plenty of fruits and vegetables every day (raw ones are best). Bran is an excellent natural laxative because it has high fibre content. Have your child eat high fibre daily by including such foods as whole-grain cereals, bran flakes, bran muffins, or whole-wheat bread in their diet. Popcorn, nuts, shredded wheat, oatmeal, brown rice, lima beans, navy beans, chili beans and peas are a good source of fiber.

Only milk products (milk cheese, yogurt, ice cream) and cooked carrots have been proven to be constipating. Your child should limit their intake of all milk products to 1.5-2 cups or 16 oz per day.



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Bathroom Routine

- Within 30 minutes after each meal, have your child sit on the toilet for 10 minutes. This uses the natural reflex to empty the bowels after food enters the stomach. Use a footstool to support their feet.
- Help them to learn how to push by blowing up a balloon or using a pinwheel.
- Teach them not to hold a bowel movement.

Behaviour Tips

- Praise any progress!
- Use a calendar with stickers to keep track of bowel movements to give positive reinforcement.
- Avoid punishment and embarrassment. Remember, your child has no control over soiling episodes.
- Avoid negative words like “dirty” or “stinky” and explain that regular bowel movements are important for healthy bodies.
- Physical activity decreases constipation- encourage play, jumping, running and more!

Further Resources

Video: *The Poo in You-Constipation and Encopresis Educational Video*

<https://www.youtube.com/watch?v=SgBj7Mc4sc>

Book: *The Ins and Outs of Poop- A guide to Treating Childhood Constipation* by Thomas R Duhamel.

Medications

If medications are required, your pediatrician will most often recommend:

Polyethylene Glycol 3350 (PEG3350, Lax -A-Day, Restoralax, MiraLAX)- PEG3350 is tasteless, odorless, grit-free, and gluten-

free. It is very safe for use in children. It does not stimulate the bowel, wont cause “lazy bowel”, and children won’t become dependant on it. It acts by drawing water into the intestine, so adequate fluid intake is required.

- Each brand has their own measuring device, which measures out 17 grams = 25mL = 1.5 level tablespoons.
- Mix powder in approximately ½ -1 cup (125-250mL) of water or other liquid.

BRISTOL STOOL CHART



TYPE 1 - SEVERE CONSTIPATION
Separate, hard lumps



TYPE 2 - MILD CONSTIPATION
Lumpy and sausage like



TYPE 3 - NORMAL
A sausage-shape with cracks in the surface



TYPE 4 - NORMAL
Like a smooth, soft sausage or snake



TYPE 5 - LACKING FIBER
Soft blobs with clear-cut edges



TYPE 6 - MILD DIARRHEA
Mushy consistency with ragged edges



TYPE 7 - SEVERE DIARRHEA
Liquid consistency with no solid pieces



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Step One: Cleanout

1. Give high dose PEG3350 twice per day for 3 days or until bowel movements increase.

Weight	Dose of PEG 3350	Frequency
7-10 kg	2 tsp in 100 mL fluid	Twice a day for 3 days
11-13 kg	3 tsp in 150 mL fluid	Twice a day for 3 days
14-19 kg	4 tsp in 200 mL fluid	Twice a day for 3 days
20-34 kg	5 tsp in 250 mL fluid	Twice a day for 3 days
35-50 kg	5 tsp in 250 mL fluid	Three times a day for 3 days
50+ kg	10 tsp in 500 mL fluid	Three times a day for 3 days

2. If no bowel movement after 4 days of high dose PEG3350, your pediatrician may recommend an enema.

Step Two: Maintenance

1. Continue PEG3350 once per day – dose will be provided by your pediatrician and depends on your child's weight.

4 grams = 5mL – 1 level teaspoon
7.5 grams = 10 mL – 2 level teaspoons
12 grams = 15 mL – 1 level tablespoon
17 grams = 25mL – 1.5 level tablespoon or scoop supplied
20 grams = 30mL – 2 level tablespoons

2. You need to increase or decrease the dose with a goal of 1-2 soft bowel movements per day.
Increase or decrease by $\frac{1}{4}$ of a dose every 3-5 days until desired goal is achieved.

Maintenance step needs to be continued for at least 3- 6 months. Do not stop the PEG3350 until instructed to do so by your pediatrician.