



Constipation Clinical Pathway Synopsis

Constipation Algorithm

Inclusion Criteria:

- Signs & symptoms of constipation:
 - Hard or painful bowel movements
 - Two or fewer defecations per week
 - Fecal incontinence
 - Abdominal pain

Exclusion Criteria:

- < 2 years of age
- Neurogenic bowel or bladder
- GI motility disorder
- Neutropenia or oncologic diagnosis

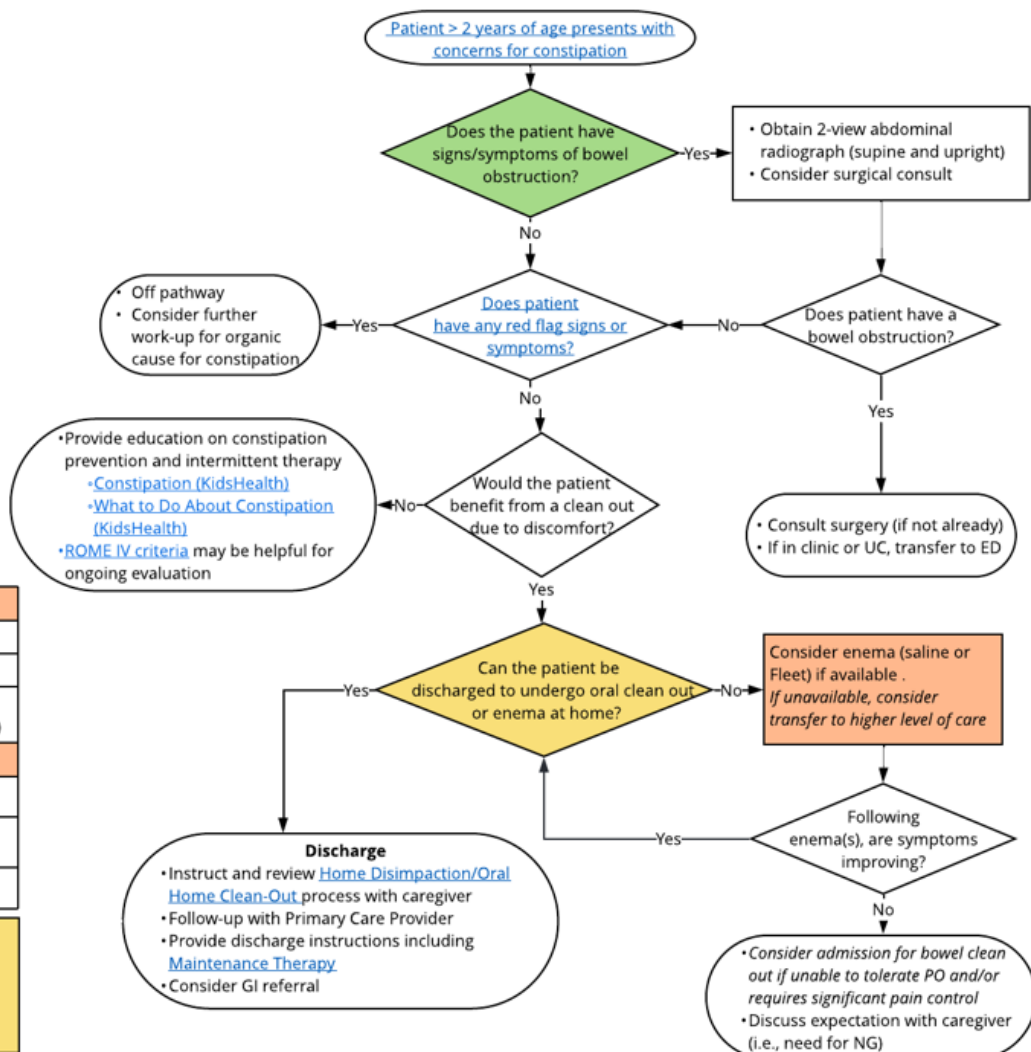
Bowel Obstruction Signs and Symptoms:

- Tense abdominal distention
- Persistent or bilious emesis
- Not passing gas

Saline Enema	
Weight	Volume
< 20 kg	10 mL/kg
≥ 20 kg	10 mL/kg (Max: 500 mL)
Fleet® Enema	
2 - 4 years	30 ml
5 - 11 years	60 ml
> 12 years	130 ml

Discharge Criteria:

- Patient can tolerate PO and aggressive clean out plan
- Discomfort is manageable at home



QR code for
mobile view

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Objective of Clinical Pathway

To provide care standards for the patient diagnosed with constipation, ensuring evidence based, safe, and high-value care through consistent clinical recommendations and standardized processes. This pathway is developed by a multidisciplinary team of experts, guided by a thorough review of current evidence and consensus.

Background

Constipation is one of the most common gastrointestinal complaints in pediatrics, with wide variation in evaluation and management across care settings. Functional constipation, typically caused by stool withholding behaviors and painful defecation cycles, accounts for the majority of cases and can significantly impact a child's quality of life, school attendance, and family dynamics. Despite its prevalence, inconsistent approaches to diagnosis and treatment can lead to unnecessary imaging, delayed interventions, and increased healthcare utilization.

Target Users

- Physicians (Emergency Medicine, Urgent Care, Hospital Medicine, Primary Care, Ambulatory Clinics, Fellows, Residents)
- Advance Practice Providers
- Nurses
- Pharmacists

Target Population

Inclusion Criteria

- > 2 years of age
- Two or fewer defecations per week
- History of:
 - Excessive stool retention
 - Painful or hard bowel movements
 - Large diameter stools
- Presence of large fecal mass in the rectum

Exclusion Criteria

- Signs/symptoms of bowel obstruction

AGREE II

The European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHN) and the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHN) international guideline provided guidance to the constipation committee (Tabbers et al., 2014). See Table 1 for AGREE II.

Table 1

AGREE II Summary for the ESPGHN & NASPGHAN Guideline (2014)

Domain	Percent Agreement	Percent Justification [^]
Scope and purpose	99%	The aim of the guideline, the clinical questions posed and target populations were identified.
Stakeholder involvement	50%	The guideline did not include appropriate stakeholders nor the viewpoints if the intended user.
Rigor of development	63%	The guideline developers did not provide how the evidence was gathered and synthesized, how the recommendations were formulated nor how the guidelines will be updated.
Clarity and presentation	90%	The guideline recommendations are clear, unambiguous, and easily identified; in addition, different management options are presented.
Applicability	45%	Barriers and facilitators to implementation, strategies to improve utilization and resource implications were addressed in the guideline. The guideline did not address implementation barriers and facilitators, utilization strategies, nor resource costs associated implementation.

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Editorial independence	81%	The recommendations were not biased with competing interests. It is unclear if the recommendations were biased by competing interests.
See Practice Recommendations		

^Percentage justification is an interpretation based on the Children's Mercy EBP Department standards.

Practice Recommendations

Please refer to the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition and the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (Tabbers et al., 2014) and The American Family Physicians summary on constipation in children and adolescents (Mulhem et al., 2022) for evaluation and treatment recommendations.

Additional Questions Posed by the Clinical Pathway Committee

No clinical questions were posed for this review.

Updates from Previous Versions of the Clinical Pathway

- Algorithms revised and updated synopsis

Measures

- Utilization of the Constipation Clinical Pathway

Value Implications

The following improvements may increase value by reducing healthcare costs and non-monetary costs for patients and families and reducing costs and resource utilization for healthcare facilities.

- Decreased risk of mist alternative diagnoses
- Decreased frequency of unplanned return visit
- Decreased frequency of admission
- Decreased unwarranted variation in care

Organizational Barriers and Facilitators

Potential Barriers

- Variability in treatment available at different Children's Mercy care settings (i.e., enemas)
- Challenges with follow-up faced by some families

Potential Facilitators

- Collaborative engagement across care continuum settings during clinical pathway development
- High rate of use of the clinical pathway

Order Sets

- Order sets could not be developed at this time as Children's Mercy transition to a new EMR.

Education Materials

- Kids Health Constipation (for Parents)**
- Kids Health What to Do About Constipation**

Clinical Pathway Preparation

This pathway was prepared by the Evidence Based Practice Department in collaboration with the Constipation Clinical Pathway Committee composed of content experts at Children's Mercy Kansas City. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Clinical Pathway Representation

This clinical pathway was originally created in 2020 with representation from Hospital Medicine, Gastroenterology, Pharmacy, Neurology, Urgent Care, Emergency Medicine, and Evidence Based Practice.

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Constipation Revision Representation

- Ashley Daly, MD | Hospital Medicine | Committee Chair
- Lisa Schroeder, MD | Emergency Medicine | Committee Chair
- Brandi Weller, PharmD, BCNSP | Pharmacy | Committee Member
- Kacie Kaufman, APRN | Gastroenterology | Committee Member
- Donna Wyly, DNP, PPCNP-BC, CPNP-AC, ONC | Urgent Care | Committee Member

EBP Committee Members

- Kathleen Berg, MD, FAAP | Evidence Based Practice
- Jarrod Dusin, PhD, RD, CPHQ | Evidence Based Practice

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Evidence Based Practice, Hospital Medicine, Pharmacy, Gastroenterology and Urgent Care.

Conflict of Interest

The contributors to the Constipation Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This product was reviewed and approved by the Constipation Committee, Content Expert Departments/Divisions, and the EBP Department.
- Products are reviewed and updated as necessary every 3 years within the EBP Department at CMKC. Content expert teams are involved with every review and update.

Version History

Date	Comments
2020	Version one – Based on <i>ESPGHN & NASPGHAN Guideline (2014)</i> , pathway focused on <i>enemas and oral home cleanout</i>
2022	Version two – Algorithm revised, Milk and Molasses removed from pathway
2025	Version three – Algorithm revised, Synopsis created, and addition of routine care education links.

Date for Next Review

- August 2028

Implementation & Follow-Up

- Once approved, the pathway was presented to appropriate care teams and implemented. Additional institution-wide announcements were made via email, hospital website, and relevant huddles.
- Metrics will be assessed and shared with appropriate care teams to determine if changes need to occur.

Disclaimer

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