

INCLUSION CRITERIA

Children between 6 months – 4 years old, with at least 2 of the below symptoms within 1 month:

- Less than 2 bowel movements per week
- History of stool retention
- History of painful or hard bowel movements
- History of large diameter stools
- Large fecal mass present in rectum (if imaging performed)

Children > 4 years old, with at least 2 of the below symptoms:

- Less than 2 bowel movements per week
- History of stool retention
- History of painful or hard bowel movements
- History of large diameter stools that may obstruct toilet
- Large fecal mass present in rectum (if imaging performed)
- At least 1 episode/week of fecal incontinence

EXCLUSION CRITERIA

- < 6 months of age
- Hematology/Oncology patients
- Patients with an ICU inpatient stay during this encounter
- Congenital heart disease
- Cystic fibrosis
- Hirschsprung's disease
- Short bowel syndrome
- Spina bifida
- Abnormal thyroid gland
- Hx of spinal or abdominal tumor
- Known dysmotility syndromes
- On chemotherapy or radiation
- Hx of abdominal surgery
- Irritable bowel syndrome
- Refractory constipation – routine failed management
- Known renal disease

MEASURES

- Decrease 30-day hospital readmissions

SUFFICIENT CLEANOUT¹

Effluent is clear, without particles.

DISCHARGE CRITERIA

- Patient has successful clean out, tolerating oral intake
- Primary attending +/- consulting team orders DC Constipation Order Set.

Initial Assessment

- Confirm clinical diagnosis of constipation from ED work up
- Obtain comprehensive history and physical.
- Ask about any past or current constipation management.
- Are clean outs sufficient at home?
- Is the patient seen by outpatient GI provider already? Who/where?

Does patient meet inclusion criteria?

NO

OFF PATHWAY

Consult GI Attending or Surgery (as appropriate)

YES

INPATIENT CLEAN OUT



- Admitting team uses IP Constipation Order Set to order clean out regimen, imaging, diet and lab orders.
- Place NGT (with or without anxiolysis) and confirm placement to begin clean out therapy.

Consider using nasal midazolam to reduce patient anxiety, stress and potential pulling of tube.

¹Was clean out sufficient within 24-36 hours?

NO

How close is effluent to clear and free of particles?

YES

Discharge

- Patient meets ²discharge criteria.
- Utilize DC Constipation order set to order home maintenance regimen.
- Complete Constipation Action Plan.

RESEMBLES STOOL

CONSIDER X-RAY

- Obtain x-ray to determine amount of stool remaining.

MOSTLY CLEAR

HOME MANAGEMENT

Patient/family choice?

- If there was relief and effluent is clear, without particles, give patient/family option to continue clean out at home or inpatient until ¹sufficient cleanout.

OFF PATHWAY

Consult GI Attending or Surgery (as appropriate)

- If there is **significant stool with non-response to laxative medications**, consider consulting appropriate service for individualized patient plan of care

Impaction / Clean Out	Dose			
	6 months - < 2 years	2 - 5 years	6 - 11 years	≥ 12 years
Polyethylene glycol (GoLYTELY)	N/A	40 mL/kg/hr NGT	40 mL/kg/hr NGT	40 mL/kg/hr NGT
Polyethylene glycol (MiraLAX)	17 g ONCE PO	34 g ONCE PO	85 g ONCE PO	85 g ONCE PO
Magnesium Citrate	N/A	90 mL ONCE PO	210 mL ONCE PO	300 mL ONCE PO
Bisacodyl enema	N/A	5 mg ONCE Rectal	5 mg ONCE Rectal	10 mg ONCE Rectal
Glycerin suppository (pediatric)	0.5 suppository ONCE Rectal	1 suppository ONCE Rectal	1 suppository ONCE Rectal	N/A
Glycerin suppository (adult)	N/A			1 suppository ONCE Rectal
Normal saline enema	10 mL/kg ONCE Rectal	10 mL/kg ONCE Rectal	10 mL/kg ONCE Rectal	10 mL/kg ONCE Rectal
Sodium phosphate (FLEETS pediatric)	N/A	0.5 enema ONCE Rectal	1 enema ONCE Rectal	N/A
Sodium phosphate (FLEETS adult)		N/A		1 enema ONCE Rectal
Mineral Oil	N/A	59 mL ONCE Rectal	59 mL ONCE Rectal	118 mL ONCE Rectal

Clinical Pathway Abbreviations			
Abbreviation	Definition	Abbreviation	Definition
AC	Acute Care	kg	kilogram
ED	Emergency Department	mg	milligram
DC	Discharge	mL	milliliter
g	Gram	N/A	Not applicable
GI	Gastroenterology	NGT	Nasogastric Tube
Hx	History		

Disclaimer: The clinical pathways are based upon publicly available medical evidence and/or a consensus of medical practitioners at Nemours Children's Health ("Nemours") and are current at the time of publication. These clinical pathways are intended to be a guide for practitioners and may need to be adapted for each specific patient based on the practitioner's professional judgment, consideration of any unique circumstances, the needs of each patient and their family, and/or the availability of various resources at the health care institution where the patient is located.

VERSION MANAGEMENT

- Version 1.0 (3/24/2026): Go Live.
- Version 1.1 (5/8/2026): Hematology/Oncology population added to "Exclusion Criteria".

Questions about this pathway should be directed to clinicalpathways@nemours.org.

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