**SYMPTOMS AND LABS**

**HIGH RISK**
- Bilious or feculent vomiting
- Abdominal distention
- Fever/vomiting
- Absence of flatus
- Surgical abdomen/distention
- Fecal mass or other abdominal mass
- Significant peri-rectal disease

**MODERATE RISK**
- Laxative use > 6 mos
- Blood in stool without anal fissures, enuresis, saddle anesthesia
- FMHx Hirschsprungs, CF, celiac, IBD, food allergies
- Saddle anesthesia, no anal
- Wink/cremasteric, anteriorly displaced anus, rectal prolapse

**LOW RISK**
- Encopresis without empiric trial of cleanout/Miralax
- Infrequent painful stools
- Stool withholding

**SUGGESTED PREVISIT WORKUP**
- Please contact PEDI GI and speak to on call physician for urgent appointment

**SUGGESTED WORKUP**
- Consider stool for occult blood +, lead test, TSH with free T4, CMP, ESR, and celiac screen
- Initiate treatment with stool softeners and telephone Ped GI for routine appointment

**SUGGESTED MANAGEMENT**
- Consider organic workup if failed 3 month trial of stool softeners (see left)
- Cleanout and daily polyethylene glycol titrated to achieve soft (even mushy) stool
- Strict toileting rituals and rewards
- Limit dairy, encourage fruits/veggies
- Encourage fluid and fiber
- Evacuation exercises (Valsalva) to counteract intentional/unintentional withholding (*see addendum)

**CLINICAL PEARLS**
- Soiling almost always represents functional constipation with overflow.
- Institution of polyethylene glycol without an initial cleanout when significant constipation is present generally worsens soiling and/or overflow diarrhea.
- Good toileting posture and evacuation exercises (encouraging Valsalva) with a toileting schedule can be extremely helpful (*see attached).
- Anxiety, autism, and/or ADHD are often accompanied by constipation.
- Stool withholding is a developmentally magical behavior and can continue until kids are able to achieve logical thought and partner in their own care plan — prolonged parental oversight and involvement, particularly as medications are discontinued are necessary. Prolonged stool softeners are often necessary.
- If possible, we avoid rectal therapies because they tend to entrench stool withholding behaviors.

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.