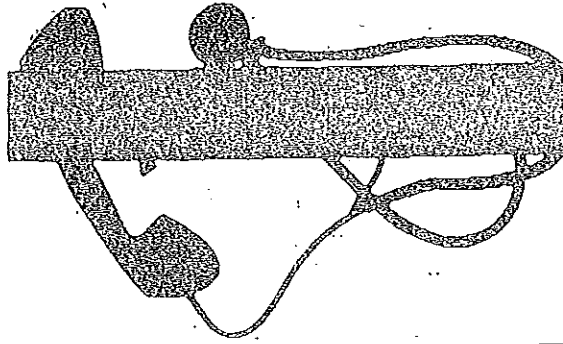


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WHEN A PARENT CALLS

By Noreen Humphrey, MA, RN, CPNP

Constipation

SEE IMMEDIATELY

- Acute abdominal pain, with or without vomiting (R/O appendicitis)
- Severe abdominal pain lasting longer than two hours (R/O obstruction; Intussusception)

SEE BY APPOINTMENT

- No stool for 5 to 7 days (unless older, breastfeeding infant)
- Bright red blood with more than one stool (r/o fissure)
- Chronic constipation (r/o hypothyroidism, Hirschsprung syndrome)
- Parent giving enemas or frequent suppositories
- Constipation associated with soiling of pants (r/o encopresis)

Constipation is defined as hard, painful bowel movements, not infrequent stools. Infants' and children's stool patterns normally vary from several a day to one every few days. Breastfed infants over 6 to 8 weeks of age often go 3 to 7 days without a stool, but then have a large loose stool. Infrequent stools in a breastfed infant under a month of age may indicate insufficient intake. Constipation is not related to iron-fortified formula, as parents often think. Constipation can be related to an excessive intake of milk and milk products in toddlers and children.

HISTORY (depends on the age of the child)

- What is the stool like and how often does the child have a stool?
- How long has the problem been occurring?
- What is the diet, including how much milk/milk products?
- Any other associated symptoms: rectal bleeding, abdominal pain, and gas?
- Is there a family history of constipation?
- What remedies have the family tried?

Management

• Infants Under One Year

Assess if the child is truly constipated or is just having trouble passing a stool from lying in a supine position. Infants frequently turn red, grunt, and act uncomfortable when passing a stool. If the stool is soft and the infant is not crying in pain, it is not constipation. Straining is related to having a stool while supine and not bending the knees. The infant's legs should be put into a knee-to-chest position with slight pressure to the feet to maintain the position. This places the infant into the normal squatting position children and adults assume for defecation. Some discomfort may be related to gas, requiring more frequent burping and a review of proper burping positions.

Discourage the use of rectal stimulation by a thermometer or suppository. Stimulation of the rectum may cause the sphincter to contract and tighten rather than to open and may lead to stool retention.

Assess adequate intake. Infrequent stools may indicate inadequate breast milk intake and may warrant a weight check before assuming the infrequent stool is normal for the infant. If the baby is truly constipated, suggest Karo® syrup. The dose is 1 teaspoon per bottle of formula, usually starting with 2 teaspoons a day, but not to exceed 6 teaspoons a day. It is often more effective to give the Karo® syrup in 2 to 4 ounces of water. The extra water may add moisture to the stool to help soften it.

For infants over one month, 2 to 4 ounces of half-strength prune juice may work well, especially if the Karo® syrup is unsuccessful. A

malt extract (Maltsupex®) is available and is safe for infants over 1 to 2 months of age. The dose for infants is 1 to 2 teaspoons daily in formula or 2 to 4 ounces of water 1 to 3 times a day. Infants over 4 months of age may be started on fruits such as prunes and apricots.

• Children Over One Year

Assess the child's diet. Constipating foods include milk and milk products, applesauce, bananas, and rice. Children over a year of age need a minimum of 16 ounces of milk a day and a maximum of 36 ounces of milk a day. Avoid foods high in sugar, as well as processed and junk foods. Decreased fluid intake is a common cause of constipation in older infants and toddlers. Often increasing fluid intake (e.g., water and fruit juice) may be all that is needed to soften stools.

Increase the daily intake of fruit and fiber. The child should have at least three servings of fruit and vegetables per day. Raw fruits and vegetables with skin and pulp are more effective than cooked or canned fruits and vegetables. Prune juice may be mixed with 7-up to make it tastier.

Increase bran to once or twice daily. Cereals high in fiber that also taste good are now readily available in most markets. Other sources of fiber include bran muffins, graham crackers, oatmeal, high-fiber cookies, brown rice, whole wheat bread, whole-wheat pasta, and popcorn.

If dietary changes are not successful, laxatives may be used. A malt extract can be used daily for children in doses of 1 to 2 tablespoons daily in 8 ounces of water, juice, or milk or it may be given in cereal. Adolescents can have 2 tablespoons of the malt extract or 2 tablets twice daily.

It is also important to look at the child's bowel habits. Are they withholding due to painful bowel movements or because they are too busy to take the time to sit on the toilet? Some children develop constipation, which can lead to encopresis, when they start school.

REFERENCES

Lowe, J.R. & Parks, B.R. (1999). Movers and shakers: A clinician's guide to laxatives. *Pediatric Annals*, 28(5), 307-310

Parker, P.H. (1999). To do or not to do? That is the question. *Pediatric Annals*, 28(5), 283-290

RESOURCE

Constipation and Dietary Concerns The Children's Hospital, Boston. Iowa Health Book: Pediatrics. Virtual Hospital found on the World Wide Web <http://www.vh.org/Patients/IH8/Peds/diet/constipation.html>

ABOUT THE AUTHOR

Noreen Humphrey, MA, RN, CPNP, is a Pediatric Nurse Practitioner for school-based clinic at Metro High School in Cedar Rapids, Iowa