Constipation

Children with functional constipation who have failed outpatient treatment can be managed through Hospital in the Home (HITH) following inpatient disimpaction or as a direct referral if disimpaction not needed and patient known. As with any other HITH admission, this requires a safe home environment and consent. **Children can go straight from ED to HITH**.

HITH (Wallaby) admission criteria and protocol

Wallaby not Appropriate

- < 4 years of age
- Organic causes of constipation
- Red flags: weight loss/poor growth, persistent vomiting, abdominal mass (other than faeces), previous abdo/GIT surgery
- Current or previous renal impairment

→ Admit under appropriate team

Wallaby possible

- Medical comorbidities (case dependent)
- On medication (eg anticonvulsants) that may be affected by bowel washout – discuss with relevant team
- Lives > 60km from RCH

→ Contact HITH fellow in-hours on 52784 or HITH consultant on call after-hours via switch. Complete EMR HITH referral

Wallaby appropriate

- Functional constipation
- Failed outpatient management
- Plan for continued maintenance therapy & behavioural/dietary modifications once discharged from HITH

Prior to family leaving hospital:

- NG tube sited, if required
- Bowel chart/diary given to family
- Admission accepted by HITH Fellow/Consultant and review by AUM/CNC
- HITH order set on EPIC completed:
  - Preselected: Adrenaline 1:1000 (1mg/ml) 10mcg/kg IM PRN (
  - EMR referral to HITH & HITH bed request
  - Daily UEC ordered
- Sodium picosulphate charted
  - if >9 years, 1 sachet BD PO/NG;
  - if 4-9 years, 0.5 sachet mane, 1 sachet nocte PO/NG

  (1 sachet = 10mg sodium picosulphate - mix each sachet in 250ml water)

HITH protocol – nursing and medical

Medical care requirements

Daily review (phone/telehealth/home visit)
Script for maintenance laxative/s to be provided
Education for patient/family regarding management (behavioural, dietary, medication etc)
Counsel regarding other oral medications (ie antiepileptics) – if taken within 1 hour before bowel washout, may not be adequately absorbed
Consider referral to Wallaby dietician if required

Nursing daily care requirements

Twice daily visits for hydration assessment & administration of laxatives via NG/oral
Give additional 250ml fluid via NG or oral during each visit
Encourage oral fluid intake (water, hydrolyte, sports drink etc) – total requirement of 1.5L (4-9 years) or 2L (>9 years)
Daily UEC (finger prick)
Family to keep bowel chart/diary (access from CPG) – staff to review daily
Phone support available 24/7 for family to escalate their concerns – phone calls to HITH AUM in hours, ED AUM after hours and escalate to HITH consultant on call as required

Potential issues

UEC haemolysed/clotted – re-take on next visit
Electrolytes outside of normal range – discuss with HITH medical team (high K+ often spurious)
NG tube dislodged – if still required then nursing staff to replace at next visit
Unable to tolerate required additional fluid volume – discuss with HITH medical team

Readmission criteria

Worsening abdominal pain, features suggestive of bowel obstruction
Renal impairment or abnormal electrolytes
Unable to tolerate volumes/vomiting
If requires transfer back to hospital, the HITH team will handover care to the appropriate medical team and inform the bed manager. If urgent review required, HITH will discharge and send patient to ED via ambulance.

Discharge plan

Discharge once passing soft loose motions or clear fluids
Switch to maintenance laxatives & continue behavioural/dietary modification
Follow up with GP or paediatrician as appropriate

See bowel chart resources

Last update Aug 2022