

Constipation Action Plan for Children (Printable)

A practical, parent-friendly plan for constipation and stool accidents.

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Quick note:

This guide is for general education. It cannot diagnose your child. If you are worried, trust your instincts and seek medical care.

What constipation is (in plain language)

Constipation is when stool becomes hard, painful, and/or infrequent. Many children also start holding stool because passing it hurts. Holding makes stool drier, larger, and harder to pass - a cycle that can last for weeks to months.

- bullet Constipation is common and usually functional (not caused by a dangerous disease).
- bullet The main problem is pain/holding + a stretched rectum that needs time to recover.
- bullet Treatment needs: (1) soften stool, (2) regular emptying habits, (3) time.

When to seek urgent care

- bullet Severe belly pain with repeated vomiting, a very swollen belly, or looks very sick.
- bullet Blood in stool that is not just a small streak on the outside of a hard stool.
- bullet Fever with constipation and severe belly pain.
- bullet No urine for 8-12 hours with dehydration.
- bullet A baby with poor feeding, not gaining weight, or persistent vomiting.

If unsure, seek same-day medical advice.

The practical plan (what you can do at home)

- bullet Goal: painless, soft stool every day (or every other day).
- bullet Expect weeks to months of treatment for full recovery in many children.
- bullet Fluids: water is best. Milk in normal amounts is fine. Limit sugary drinks and large juice volumes.
- bullet Fiber: offer fruits/vegetables/whole grains daily. Increase fiber slowly to avoid gas/bloating.
- bullet Toilet routine: sit 5-10 minutes after meals (gastrocolic reflex). Use a footstool so knees are above hips.
- bullet Positive reinforcement: praise effort (sitting, trying), not just results. Use simple rewards for younger children.

Medication basics (discuss with your clinician)

Many children need a stool softener for a period of time. The safest approach is to use it regularly enough to keep stool soft and painless, then wean slowly after symptoms are stable.

- bullet Osmotic stool softeners (commonly polyethylene glycol or lactulose) pull water into stool.
- bullet Stimulant laxatives may be used short-term in selected cases under medical guidance.
- bullet Avoid stopping too early: the rectum often needs time to shrink back to normal.

Always follow your local clinician's dosing advice, especially for infants and children with medical conditions.

Encopresis (stool accidents) - key points

Stool accidents are often overflow leakage around a large stool mass. Children do not do this on purpose. Punishment makes the cycle worse.

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- bullet Treat the constipation first; accidents usually improve after the rectum recovers.
- bullet Keep school/daycare informed and supportive (spare clothes, private bathroom access).
- bullet Consider a follow-up visit if accidents persist despite a good plan.

When to test or refer

- bullet Poor growth, weight loss, persistent vomiting, or unexplained anemia.
- bullet Constipation starting from birth, delayed passage of meconium, or neurologic concerns.
- bullet No improvement after consistent treatment, or severe recurrent impaction.
- bullet Concern for food allergy, celiac disease, thyroid disease, or other conditions based on history/exam.

Key sources (for clinicians and curious parents)

These are major guideline-style references used to shape recommendations. Your clinician may follow local protocols.

- bullet [ESPGHAN/NASPGHAN guideline: Evaluation and Treatment of Functional Constipation in Infants and Children \(evidence-based recommendations\)](#).
- bullet [North American Society for Pediatric Gastroenterology, Hepatology and Nutrition \(NASPGHAN\) family education resources on constipation and encopresis](#).

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