

# Constipation Action Plan (Printable)

A parent-friendly step-by-step plan to help your child stool comfortably — plus trackers you can print.

## At-a-glance

- What this is: Constipation is usually a treatable pattern of hard or painful stools, often caused by holding after a painful poop.
- Typical ages: Most common from toddler years through school age (can occur at any age).
- What to do today: Start a calm toilet routine after meals, increase fluids, add fiber foods, and follow a clinician-approved stool-softening plan.

- △ Red flags (urgent/ER): Severe/worsening belly pain, repeated vomiting, swollen belly, not passing stool or gas with pain, significant blood, very unwell or dehydrated.
- When to see a clinician: Same day if red flags. Routine visit if constipation lasts >2-4 weeks, stool accidents, poor growth, or constipation began very early in life.

## What it is (plain language)

Constipation means your child is passing stool (poop) less often than usual, stools are hard or painful, or your child avoids the toilet because it hurts.

In children, the most common type is functional constipation: the bowel is healthy, but a cycle of pain → holding → larger stools → more pain develops.

- Body part involved: the large intestine (colon) and rectum store stool.
- Myth: “More fiber alone fixes constipation.” Fact: Most kids need a routine + enough stool-softener for long enough.
- Myth: “Laxatives make the bowel lazy.” Fact: Common stool softeners used correctly are not addictive; stopping too early is a bigger problem.

## Why it happens (causes & triggers)

- Painful stool → your child holds back (very common).
- Toilet training stress, new school/daycare, travel, busy days (missed toilet time).
- Low fluid intake, low fiber foods, high milk intake for age, picky eating.
- Illness, reduced activity, or certain medicines (for example: iron supplements, some antacids, some cough/cold medicines).
- Less common but important: thyroid disease, celiac disease, anal fissure, inflammatory bowel disease, spinal/nerve problems (usually with red flags).

## What parents might notice (symptoms)

- Hard, large stools; pain or crying with stool; blood on the outside of stool/toilet paper from a small fissure.
- Stool “accidents” (soiling/encopresis) after a period of constipation.
- Belly pain/bloating, poor appetite, feeling “full” quickly.
- Toilet avoidance: crossing legs, hiding, standing on tiptoes, “dance” movements.

**✓ What to track (helps your clinician)**

Stool frequency and texture (soft vs hard), pain, blood, accidents, belly pain, vomiting, appetite, and what medicines were taken.

## Home care and what helps (step-by-step)

Most children improve with the same core steps done consistently for weeks to months.

- First 24–48 hours: focus on comfort, fluids, and starting the plan (routine + stool softening).
- Toilet routine: sit 5–10 minutes after meals (gastrocolic reflex). Feet supported. Calm praise for sitting—not for stooling.
- Fluids: offer water regularly. Milk in reasonable amounts is okay, but avoid excessive milk for age.
- Fiber foods: fruits (pears, prunes), vegetables, beans/lentils, whole grains. Increase slowly to avoid gas.
- Movement: daily play/walks help bowel movement.
- Skin care: if fissure/soiling: barrier cream, gentle wipes, warm bath.

### i About medicines (important)

Many children need a stool softener (often polyethylene glycol/PEG) for a period of time. The goal is soft, painless stools every day or every other day.

Your clinician should confirm the exact product and dose for your child’s age and situation.

## What NOT to do (common mistakes)

- Do not stop the stool softener as soon as things improve—relapse is common if stopped early.
- Avoid frequent stimulant laxatives unless your clinician directs it.
- Avoid enemas or suppositories at home unless specifically advised by a clinician.
- Avoid punishing or pressuring your child to stool—this worsens holding.

## When to worry: triage guidance

Use this as a practical guide. If you are unsure, it is always okay to seek care.

- Call 911 / Emergency now: severe belly pain with a hard swollen belly, trouble breathing, very sleepy/hard to wake, or signs of shock.

- Same-day urgent visit: repeated vomiting, not passing stool or gas with significant pain, blood in stool not clearly from a small fissure, fever + belly pain, dehydration (very dry mouth, no urine).
- Book a routine appointment: constipation lasting >2-4 weeks, stool accidents, needing medicine regularly, poor growth, or constipation starting in the first month of life.
- Watch at home: mild constipation without red flags while starting a structured plan.

## How doctors diagnose it (what to expect)

- Questions about stool pattern, pain, diet, toilet habits, and any red flags.
- Exam often includes belly exam and looking for fissures around the anus.
- Tests are usually not needed for typical functional constipation.
- Tests may be considered if red flags or poor response: thyroid blood test, celiac screening, abdominal imaging (sometimes), or specialist referral.

## Treatment options

- First-line: routine + stool softener + diet/fluids + positive reinforcement.
- If not improving: clinician may recommend a short “clean-out” plan then maintenance.
- Severe cases: may need urgent assessment for impaction, dehydration, or complications.

### **⚠ When to stop and seek help**

Stop a new medicine and seek help if your child develops hives, facial swelling, trouble breathing, severe vomiting, or severe worsening pain.

## Expected course & prognosis

- With consistent treatment, many children improve over 1-2 weeks, but the bowel often needs weeks to months to fully “reset.”
- Getting better looks like: soft stools, less pain, less withholding, improved appetite, fewer accidents.
- Return to school/daycare: usually right away; ensure easy bathroom access.

## Complications (brief but clear)

- Anal fissure (small tear) → pain and a little bright red blood.
- Stool impaction (stool stuck) → belly pain, vomiting, accidents/soiling.
- Urinary symptoms (frequency, UTIs) sometimes improve once constipation is treated.

## Prevention and reducing future episodes

- Keep the routine even when busy (after meals).
- Continue the plan until your clinician says it is safe to taper.

- Address stool pain early (soften stools quickly).

## **Special situations**

- Infants: stool frequency varies; discuss any blood, vomiting, or poor growth promptly.
- Neurodevelopmental differences: visual schedules, shorter sits, predictable routines, occupational/behavioral supports.
- Travel/school: bring medicines, keep fluids, plan toilet times.

## **Follow-up plan**

- If symptoms are improving: follow up with your primary clinician in 2–6 weeks to plan tapering.
- Earlier follow-up if accidents, significant pain, or no improvement after 1–2 weeks of a structured plan.
- Bring your symptom diary and a list of medicines/supplements.

## **Parent FAQs**

- Is it contagious? No.
- Can my child eat dairy? Usually yes; avoid excessive milk for age. Discuss if symptoms worsen with dairy.
- Will they outgrow it? Many do, especially with early consistent treatment.
- When can we stop treatment? When stools have been soft and painless for a sustained period and your clinician guides a slow taper.

## Printable tools

Print or screenshot these pages. They are designed to help you stay organized and spot problems early.

### 1) One-page constipation action plan (fridge sheet)

<b>Today's goal</b>	Soft, painless stools (often “peanut-butter” consistency).
<b>Daily routine</b>	Sit on toilet 5–10 minutes after meals (1–2 times/day). Feet supported. Calm, no pressure.
<b>Food &amp; drinks</b>	Water with meals + between. Fiber foods daily. Avoid excess juice/sugary drinks.
<b>Medicine plan</b>	Use the plan from your clinician. Do not stop too early—continue until regular soft stools for weeks.
<b>Track</b>	Stool type, pain, accidents, medicine taken, bathroom sits.
<b>Call urgent care if</b>	Severe belly pain, repeated vomiting, blood in stool (not from a small fissure), swollen belly, not passing stools for 3+ days.

### 2) Medication schedule (fill in with your clinician's plan)

Medicine	Morning	After school	Bedtime	Notes

### 3) Stool & symptom diary (7 days)

Day	Stool (soft/firm)	Pain? (Y/N)	Accidents?	Medicine taken	Notes
1					
2					
3					
4					
5					
6					
7					

### 4) School/daycare note (copy/paste)

Dear teacher/daycare team,

My child is being treated for constipation. Please allow: (1) bathroom access without delay, (2) a calm, private bathroom routine, and (3) water bottle access. Accidents can happen while treatment is working. Thank you for your support.

## **Credible sources and last updated date**

- NASPGHAN/ESPGHAN guideline: Evaluation and Treatment of Functional Constipation in Infants and Children (JPGN).
- American Academy of Pediatrics (HealthyChildren.org): Constipation in children (parent guidance).
- NICE guidance (UK): Constipation in children and young people (assessment and management).
- Children's hospital patient resources (for example: SickKids, CHOP) on constipation and encopresis.

Last reviewed/updated on: 2025-12-26

## **Safety disclaimer**

This guide supports—not replaces—care from your child’s clinician. If you are worried that your child is very unwell, has severe pain, trouble breathing, repeated vomiting, or signs of dehydration, seek urgent medical care right away.