

PICU BOWEL PROTOCOL

Patient <2 years of age

Patient has no stool production within 72 hours of reaching full feeds.

Prescribe and administer: Poloxamer (stool softener) and Lactulose (osmotic laxative)

Coloxyl[®] paediatric drops 10%

- children under 6 months: 10 drops 3 times daily
- children 6-24 months: 15 -25 drops 3 times daily

Lactulose

- children < 1 year 2.5 ml twice daily
- children 1-2 year 5 ml twice daily

Patient has no stool production within 48 hours (continue Coloxyl[®] drops *and* lactulose)

Prescribe and administer:

Movicol[®] / Lax-Sachets (osmotic laxative) [max 2 doses]

- ¼ to ½ sachet daily.

One sachet is dissolved in 125ml of water. Do not alter volume as action dependent on osmotic concentration.

Maybe contraindicated for patients with cardiovascular or renal impairment. Use alternative:

- Bisacodyl (Dulcolax[®]) 5mg suppository (stimulant laxative)

Patient has no stool production within 24 hours (continue Coloxyl[®] drops *and* lactulose)

Prescribe and administer:

1 Microlax[®] enema (stimulant laxative). NB insert only ½ the nozzle length.

Patient has no stool within 12 hours (continue Coloxyl[®] drops *and* lactulose)

Prescribe and administer:

1/3 Fleet[®] phosphate enema (osmotic laxative)

- Once regular bowel habit achieved, continue with Coloxyl[®] drops and lactulose
- If diarrhoea (more than 6 liquid stools in 24 hours) occurs reassess.
- If feeding intolerance occurs reassess.
- Lax-Sachets are equivalent to Movicol[®]. Dosing is based on adult sachet (only preparation available in NZ).

Do not routinely administer any laxatives to patients with potential intestinal obstruction or following lower bowel surgery.

References: Various data sheets. <http://www.medsafe.govt.nz>

PICU BOWEL PROTOCOL

Patient >2 years of age

Patient has no stool production within 48 hours of reaching full feeds.

Prescribe and administer: Laxol[®] (stool softener + stimulant) and lactulose (osmotic laxative)

Laxol[®] tablets (docusate 50mg + sennosides 8mg) (can be crushed for NG administration)

- children 2 – 6 years: 1 tablet daily
- children 6-12 years: 2 tablets daily
- children > 12 years: 2 to 4 tablets daily or 2 tablets twice daily

Lactulose

- children 2-5 year 5 ml twice daily
- children 5-10 year 10 ml twice daily
- children > 10 year 20ml twice daily

Patient has no stool production within 48 hours

Change prescription to: Movicol[®] / Lax-Sachets (osmotic laxative) sachets.

- children 2 -6 years: ½ to 1 sachet daily
- children 6-12 years: 1 to 2 sachets daily.
- children > 12 years: 1 to 3 sachets daily.

One sachet is dissolved in 125ml of water. Do not alter volume as action dependent on osmotic concentration. Maybe contraindicated for patients with cardiovascular or renal impairment.

OR

Prescribe and administer bisacodyl (stimulant laxative) when Movicol[®] / Lax-Sachets contraindicated.

- children <12 5–10mg bisacodyl EC tablets or 5-10mg bisacodyl suppository daily
- children >12 10–15mg bisacodyl EC tablets or 10-20mg bisacodyl suppository daily

Patient has no stool production within 24 hours (continue Lax-Sachets or Laxol[®] and Lactulose).

Prescribe and administer:

- Fleet[®] glycerine suppository 2.55g OR 1 Microlax[®] enema

Patient has no stool production within 12 hours (continue Lax-Sachets or Laxol[®] and Lactulose)

Prescribe and administer:

- children 2-12years: ½ Fleet[®] phosphate enema (osmotic laxative)
- children > 12years: 1 Fleet[®] phosphate enema (osmotic laxative) OR Fleet[®] phospho-soda buffered saline solution 10-20ml (laxative) or 45ml (purgative) – for adolescents only, consult prescribing information.

- Once regular bowel habit achieved, continue with Laxol[®] and lactulose
- If diarrhoea (more than 6 liquid stools in 24 hours) occurs reassess.
- If feeding intolerance occurs reassess.
- Lax-Sachets are equivalent to Movicol[®]. Dosing is based on adult sachet (only preparation available in NZ).
- Refer to Starship Constipation Clinical Guideline when required for management of faecal impaction.

Do not routinely administer any laxatives to patients with potential intestinal obstruction or following lower bowel surgery.

References: Various data sheets. <http://www.medsafe.govt.nz>