

# Symptom Management

## Constipation

Even children who are not eating need to have bowel movements. The bowel still produces waste. The waste is made up of secretions, mucus, dead cells, bacteria. Constipation can cause discomfort, difficulty urinating, nausea and vomiting. It can lead to a life-threatening blockage in the bowel.

The risk of constipation increases when the child:

- \* is not eating;
- \* is not drinking enough fluids;
- \* is not getting enough exercise;
- \* is taking strong pain medications, such as codeine (including Tylenol #3), morphine, and hydromorphone;
- \* has a tumour that blocks the bowel or affects the nerves that help the bowels empty.

## Watch for these signs of constipation

- \* change in bowel movements;
- \* bloated abdomen;
- \* stomach ache and/or stomach cramps;
- \* hard stools or straining on the toilet;
- \* stool or blood smears on underwear or sheets.

## Preventing constipation

These things help keep the bowels moving:

- \* **Encourage fluids** - juice, water, apple, prune and grape juice are good.

### Tips to make drinking more fun

- ◆ Buy coloured straws - change the straw often. Use a straw with a crazy shape.
- ◆ Offer drinks in different size glasses:
  - a small amount in a giant mug looks very small;
  - a very small glass seems manageable.
- ◆ Have a drinking competition. Have a measured jug of liquid for each person in the family (amounts don't have to be equal). The person who drinks his jug in the day gets points toward a treat.
- ◆ Carry a water bottle with you at all times.
- ◆ Popsicles and ice-chips are a good way to get fluids into your child. Prune juice ice blocks are a natural laxative.

Don't neglect constipation.

Use a chart to keep track of your child's stools:

- \* colour
- \* hard, soft, liquid stools
- \* date/time of bowel movements
- \* blood in stool

The goal is to have a bowel movement at least every 2-3 days.

Offer (but not force) fluids every 30 minutes.

\* **Add natural laxatives like high fibre into meals and snacks**

Unless your child is eating very little, or may have a bowel obstruction, gradually add more fibre in the diet:

- ◆ Offer fresh or dried fruits like prunes, raisins plums, nuts, fresh vegetables. Children who turn noses up at prunes may love a pudding of whipped cream or yoghurt into which you blend cooked pureed prunes.
- ◆ Choose whole grain products.
- ◆ Natural bran is good in muffins, cereals and breads. Add a tablespoon or so to meat loaf.

**Cautions:** Children under 4 years may choke on raw vegetables, popcorn, raisins and nuts. Give bran only if your child is drinking enough.

\* **Keep your child as active as possible**

Be realistic. Don't push her when she is feeling tired or weak.

\* **Use a stool softener regularly, unless your child has diarrhea**

Any child who is taking strong pain medications should be taking a stool softener, such as docusate (e.g., Colace®).

## Managing constipation

Your child may need laxatives, enemas or suppositories. As soon as constipation becomes a problem, discuss these options with your doctor or nurse.

- \* As well as the stool softener, your doctor or nurse may suggest a **laxative** such as lactulose, senna or bisacodyl, to get the bowels moving.
- \* A small Fleet® **enema** or **glycerin suppository** clears the stool from the bowel. Make sure you use lots of petroleum jelly on the enema tip.

**Note:** If your child develops diarrhea: stop the medication until the stools are solid again. If the diarrhea does not stop, inform your doctor.

Popcorn has lots of fibre.

Ask a dietitian, nurse or doctor about diets that help prevent constipation.

Of course, check with your doctor before giving any medications to your child. The doctor will tell you how much to give or if there is a reason not to give it.

You can't always prevent constipation.

# Getting professional help when appropriate

## Call your nurse or doctor during the day if:

- \* your child has not had a stool in \_\_\_\_ days;
- \* stools are hard and painful to pass.

## If you have not already decided on a plan, call your doctor immediately if your child has:

- \* severe stomach cramps
- \* bleeding around the anus or the outside of the stool.

When you call, give your child's name, age, and diagnosis. Be ready with this information:

1. What is your child's normal bowel pattern?
2. When was his last bowel movement?
3. What did it look like? E.g. dark, bloody, hard?
4. Is she vomiting? Having nausea?
5. Does he have stomach cramps or pain?
6. What medications is he taking?
7. What has she had to eat/drink in the past 24 hours?
8. What therapies/treatments has she had recently?

## End note:

We all need to remind ourselves that:  
Our end goal is this child's comfort and quality of life. There is more to life than symptom management.

"Encourage" is not the same as "force", "push", or "insist".  
Constipation can be managed with medications alone.

## The plan to manage constipation:

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Ask your doctor or nurse to help you fill in the blanks.

This pamphlet is the result of a collaboration between British Columbia's Children's Hospital and Canuck Place Children's Hospice

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