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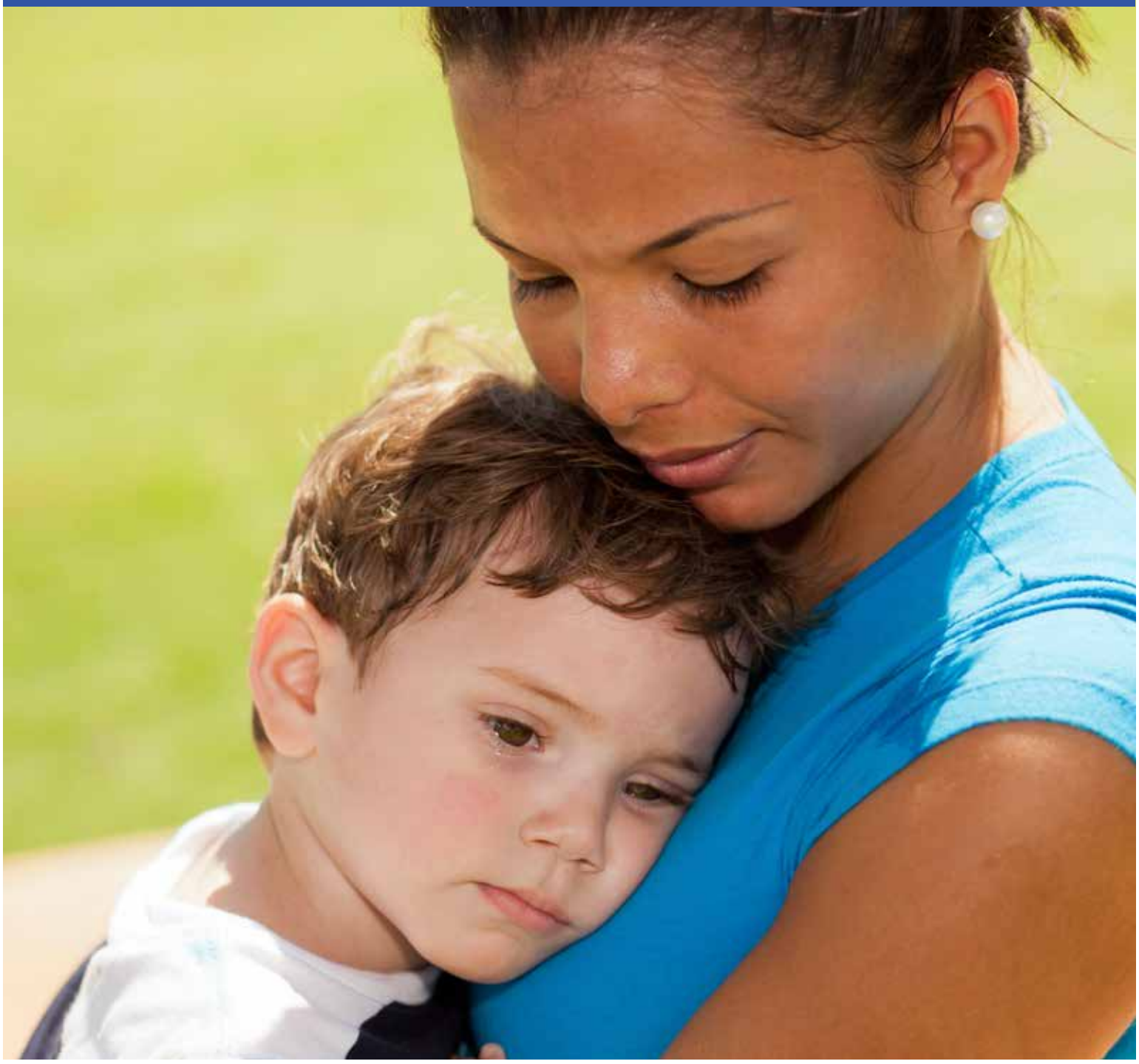
GI Supplemental Information

RESOURCES FOR PARENTS



Parent's Take Home Guide to GERD *(Gastroesophageal Reflux Disease)*

SPIT HAPPENS *(0 -24 month olds)*
Reflux and Your Baby

Gastroesophageal Reflux (GER) occurs during or after a meal when stomach contents go back into the tube that connects the mouth to the stomach. GER occurs often in normal infants. Most infants with GER are happy and healthy even though they spit up or vomit. Spitting up tends to peak at 4 months and most infants stop spitting up by 12 months of age.

If your baby is spitting up without discomfort and is making appropriate weight gains, then he or she is probably a normal spitter.

Things that you can do at home to help reduce spitting up:

☐ Avoid overfeeding
1. Don't feed the baby again after he or she spits up - wait until the next feeding.
2. Consult your doctor to see if the baby is taking appropriately sized bottles or nursing the appropriate amount of time.

☐ For formula fed infants, feedings can be thickened (1 Tbs of rice cereal per 1 ounce of formula)
1. Pinch the top of the nipple between the thumb and index finger.
2. Make a small slit in the top of the nipple with the corner of a sterile razor blade. The blade allows for accurate cutting, and prevents shredding of the nipple.
3. Start with a small slit, and enlarge as needed until the formula is flowing easily.

☐ In formula fed infants, try a hypoallergenic formula for 2 weeks
☐ Keep infant upright for at least 30 minutes after meals
☐ Avoid car seat positioning in the home
☐ Avoid tight diapers and elastic waistbands
☐ Avoid exposure to tobacco smoke

Most infants with GER will be helped with the treatment mentioned above. If symptoms are severe or persistent then your primary care provider may consider treatment with a medication or referral to a pediatric gastroenterologist.

Worrisome Symptoms of Reflux Disease in Infants *(0 - 24 months old)*

(Symptoms experienced by your infant)

1. Vomiting associated with
   - Blood
   - Green or yellow fluid
   - Poor weight gain
2. Inconsolable or severe crying and irritability
3. Persistent food refusal
   - Poor growth or failure to thrive
   - Difficulty eating
4. Breathing problems
   - Difficulty breathing
   - Repeat bouts of pneumonia
   - Breathing stops
   - Turning blue
   - Chronic cough
   - Wheezing

If you have concerns, speak to your healthcare provider.

IMPORTANT REMINDER: *This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) and the Children's Digestive Health and Nutrition Foundation (CDHNF) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your child's specific condition.*

Please turn over to the back for the take-home guides for older children and teens with GERD

Digestive Health for Life | CDHNF Children's Digestive Health & Nutrition Foundation | NASPGHAN North American Society for Pediatric Gastroenterology, Hepatology and Nutrition | American Academy of Pediatrics Dedicated to the Health of All Children™

WHAT'S UP WITH MY KID'S STOMACH? *(2 -12 year olds)*

Reflux and Your Child

Gastroesophageal Reflux (GER) occurs during or after a meal when stomach contents go back into the tube that connects the mouth to the stomach.

Most children are able to decrease their reflux with lifestyle and diet changes:

- ☐ Have your child eat smaller meals more often
- ☐ Avoid eating 2 to 3 hours before bedtime
- ☐ Elevate the head of the bed 30 degrees
- ☐ Avoid carbonated drinks, chocolate, caffeine, and foods that are high in fat (french fries and pizza) or contain a lot of acid (citrus, pickles, tomato products) or spicy foods
- ☐ Avoid large meals prior to exercise
- ☐ Help your child lose weight if he or she is overweight
- ☐ Avoid exposure to tobacco smoke

Most children with GER will be helped with the treatment mentioned above. If symptoms are severe or persistent then your primary care provider may consider treatment with a medication or referral to a pediatric gastroenterologist.

Worrisome Symptoms of Reflux Disease in Children *(2 - 12 year olds)*

(Symptoms experienced by your child)

1. Repeated vomiting associated with
   - Blood
   - Green or yellow fluid
   - Weight loss or poor weight gain
2. Frequent sensation of food or liquid coming up into the back of the throat or mouth
3. Frequent discomfort in the stomach or chest
4. Swallowing problems
   - Discomfort with the act of swallowing
   - Pain with swallowing
   - Sensation that food gets stuck on the way down
5. Breathing problems
   - Wheezing
   - Chronic cough or recurrent pneumonia
   - Hoarseness
   - Asthma

If you have concerns, speak to your healthcare provider.

SICK AND TIRED OF BEING SICK *(13+ years)*

Reflux and Your Teen

Gastroesophageal Reflux (GER) occurs during or after a meal when stomach contents go back into the tube that connects the mouth to the stomach.

Most teenagers are able to decrease their reflux with lifestyle and diet changes:

- ☐ Have your teenager eat smaller meals more often
- ☐ Avoid eating 2 to 3 hours before bedtime
- ☐ Elevate the head of the bed 30 degrees
- ☐ Avoid carbonated drinks, chocolate, caffeine, and foods that are high in fat (french fries and pizza) or contain a lot of acid (citrus, pickles, tomato products) or spicy foods
- ☐ Avoid large meals prior to exercise
- ☐ Help your teen lose weight if he or she is overweight
- ☐ Avoid cigarette smoking
- ☐ Avoid drinking alcohol

Most teens with GER will be helped with the treatment mentioned above. If symptoms are severe or persistent then your primary care provider may consider treatment with a medication or referral to a pediatric gastroenterologist.

Worrisome Symptoms of Reflux Disease in Teenagers *(13+ years old)*

(Symptoms experienced by your teen)

1. Repeated vomiting associated with
   - Blood
   - Green or yellow fluid
   - Weight loss or poor weight gain
2. Frequent sensation of food or liquid coming up into the back of the throat or mouth
3. Frequent discomfort in the stomach or chest
   - Heartburn
4. Swallowing problems
   - Discomfort with the act of swallowing
   - Pain with swallowing
   - Sensation that food gets stuck on the way down
5. Breathing problems
   - Wheezing
   - Chronic cough or recurrent pneumonia
   - Hoarseness
   - Asthma

If you have concerns, speak to your healthcare provider.

YOUR SOURCE FOR PEDIATRIC GERD INFORMATION

CDHNF National Office, P.O. Box 6, Flourtown, PA 19031 • Phone: 215-233-0808 Fax: 215-233-3918 • www.KidsAcidReflux.org • www.TeensAcidReflux.org

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Educational support for The CDHNF Pediatric GERD Education Campaign was provided by Major Sponsor **TAP Pharmaceutical Products Inc**.
To order more of this resource or other materials from CDHNF e-mail us at **CDHNFmaterials@gmail.com**

Guía Casera para Padres
GERD *(Enfermedad por reflujo gastroesofágico)*

LOS BEBÉS REGURGITAN *(0 -24 meses de edad)*
El reflujo y su bebé

El reflujo gastroesofágico (GER abreviación en inglés) ocurre durante o después de una comida, cuando el contenido del estómago se regresa al tubo que conecta la boca con el estómago. El GER ocurre seguido en lactantes normales. La mayoría de lactantes con GER están felices y saludables aunque regurgiten o vomiten. La regurgitación tiende a alcanzar el máximo a los 4 meses y la mayoría de lactantes deja de regurgitar a los 12 meses de edad.

Si su bebé está regurgitando sin molestias y tiene una adecuada ganancia de peso, entonces es probablemente un regurgitador normal.

Cosas que Ud. puede hacer en casa para ayudar a reducir la regurgitación:

☐ Evite la sobrealimentación
1. No alimente al bebé de nuevo después de que regurgite - espere hasta el próximo alimento.
2. Consulte con su doctor para ver si el bebé está tomando biberones con la cantidad apropiada o está lactando durante la cantidad apropiada de tiempo.

☐ Para los lactantes alimentados con fórmula, se puede espesar el alimento (1 cucharada de cereal de arroz por onza de fórmula)

1. Pellizque la punta del chupón entre los dedos índice y pulgar.
2. Haga una pequeña abertura en la punta del chupón con la esquina de una hoja de afeitar estéril. La hoja permite un corte exacto y previene que el chupón se haga tiras.
3. Empiece con una abertura pequeña y agrándela a medida que lo necesite hasta que la fórmula esté fluyendo fácilmente.

☐ Para los lactantes alimentados con fórmula, pruebe una fórmula hipoalergénica durante 2 semanas
☐ Mantenga al lactante erguido durante por lo menos 30 minutos después de las comidas
☐ En casa, evite poner al niño en la posición de asiento de automóvil
☐ Evite pañales y cinturones elásticos apretados
☐ Evite la exposición al humo del tabaco

La mayoría de lactantes con GER se beneficiará con el tratamiento arriba indicado. Si los síntomas son severos o persistentes, entonces su proveedor primario de salud puede considerar el tratamiento con medicación o referirlo a un gastroenterólogo pediátrico.

Síntomas preocupantes de enfermedad por reflujo en lactantes *(0 - 24 meses de edad)*

(Síntomas experimentados por su bebé)

1. Vómito asociado con
   - Sangre
   - Líquido verde o amarillo
   - Escasa ganancia de peso

2. Llanto inconsolable o severo e irritabilidad

3. Negativa persistente a comer
   - Escaso crecimiento o retardo en el crecimiento
   - Dificultades para comer

4. Problemas respiratorios
   - Dificultad para respirar
   - Episodios repetidos de neumonía
   - Paro respiratorio
   - El niño se pone azul
   - Tos crónica
   - Sibilancias

Si tiene inquietudes, hable con su proveedor de salud.

RECORDATORIO IMPORTANTE: *esta información, de la Fundación para la Salud Digestiva y Nutrición de los Niños (abreviada CDHNF en inglés) y de la Sociedad Americana de Gastroenterología, Hepatología y Nutrición Pediátricas (abreviada NASPGHAN en inglés) se ofrece sólo como una guía general y no como una base definitiva para diagnóstico o tratamiento en ningún caso en particular. Es muy importante que Ud. consulte a su doctor sobre su condición específica*

Por favor, dé vuelta a la hoja para leer la guía casera para niños mayores y adolescentes con GERD

Digestive Health for Life | CDHNF Children's Digestive Health & Nutrition Foundation | NASPGHAN North American Society for Pediatric Gastroenterology, Hepatology and Nutrition | American Academy of Pediatrics Dedicated to the Health of All Children

¿QUÉ PASA CON EL ESTÓMAGO DE MI NIÑO? *(2-12 años de edad)*

El reflujo y su niño

El reflujo gastroesofágico (GER abreviación en inglés) ocurre durante o después de una comida, cuando el contenido del estómago se regresa al tubo que conecta la boca con el estómago.

La mayoría de niños puede disminuir su reflujo con cambios en su estilo de vida y dieta:

- ☐ Haga que su niño coma más seguido comidas más pequeñas
- ☐ Evite comer 2 a 3 horas antes de acostarse
- ☐ Eleve la cabecera de la cama 30 grados
- ☐ Evite bebidas carbonatadas, chocolate, cafeína, y alimentos ricos en grasa (papas fritas y pizza) o que contengan mucho ácido (cítricos, encurtidos, productos del tomate) o comidas picantes.
- ☐ Evite las comidas abundantes antes del ejercicio
- ☐ Ayude a su niño a perder peso si tiene sobrepeso
- ☐ Evite la exposición al humo del tabaco

La mayoría de niños con GER se beneficiará con el tratamiento arriba indicado. Si los síntomas son severos o persistentes, entonces su proveedor primario de salud puede considerar el tratamiento con medicación o referirlo a un gastroenterólogo pediátrico.

Síntomas preocupantes de enfermedad por reflujo en niños *(2 - 12 años de edad)*

(Síntomas experimentados por su niño.)

1. Episodios repetidos de vómito con
   - Sangre
   - Líquido verde o amarillo
   - Escasa ganancia o pérdida de peso
2. Sensación frecuente de comida o líquido que sube a la parte inferior de la garganta o posterior de la boca
3. Molestia frecuente en el estómago o pecho
4. Problemas al tragar
   - Molestia durante el acto de tragar
   - Dolor al tragar
   - Sensación de que la comida se atasca cuando baja
5. Problemas respiratorios
   - Sibilancias
   - Tos crónica o neumonía recurrente
   - Ronquera
   - Asma

Si tiene inquietudes, hable con su proveedor de salud.

HARTO DE ESTAR ENFERMO *(13 años y más)*

El reflujo y su adolescente

El Reflujo Gastroesofágico (GER abreviación en inglés) ocurre durante o después de una comida, cuando el contenido del estómago se regresa al tubo que conecta la boca con el estómago.

La mayoría de adolescentes puede disminuir su reflujo con cambios en su estilo de vida y dieta:

- ☐ Haga que su adolescente coma más seguido comidas más pequeñas
- ☐ Evite comer 2 a 3 horas antes de acostarse
- ☐ Eleve la cabecera de la cama 30 grados
- ☐ Evita bebidas carbonatadas, chocolate, cafeína y comidas ricas en grasa (papas fritas y pizza) o que contengan mucho ácido (cítricos, encurtidos, productos del tomate) o comidas picantes.
- ☐ Evite las comidas abundantes antes de hacer ejercicio
- ☐ Ayude a su adolescente a perder peso si tiene sobrepeso
- ☐ Evite fumar cigarrillos
- ☐ Evite beber alcohol

La mayoría de adolescentes con GER se beneficiará con el tratamiento arriba indicado. Si los síntomas son severos o persistentes, entonces su proveedor primario de salud puede considerar el tratamiento con medicación o referirlo a un gastroenterólogo pediátrico.

Síntomas preocupantes de enfermedad por reflujo en adolescentes *(13 años y más)*

(Síntomas experimentados por su adolescente.)

1. Episodios repetidos de vómito con
   - Sangre
   - Líquido verde o amarillo
   - Escasa ganancia o pérdida de peso
2. Sensación frecuente de que comida o líquido sube a la parte inferior de la garganta o posterior de la boca
3. Frecuente incomodidad en el estómago o pecho
   - Acedía
4. Problemas al tragar
   - Molestia con el acto de tragar
   - Dolor al tragar
   - Sensación de que la comida se atasca al bajar
5. Problemas respiratorios
   - Sibilancias
   - Tos crónica o neumonía recurrente
   - Ronquera
   - Asma

Si tiene inquietudes, hable con su proveedor de salud.

SU FUENTE PARA LA INFORMACIÓN SOBRE GERD PEDIÁTRICA

Oficina Nacional de la CDHNF, P.O. Box 6, Flourtown, PA 19031• Teléfono: 215-233-0808 Fax: 215-233-3918 • www.KidsAcidReflux.org • www.TeensAcidReflux.org

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El apoyo educativo para la Campaña Educativa de CDHNF sobre la GERD Pediátrica fue proporcionado por el patrocinador principal **TAP Pharmaceutical Products Inc.**

Para ordenar más de este recurso u otros materiales de la CDHNF, mándenos un correo electrónico a: **CDHNFmaterials@gmail.com**

Functional Abdominal Pain in Children

What is functional abdominal pain, and why does it happen?

Most otherwise-healthy children who repeatedly complain of stomachaches for two months or more have functional abdominal pain. The term "functional" refers to the fact that there is no blockage, inflammation or infection causing the discomfort. Nevertheless, the pain is very real, and is due to extra sensitivity of the digestive organs, sometimes combined with changes in gastrointestinal movement patterns. Your child's intestine has a complicated system of nerves and muscles that helps move food forward and carry out digestion. In some children, the nerves become very sensitive, and pain is experienced even during normal intestinal functions. The pain can cause your child to cry, make his/her face pale or red, and cause him/her to break into a sweat. This digestive tract sensitivity can be triggered by a variety of things, such as a viral or bacterial infection, stress, or an episode of constipation. Other family members may have a history of similar problems. Because of the pain, children often stop their usual school and play activities. Fortunately, despite the recurrent episodes of pain, normal growth and general good health continue.

SPECIFIC INSTRUCTIONS :

NASPGHAN • PO Box 6 • Flourtown, PA 19031 • 215-233-0808 • Fax: 215-233-3918

REV 10/11

How common is functional abdominal pain?

Functional pain is very common. About 10 – 15% of school aged children will report episodes of recurrent pain. Another 15% experience pain, but do not go to the doctor for it.

How is functional abdominal pain diagnosed?

A detailed history of how the pain started, how it progressed, its location, and other associated factors can often suggest a diagnosis of functional pain. In functional pain, growth is good and the physical exam is normal. Basic blood, urine and stool tests are often performed to screen for other conditions that can cause recurrent pain. X-rays, other imaging studies, extensive lab tests and endoscopy are only recommended for children whose history, exam or basic lab results don't fit with the diagnosis of functional pain. Your doctor will also follow your child to see if any changes take place which would suggest a different problem.

(continued on next page)

Abdominal Pain continued

How is functional abdominal pain treated?

You, your doctor and your child can partner to put you and your child, rather than the pain, back in charge of your child's life. Identifying and managing your child's pain triggers, such as constipation, stress or lactose intolerance often helps reduce the pain. Also, with your help your child can learn to avoid focusing on the pain. There are a variety of specific actions for handling pain episodes, such as breathing techniques, that can be taught to your child. As a parent wanting to know if your child is having pain, a good approach is to observe your child's behavior rather than asking if he/she is in pain. It is important to prevent the pain from becoming a reason for missing school, changing your child's social activities or becoming the center of everyone's attention at home. Even when the pain persists, it is reassuring to learn that this is a known condition, and that it is not dangerous. Being positive about getting better will send the right signals to your child. Medications may be helpful for some children with functional abdominal pain. These and other specific approaches suitable for your child can be discussed with your physician.

For more information or to locate a pediatric gastroenterologist in your area please visit our website at: www.naspghan.org

IMPORTANT REMINDER: *This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.*

LINKS:

http://www.acg.gi.org/patients/gihealth/functionalab.asp

http://pediatrics.aappublications.org/cgi/content/full/115/3/812

http://www.uptodate.com/contents/patient-information-chronic-abdominal-pain-in-children-and-adolescents? source= search_result &selectedTitle=1%7E150

http://www.aboutkidsgi.org/site/about-gi-health-in-kids/functional-gi-and-motility-disorders/abdominal-pain-or-bellyaches

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GASTRO Kids
Help & Hope for Children with Digestive Disorders

APGNN
The Association of Pediatric Gastroenterology and Nutrition Nurses

Dolor abdominal funcional en niños

¿Qué es el dolor abdominal funcional y por qué ocurre?

La mayoría de niños, por otra parte sanos, que repetidamente se quejan de dolor de estómago durante dos meses o más, tienen dolor abdominal funcional. El término "funcional" se refiere al hecho que no hay ningún obstáculo, inflamación o infección que cause la molestia. No obstante, el dolor es muy real, y es debido a una sensibilidad extra de los órganos digestivos, a veces combinada con cambios en los patrones de movimientos gastrointestinales. El intestino de su niño tiene un sistema complicado de nervios y músculos que ayuda a mover los alimentos hacia delante y lleva a cabo la digestión. En algunos niños, los nervios se tornan muy sensibles y el dolor es experimentado incluso durante las funciones intestinales normales. El dolor puede hacer que su niño llore, se le ponga la cara pálida o roja y presente sudoración. Esta sensibilidad del tracto digestivo puede activarse por una variedad de cosas, tales como una infección viral o bacteriana, estrés o un episodio de estreñimiento. Otros parientes pueden tener una historia de problemas similares. Debido al dolor, a menudo los niños detienen sus actividades usuales en la escuela y en la casa. Afortunadamente, a pesar de los episodios recurrentes de dolor, continúan el crecimiento normal y un buen estado general de salud.

INSTRUCCIONES ESPECÍFICAS :

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¿Cuán común es el dolor abdominal funcional?

El dolor funcional es muy común. Aproximadamente 10 - 15% de niños en edad escolar reportarán episodios de dolor recurrente. Otro 15% experimenta dolor, pero no va al doctor por él.

¿Cómo se diagnostica el dolor abdominal funcional?

Una historia detallada de cómo empezó el dolor, cómo progresó, su ubicación y otros factores asociados pueden a menudo sugerir un diagnóstico de dolor funcional. En el dolor funcional, el crecimiento es bueno y el examen físico es normal. Frecuentemente se realizan exámenes básicos de sangre, orina y heces para descartar otras condiciones que puedan causar dolor recurrente. Se recomiendan radiografías, otros estudios por imagen, exámenes exhaustivos de laboratorio y endoscopia sólo en niños cuya historia, examen o resultados de laboratorio básico no encajan con el diagnóstico de dolor funcional. Su doctor también seguirá a su niño para ver si ocurre algún cambio.

(continuó próxima página)

Dolor abdominal Continuado

¿Cómo se trata el dolor abdominal funcional?

Ud., su doctor y su niño pueden asociarse para ponerles a Ud., y a su niño, antes que al dolor, de vuelta a cargo de la vida de su niño. Identificando y manejando los desencadenantes del dolor de su niño, tales como estreñimiento, estrés o intolerancia a la lactosa a menudo ayuda a reducir el dolor. También, con su ayuda, su niño puede aprender a evitar concentrase en el dolor. Hay una variedad de acciones específicas para manejar los episodios de dolor, tales como técnicas respiratorias que su niño puede aprender. Como padre que quiere saber si su niño está teniendo dolor, un buen enfoque es observar la conducta del niño en lugar de preguntarle si está con dolor. Es importante impedir que el dolor se vuelva una razón para faltar a la escuela, cambiar las actividades sociales del niño o tornarse el centro de atención de todos en casa. Incluso cuando el dolor persiste, es tranquilizante saber que es una condición conocida, y que no es peligroso. Siendo positivo sobre mejorar enviará señales correctas a su niño. Las medicaciones pueden ser útiles para algunos niños con dolor abdominal funcional. Éstos y otros enfoques específicos adecuados para su niño pueden discutirse con su médico.

Para más información o para localizar a un gastroenterólogo pediátrico en su área por favor visite nuestro sitio web: www.gastrokids.org

RECORDATORIO IMPORTANTE: *Esta información, de la Sociedad Norteamericana de Gastroenterología, Hepatología y Nutrición Pediátricas, (NASPGHAN), está pensada sólo para proporcionar información general y no como base definitiva para diagnóstico o tratamiento en ningún caso en particular. Es muy importante que Ud. consulte con su doctor sobre su condición específica.*

ENLACES:

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Kids and Constipation:

A Guide for Parents and Families

Community Care of North Carolina

What is constipation?

Your child may be constipated if he or she has fewer bowel movements (BMs) than usual or has hard stool (poop) for two or more weeks.

When your child is constipated for a few days, the stool may fill up the intestine and cause it to stretch. The over-stretched bowel does not work as well. The stool may become large and hard to pass. Your child may try to hold their stool because of the pain.

Why do children get constipated?

Children get constipated for many reasons, including

- A change in their daily routines
- Not wanting to use a strange bathroom
- Not wanting to stop playing to go to the bathroom
- Little fiber in the diet
- Little exercise
- Potty training
- Stress
- Illness

What are the symptoms?

- Hard, dry stools that are difficult to pass
- Painful BMs or a stomach ache
- Stain in the underwear (accidents happen because the large amount of stool in the intestine starts to overflow)
- Little appetite or not wanting to eat

Is my baby constipated?

Some babies have several BMs in one day. Other babies have BMs less often. In general, it is normal if your baby has at least one soft stool every other day. Your baby will develop a regular BM routine during potty training (27 to 36 months of age).

Parents sometimes worry if their baby strains or cries during a BM. This is normal. Babies sometimes have to strain because their bodies and nervous systems are still developing. Their large intestines fill up with stool, and then they hold their breath and strain to push.

If your baby is old enough, try adding fruits or juices. Your doctor may give your baby medicine.

Call your doctor right away if your baby is sick with

- vomiting,
- bloody diarrhea,
- fever,
- weight loss, and/or
- does not want to feed.

What is the treatment for my child?

The treatment is diet, exercise, and/or medicine.

Diet:	• Have your child eat more fruits, vegetables, and grains every day. • Have your child drink lots of water every day. Juices can help, too. Try prune, pear, or apple juice.
Exercise:	• Have your child exercise every day for at least 1 hour, if possible.
Medicine:	• Your doctor may give your child a stool softener or a laxative. • Your child may need a “clean out” if there is too much stool in the colon. Your doctor will tell you how to do this if it is needed.

How do I know if the treatment worked?

- Your child should have 1 or 2 soft stools at least every other day.
- Your child should not have to think or worry about going to the bathroom. It should be a routine.
- Be patient. It may take 6 to 12 months for your child to get back to a regular BM routine.

What can I do to help my child?

You should not be stressed out by this. Many very good parents have children with constipation! This is a long-term problem with a long-term solution. You can help in these ways:

- Have your child sit on the toilet for 5 to 10 minutes after every meal and before the evening bath.
- Make sure your child's knees are above the waist on the toilet. If your child's feet do not touch the floor, give them a step stool to put their feet on.
- Don't hurry your child. You may want to give your child a favorite book to read while sitting on the toilet.
- Praise your child for trying!
- Don't punish your child if they have an accident. Remember accidents happen because of the large amount of stool in the intestine. Your child is not being bad.
- Use a chart to track daily BMs, how much water they drank, and the medicines taken. You can use the chart on the next page. Put a sticker on the chart for every BM. **Bring the chart with you to your child's doctor appointments.**

Why do children stain their underwear?

When children have been constipated for a long time, sometimes the stool will leak into their underwear. This is because the rectum (end of the intestine) has been stretched out for a long time, and the child cannot control the leakage.

This is called encopresis. It will get better slowly after months of proper treatment of constipation.

Do not blame or punish your child if this happens. They cannot help it.

If your child has problems with this, talk to the teachers and other staff at your child's school. Tell them that it is important for your child to have privacy when having BMs at school and that your child needs to keep clean clothes at school in case of accidents.

Your child should keep taking Miralax until they go at least one month without having any stains on their underwear.

What can I tell my child about the underwear stains?

Here are things that you can tell your child:

- Don't feel bad about the stains. The stool has been inside you for so long that it has stretched out your intestine. Now it is hard for you to control the BM, and some of the stool leaks out into the underwear.
- The stains will stop if you take the medicine, eat, and drink the right foods and liquids, get plenty of exercise, and take time to try to have BMs after meals.
- You should take the medicine until you go at least one month without having an underwear stain.

You can also tell your child that you will talk with their teacher about letting them go to the bathroom at school. Say that you will make sure the teacher has clean clothes if your child needs them at school.

Warning Signs

Contact the doctor if your child has

- Fever of 100.4° F rectal
- Blood in stool
- Vomiting
- Weight loss
- Does not want to feed

Bowel Movement Chart

Day	How many BMs?	How many cups of water or juice?	How many fruits and vegetables?	How much exercise?	What medicine and how much?	Smiley face for BM (or attempt) GOOD JOB! 
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Constipation Clean Out:
A Guide for Parents and Families

Your child is constipated and needs help to clean out the large amount of stool (poop) in the intestine. This guide tells you what medicine to give your child.

What do I need to know before starting the clean out?

- It will take about 4 to 6 hours for your child to take the medicine.
- After taking the medicine, your child should have a large stool within 24 hours.
- Plan to have your child stay close to a bathroom until the stool has passed.
- After the intestine is cleaned out, your child will need to take a daily medicine.

Remember: Constipation can last a long time. It may take 6 to 12 months for your child to get back to regular bowel movements (BMs). Be patient. Things will get better slowly over time.

If you have questions, call your doctor at this number: (____) _____ - _____

When should my child start the clean out?

- Start the home clean out on a Friday afternoon or some other time when your child will be home (and not at school).
- Start between 2:00 and 4:00 in the afternoon.
- Your child should have almost clear liquid stools by the end of the next day.
- If the medicine does not work or you don't know if it worked, call your child's doctor or nurse.

Adapted from the NC Children's Hospital Home Cleanout Protocol and approved by a collaboration of pediatric gastroenterologists from the Departments of Pediatrics at Carolinas Health Care, Duke University, East Carolina University, University of North Carolina, and Wake Forest University and primary care physicians from across North Carolina (November 2012)

What medicine does my child need to take?

Your child needs to take Miralax, a powder that you mix in a clear liquid.

Follow these steps:

① Stir the Miralax powder into water, juice, or Gatorade. Your child's Miralax dose is:

- ☐ 8 capfuls of Miralax powder in 32 to 64 ounces of liquid

OR

- ☐ 16 capfuls of Miralax powder in 64 ounces of liquid

② Give your child 4 to 8 ounces to drink every 30 minutes. It will take 4 to 6 hours for your child to finish the medicine.

③ After the medicine is gone, have your child drink more water or juice. This will help with the cleanout.

If the medicine gives your child an upset stomach, slow down or stop.

Does my child need to keep taking medicine?

After the clean out, your child will take a daily (maintenance) medicine for at least 6 months.

Your child's Miralax dose is:

- ☐ 1 capful of powder in 8 ounces of liquid every day
- ☐ 2 capfuls of powder in 8 ounces of liquid every day

Your child's _____ dose is: _____

You should take your child to the doctor for follow-up appointments as directed.

What if my child gets constipated again?

Some children need to have the clean out more than one time for the problem to go away. Contact your doctor to ask if you should repeat the clean out. It is OK to do it again, but you should wait at least a week before repeating clean out.

Will my child have any problems with the medicine?

Your child may have stomach pain or cramping during the clean out. This might mean your child has to go to the bathroom.

Have your child sit on the toilet. Explain that the pain will go away when the stool is gone. You may want to read to your child while you wait. A warm bath may also help.

What should my child eat and drink?

Have your child drink lots of water and juice. Fruits and vegetables are good foods to eat. Try to avoid greasy and fatty foods.

Community Care of North Carolina

CHACC ABDOMINAL PAIN CHECKLIST

Please check the box(s) that are true about your child:

PAIN:

- ☐ more than 2 months
- ☐ began suddenly
- ☐ began gradually
- ☐ constant
- ☐ off-and-on
- ☐ with swallowing
- ☐ in the upper right part of the stomach
- ☐ in the lower right part of the stomach
- ☐ around belly button
- ☐ in upper left part of stomach
- ☐ in lower left part of stomach
- ☐ all over the stomach
- ☐ in the back
- ☐ moves to the shoulder
- ☐ moves to the legs
- ☐ moves to the chest
- ☐ better after a bowel movement
- ☐ better after eating
- ☐ worse after eating
- ☐ wakes patient up

SYMPTOMS:

- ☐ weight loss
- ☐ vomiting
- ☐ blood in vomit
- ☐ green vomit
- ☐ diarrhea for over 2 weeks
- ☐ constipation
- ☐ blood in stool
- ☐ fever
- ☐ rash
- ☐ sores in the mouth
- ☐ joint pain/swelling
- ☐ loss of appetite
- ☐ nausea
- ☐ sores around the anus
- ☐ delay in going into puberty
- ☐ poor growth
- ☐ milk products cause trouble
- ☐ tired all the time
- ☐ hurts to pass urine
- ☐ after eating or drinking milk products
- ☐ keeps patient from having a good time

STRESS:

- ☐ recent separation or divorce of parents
- ☐ bullying in or out of school
- ☐ alcohol or drug abuse
- ☐ tension and/or violence in the family
- ☐ school work causes lots of anxiety

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