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El *NHS* británico ha editado un protocolo del estreñimiento en niños para atención primaria.

Además de un algoritmo, para diferenciar el estreñimiento y la impactación fecal, se incluyen apartados dedicados a:

- Principios de tratamiento en atención primaria.
- Evaluación, incluyendo exploración física.
- Tratamiento de la desimpactación.
- Tratamiento de mantenimiento.
- Revisiones desde los 0 a los 5 años de edad.
- Principios de tratamiento en el hospital.

En algunos apartados se incluyen “banderas rojas” que son señales de alerta para derivación a pediatría.

En atención primaria, el tratamiento de primera línea son los **laxantes**, que deberán usarse durante el tiempo apropiado a cada situación y que no deben interrumpirse de forma brusca. Se desaconsejan las intervenciones rectales como tratamiento inicial. Deben instaurarse visitas regulares de seguimiento para asegurar la eficacia de la intervención.

El **macrogol** (laxante osmótico) es el medicamento de elección, y si no es tolerado o es insuficiente, puede añadirse un laxante estimulante (**picosulfato sódico**, **sen**). Los niños tratados con un laxante estimulante sólo pueden beneficiarse de la adición de un laxante osmótico como **lactulosa** o **docusato**.

A continuación, se reproduce el algoritmo antes mencionado, así como los laxantes utilizados para tratar la desimpactación en atención primaria, con la pauta posológica según la edad del niño.

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National Primary Care Clinical Pathway for Constipation in Children

NHS

All families: Safeguarding should be considered and managed as per local safeguarding procedures.

Child presents with constipation 1 or soiling (faecal incontinence)
- Undertake assessment 2 and eliminate RED FLAGS. 3

Signs of faecal impaction present?

YES

NO

Provide written and verbal information to family.
Bladder & Bowel UK
ERIC, The Children's Bowel & Bladder Charity
Consider behavioural modification, toileting regimes, physical activity, diet and fluids as treatment adjuncts.

Child presents with faecal impaction 1 4

- Disimpact 5 as per NICE guidelines. Review within 1 week.
- Ensure that parents **know how to give macrogols** (instruct to mix each sachet in 62mls of water for paediatric strength and 125mls for adult strength sachets).
- Macrogols should be used in all children including those under 2 as per **NICE** and **BNFc**.
- Do not assume soiling is part of underlying condition in children with disabilities.
- When impaction cleared treat as per child with constipation. If no improvement, see below.

Child presents with Constipation 1 4

- Patient not impacted or has completed disimpaction: commence maintenance laxatives as per **NICE** guidelines. Review in 2 weeks. 6
- Ensure that parents **know how to give macrogols** (instruct to mix each sachet in 62mls of water for paediatric strength and 125mls for adult strength sachets).
- Macrogols should be used in all children including those under 2 as per **NICE** and **BNFc**.
- **Do not assume soiling is part of underlying condition in children with disabilities.**

No Improvement within two weeks of starting disimpaction or at review for maintenance, when on macrogols alone.
Add a stimulant laxative such as sodium picosulfate as per NICE Guidance and BNFc.
Review in 2 weeks.

No improvement after disimpaction or within three months of starting treatment, complex child or other concerns, refer to local community nurse-led children's bladder and bowel service and continue to provide support.

Improved:
Continue successful maintenance medication until regular bowel habit and toilet training established and symptom free.
Ensure laxatives put onto repeat prescription.
Review as required. 5
Do not stop laxatives abruptly.

Improvement sustained:
Reduce medication gradually, as tolerated. This will take weeks or months for chronic constipation.

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Maintenance guide for primary care

Child's age	BNFc recommended daily dose of Macrogol for maintenance (in sachets)
1 - 12 months	½ - 1 sachets (paediatric)
1 - 6 years old	1 - 4 sachets (paediatric)
6 - 12 years old	2 - 4 sachets (paediatric)
12 - 18 years old	1 - 2 sachets (adult)

Child's age	BNFc recommended daily dose of sodium picosulfate 5mg/5ml
1 month - 4 years	2.5 - 10mg once a day
4 - 18 years	2.5 - 20mg once a day

Child's age	BNFc recommended daily dose of senna 7.5mg/5m
1 month - 4 years	2.5 - 10ml once a day
4 - 18 years	2.5 - 20ml once a day

Child's age	BNFc recommended daily dose of Lactulose
1 month - 1 year	2.5ml twice daily
1 - 5 years	2.5 - 10ml twice daily
5 - 18 years	5 - 20mls twice daily

Child's age	BNFc recommended daily dose of Docusate Sodium
6 months - 2 years	12.5mg three times daily (paediatric solution)
2 - 12 years	12.5 – 25mg three times daily (paediatric solution)
12 - 18 years	Up to 500mg daily in divided doses

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