

PICU BOWEL PROTOCOL

Patient < 2 years of age

Patient has no stool production within 48 hours of commencing feeds.

(If patient has normal home bowel regimen start with this regimen) – escalate to below if no results

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

Coloxyl® (Poloxamer) paediatric drops (100mg/ml)

- children < 6 months 0.3mL Three times daily
- children 6–18 months 0.5mL Three times daily
- children 18-24 months 0.8mL Three 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: Macrogol (Molaxole® - iso-osmotic laxative)

- ¼ to ½ sachet daily. Can be increased to twice daily if required.

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

If not tolerated or Macrogol contraindicated: Prescribe and administer:

Sodium Picosulfate (Dulcolax SP® - stimulant laxative)

- Children over 1 month 2.5-10mg once daily. Contains 0.5mg picosulfate per drop

OR

Bisacodyl (Dulcolax® - stimulant laxative) 5mg suppository

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

Prescribe and administer:

- Glycerol suppository (osmotic laxative) ¼ to ½ supp **OR**
- 1 Micolette enema (stimulant laxative). NB insert only ½ the nozzle length.

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

Consider after discussion with SMO/Fellow

1/3 Fleet® phosphate enema (osmotic laxative)

Caution in renal failure/hyperphosphatemia

- 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.
- Molaxole is equivalent to Movicol® and Lax-Sachets. 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. Patients on opiates especially if also cooled and receiving muscle relaxants may require intensive bowel management. References: Various data sheets. <http://www.medsafe.govt.nz>