MCH GoPoop PROGRAM

This program can teach you how to RETRAIN then MAINTAIN healthy poop habits for kids. Ask your healthcare provider how long you need the program. Most children need at least 3-6 months of the program.

**RETRAIN**

**STEP 1**

**KNOW YOUR POOP:**
It is important to watch your poop for:
- Size
- Frequency
- Consistency

Try using a poop diary and stickers

**STEP 2**

**HEALTHY BODY - HEALTHY POOP**

- Your child needs to poop as soon as they feel the urge to
- Teach your child to not hold poop in. Praise them for listening to their bodies when they have a poop. Keep the program fun.
- Increase water, fibre, and exercise

**STEP 3**

**BATHROOM BASICS**

- Take advantage of the normal urge or need to poop after meals.
  - Sit on the toilet 1-2x after meals for 5-10 minutes.
- Use a stool under your child's feet regardless of age or size.
- Make toilet time relaxing and fun. Try a book, breathing exercise, or a device.

**STEP 4**

**START WITH A CLEAN-OUT/FLUSH?**

- A clean-out or flush will help to make the Retrain-Maintain program is successful
- Children with very mild constipation or who are not yet toilet trained may proceed without a clean-out (under the age of 2)

*Ask your healthcare provider which clean-out option is best for your child*

**By Mouth clean-out**

- **PICO Salax®** (or Purgodan®)
  - **Age**
    - 2-4 years old: PICO Salax® (or Purgodan®) 1/4 sachet two times a day for two days (morning and evening)
    - 5-12 years old: PICO Salax® (or Purgodan®) 1/2 sachet two times a day for two days (morning and evening)
    - 13+ years old: PICO Salax® (or Purgodan®) 1 sachet two times a day for two days (morning and evening)

- **PEG 3350 Plus Bisacodyl®**
  - **Weight/Age**
    - 7-10kg (>6 months): PEG 3350 2 tsp two times a day (morning and evening) for two days
    - 11-15kg (1-2 years): PEG 3350 3 tsp two times a day (morning and evening) for two days
    - 16-35kg (3-5 years): PEG 3350 5 tsp (1 capful) two times a day (morning and evening) for two days plus Bisacodyl® 5mg by mouth or suppository
    - 36-50kg (6-12 years): PEG 3350 5 tsp (1 capful) three times a day plus Bisacodyl® 5mg by mouth or suppository for two days
    - >50kg (>13 years): PEG 3350 10 tsp two times a day (morning and evening) for two days plus Bisacodyl once for two days (10mg by mouth or 10mg suppository)

*Bisacodyl® suppositories are available as 10mg suppositories and can be cut in half*

- **Rectal clean-out**
  - **Age**
    - <2 Years: Glycerin suppository once daily up to x 3 days
    - 3-10 years old: Pediatric Fleet® enema (Sodium phosphate) daily up to x 3 days OR Bisacodyl® 5mg Suppository up to x 3 days
    - >10 years old: Adult Fleet® enema (Sodium phosphate) daily up to x 3 days OR Bisacodyl® 10mg suppository up to x 3 days

**STEP 5**

**START YOUR STOOL SOFTNER**

**INITIAL DOSE OF PEG 3350**
(Restorolax®, Lax-A-Day®, ClearLax®)

- **Age**
  - 1-6 years old: 2 tsp daily
  - 6-12 years old: 4 tsp daily
  - >12 years old: 5 tsp daily

McMaster Children's Hospital
MAINTAIN

E-A-S-Y Poop

Too little PEG 3350
Increase by ½ - 1 tsp

Too much PEG 3350
Decrease by ½ - 1 tsp

• Watch your poops and change the amount of stool softeners until you have an E-A-S-Y poop
• Keep an E-A-S-Y poop throughout the maintain program. Change the dose or go to the rescue box if you stop having an E-A-S-Y poop

Rescue Toolbox: Still not having an E-A-S-Y poop or poop accidents continue?
- Try a repeat By Mouth clean-out (see Step 4)
- Try a Rectal clean-out (see Step 4)
- Add a stimulant (Senna or Bisacodyl) for 2 weeks and talk to your healthcare provider if you need to continue on a Stimulant

<table>
<thead>
<tr>
<th>Medicine Name</th>
<th>Child’s Age</th>
<th>Dose</th>
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<tbody>
<tr>
<td>Senna©</td>
<td>2-6 years</td>
<td>½ tablet crushed in apple sauce or yogurt</td>
</tr>
<tr>
<td></td>
<td>6-12 years</td>
<td>1 tablet or ½ chocolate chew</td>
</tr>
<tr>
<td></td>
<td>12+ years</td>
<td>2 tablets or 1 chocolate chew</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisacodyl©</td>
<td>3-10 years</td>
<td>1 tablet (small tablet can be swallowed in apple sauce or yogurt but not crushed)</td>
</tr>
<tr>
<td></td>
<td>10+ years</td>
<td>1 to 2 tablets</td>
</tr>
</tbody>
</table>

• Talk to your healthcare provider if you have not reached an E-A-S-Y poop within 2 weeks. (OTC = over the counter)
LEARN ABOUT CONSTIPATION
for success with the
MCH GoPoop PROGRAM

- When kids have constipation (poop back up) they lose the normal urge to poop and can’t fully empty the poop from their bowels
- This is very common and can be reversed!

SIGNS THERE IS A POOP BACK UP (CONSTIPATION):
- Small or hard poop balls
- Not pooping every day
- Large poops
- Strain and pain when having a poop
- Pee/urine problems or pee accidents (from pressure of poop backup)
- Diarrhea (from watery poop going around the poop backup)
- Poop stains or poop accidents (from losing the feeling to hold watery poops in)
- Not being hungry or feeling full quickly when eating

EVEN KIDS PASSING SOME POOP EVERY DAY CAN HAVE A POOP BACK UP.

Use the MCH GoPoop program to keep poops soft, empty the bowels and retrain the normal urge to have a poop.

CONSTITUTION WATCH
Watch for times in a child’s life when they are more likely to develop constipation

INFANCY
- Some infants can have a change in their poops when they start solid food
- If this continues try adding some prune purees (see Tips and Tricks page)

SCHOOL AGE/TEENAGER
- Some children hold poop or avoid bathrooms with the change of routine or start of school.
- Some children have worries around using bathrooms outside of the home.
- Some children may not want to talk about trouble with poops - track to see if they are having an E-A-S-Y poop.
- Some children have trouble relaxing the body to poop.
- Some children/teens can feel unwell when they are constipated and impact the way they eat, their energy, and give them painful abdominal cramps.

TODDLER
- Toilet training for many children starts a cycle of withholding poop, especially if they have a painful poop.
- This can be the start of a cycle of constipation that can continue many years.
TIPS & TRICKS
for success with the
MCH GoPoop PROGRAM

8 TIPS FOR THE GoPooP PROGRAM

1. Ask your health care provider for how to start your child on the GoPoop program. You and your healthcare team need to review progress and continue to track and soften the poops until you are done the program. **Some children need to use the program for longer** than six months if they have had years of constipation.

2. Most children need a clean-out or flush at the start of the program. It is okay to use medicines by mouth first if it works best for your child. It is important that the clean-out/flush worked and made lots of watery diarrhea. Ask your healthcare provider if you did not have this after the clean-out. **Clean-outs may need to be repeated.**

3. It can help your child drink PEG 3350 if mixed with half a glass or 4oz of water or juice and placed in the fridge cold for 5-10 minutes. **Drink at once.**

4. For those with poop accidents, a stimulant medicine may need to be added on a daily basis (see Rescue toolbox). You also may want to try an enema at the start or during the program. Pelvic floor physiotherapy may help for children over the age of 5 with ongoing poop accidents. Review this with your healthcare provider.

5. In infancy, some children can become constipated with the start of solid food. Try adding in prune puree (2-4 ounces per day) or add chia, apricots and flax to increase fibre. Infants over six months can add fibre, glycerin suppositories, lactulose or 1 tsp of PEG 3350 to treat mild constipation if it continues.

6. Constipation can be the reason for bladder trouble like urine accidents, needing to pee too often or a urinary tract infection (UTI). **Treating the constipation for these children will help** the urine problems too.

7. Talk to your healthcare provider if you think stress or worries are part of why your child is constipated. Try body relaxing exercises especially during toilet times.

8. Health care providers can tell you if your constipation medication could be covered by insurance or OHIP. The Ontario Drug Benefit program and some insurance companies may cover Purgodan (generic of PICO salax), Senekot tabs, 5mg Bisacodyl tabs and fleet enemas if a prescription is provided.

Contact your health care provider and **stop your medication** if your child has fever, severe abdominal pain that lasts more than 30 minutes, vomiting, losing weight, wakes from sleep to poop, passes blood or mucus in the poops, leg weakness, an enlarged or tense abdomen, seizures, tremors, tics, mood changes, aggression, obsessive-compulsive behaviours or blistering diaper rash.
MCH GoPoop Tracker
Track the E-A-S-Y Goals Daily

**EASY POOP:**
Goals of the program are achieving an “E-A-S-Y” poop
- **E** Everyday: having a poop at least once a day
- **A** All empty (no feeling of poop left over when done)
- **S** Soft (refer to Bristol Stool Chart)
- **Y** You’re comfortable (no pain, no strain)

**BRISTOL STOOL CHART**

| TYPE 1 | Separate, hard lumps; hard to pass |
| TYPE 2 | Sausage shaped, but lumpy |
| TYPE 3 | Like a sausage but with cracks on the surface |
| TYPE 4 | Ideal consistency; soft, smooth, sausage shape |
| TYPE 5 | Ideal consistency; soft blobs with clear-cut edges |
| TYPE 6 | Mushy, fluffy pieces with ragged edges |
| TYPE 7 | Entirely Liquid |

**DID YOU KNOW?**
It is important to track the volume/size of poop. The size of stool a child should be passing each day is close to the length of 1 banana.

**PEG 3350:**
See the GoPoop program for how to adjust for an E-A-S-Y poop

Other: _______________

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