

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

KNOW YOUR POOP:

It is important to watch your poop for:

Try using a poop diary and stickers







ncy Consistency

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





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.



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

 \square PICO Salax $^{\odot}$ (or Purgodan $^{\odot}$)

Age	Recommended Dose
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	Recommended Dose					
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 <i>plus</i> Bisacodyl [©] 5mg by mouth or suppository					
36-50kg (6-12 years)	PEG 3350 5 tsp (1 capful) $\it three\ times\ a\ day\ plus\ Bisacodyl^{\odot}$ 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 <i>plus</i> 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	Recommended Dose
<2 Years	Glycerin suppository once daily up to x 3 days
3-10 years old	Pediatric Fleet $^{\odot}$ enema (Sodium phosphate) daily up to x 3 days \it{OR} Bisacodyl $^{\odot}$ 5mg Suppository up to x 3 days
>10 years old	Adult Fleet [©] enema (Sodium phosphate) daily up to x 3 days <i>OR</i> Bisacodyl [©] 10mg suppository up to x 3 days



START YOUR STOOL SOFTNER

INITIAL DOSE OF PEG 3350 (Restorolax[®], Lax-A-Day[®], ClearLax[®]):

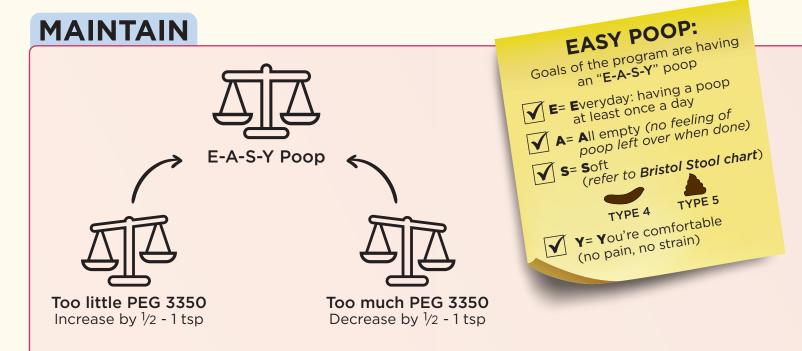
Age	Dose
1-6 years old	2 tsp daily
6-12 years old	4 tsp daily
>12 years old	5 tsp daily





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- 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) \square Add a stimulant (Senna or Bisacodyl) for 2 weeks and talk to your healthcare provider if you need to continue on a Stimulant **Medicine Name** Child's Age Dose **Senna**© 2-6 years 1/2 tablet crushed in apple sauce or yogurt Available at these strengths: 1 tablet or 1/2 chocolate chew 6-12 years • 8.6mg tablet OTC • 15mg chocolate chew (ExLax[©]) OTC 2 tablets or 1 chocolate chew 12+ years OR **Medicine Name** Child's Age Dose **Bisacodyl**© 1 tablet (small tablet can be swallowed in 3-10 years apple sauce or yogurt but not crushed) 5mg tablet by prescription or OTC 10+ years 1 to 2 tablets

• Talk to your healthcare provider if you have not reached an E-A-S-Y poop within 2 weeks. (OTC = over the counter)

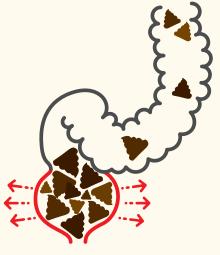


LEARN ABOUT CONSTIPATION

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!



Stretched out bowels full of poop

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.



CONSTIPATION 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.
- unwell when they are constipated and impact the way they eat, their energy, and give them painful



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= E**veryday: having a poop at least once a day
- ☐ **A= A**II empty (no feeling of poop left over when done)
- ☐ **S= S**oft (refer to Bristol Stool Chart)
- ☐ **Y= Y**ou'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: _____

MONTH