

700 Children's Drive  
Columbus, Ohio 43205-2696  
nationwidechildrens.org

## CONSTIPATION: INFANT

Constipation (con-sta-PA-shun) in infants under one year of age is common, but it can be a source of concern for parents. Sometimes your baby is not really constipated, but must be given time to set his own schedule for having a bowel movement. Normally, an infant's stool is soft and easily passed. Even if an infant is not constipated, his bowel movements may be irregular.

In rare cases, constipation may be caused by a lack of nerves or by structural problems in the lower large intestine. Your baby can be tested for these conditions if your doctor feels it is necessary.

### SIGNS OF CONSTIPATION

- An infant who is constipated usually strain more than other babies to have a bowel movement.
- The stool may be formed and hard like small pebbles, or it may be soft and mushy. Stool may even be wide and large.
- Sometimes solid stool stays inside and liquid stool (like diarrhea) may pass out around it.
- Other signs of constipation are infrequent stools that are difficult to pass.
- Your child's abdomen (belly) can become swollen with gas, and painful cramps can result from constipation.

### TREATMENT

- If your baby is old enough to eat strained foods, you may give him fruits and vegetables.
- If your baby is not eating jar baby food yet, you may give fruit juices (prune, pear, cherry, or apple). If his stools become too loose, just give less juice to your baby.
- If your baby is eating rice cereal, it may help to switch to oatmeal or barley cereal. Rice cereal can cause constipation in some children.
- Don't give your baby enemas, laxatives, or suppositories unless you are told to do so by your doctor.

### MEDICAL THERAPY

Your doctor has ordered the following treatments:

- Give your child the following medicine:  
\_\_\_\_\_
- Check the child's temperature by rectum using a lubricated rectal thermometer. This may stimulate the baby to pass stool.



**Picture 1** Comfort your baby.

## **WHEN TO CALL THE DOCTOR**

Call your child's doctor if any of the following occurs:

- If your baby is irritable and seems to be having abdominal pain.
- If you see blood in your baby's stool.
- If your baby's constipation does not improve with current treatment.

If you have any questions or concerns, please call your baby's doctor at phone)\_\_\_\_\_.

# Helping Hand

## DEVELOPMENT AND REVISION TRACKING WORKSHEET

Helping Hand Title: Constipation: Infant		Form # HH-I-14	Last Revised: 9/94
		Date Started: 2/00	Final Print:
Revision Coordinator: Cheryl Kollman		Department: Urgent Care	
Author (if new):		Department:	
Reviewers		Department	
Barb Hermann, RN		GI	
Robert Murray, MD		GI	
Katalin Koranyi, MD		Infectious Diseases	
Tim Troutman, MD		Urgent Care/ED	
Physician: Robert Murray, MD		Department: GI	
		Pharmacist: Julie Miller, PharmD	

Date	Activity	Date	Activity
	Revision Packet Sent		
	Revision Packet back from RC		
	Text Changes Made		
	Text changes Made		
	To Med. Illus.		
	Back from Med. Illus.		
	To RC with questions		
6/28/00	Sent to Dr.		
	Back from Dr.		
	To Pharmacist		
	To Doc. Source for Typesetting		
	Back from Doc. Source		
	Final Print		
	To Webmaster		

U:/shared/hh templates/tracking form

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# Helping Hand

PHYSICIAN/PHARMACIST  
FINAL APPROVAL

Today's Date: 6/28/00

Attached is the FINAL DRAFT of the Helping Hand Patient/Family instruction named above.

We plan to print this Helping Hand by 7/12/00. Please return your comments or corrections to me by this date. Please check the appropriate box below:

- I have reviewed this Helping Hand and approve as is.
- I have reviewed this Helping Hand and approve with the changes indicated.

Signature of Physician: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Pharmacist: \_\_\_\_\_  
Date \_\_\_\_\_

Jenene Warmbier, Patient Education Specialist  
Children's Institute for Pediatric Education  
Room ED-124F

Please call me at Ext. 4910 if you have questions.

# Helping Hand

## REVIEW AND REVISION GUIDELINES AND PROCEDURES

### REVISION COORDINATOR GUIDELINES

Select the appropriate health professionals to review this Helping Hand. For example, if it is used for both inpatients and outpatients, make sure someone from each area reviews it. If it is a diagnostic procedure, include someone from that test area.

- On the front of this form, list your reviewers, and the name of the physician to whom this should be sent for final review and approval.
- Fill in the label on each Helping Hand. **Indicate the date you want it returned TO YOU.**
- For revisions of Medications Helping Hands, use the language from the Medications Template. Be sure to include the information that **must** appear on every Medications Helping Hand
- Use the attached copy marked FINAL DRAFT to compile the reviewers' comments. Write directly on the Helping Hand. Please use a red pen to edit; do not retype the Helping Hand.
- Sign this form and return the compiled draft, along with all the signed reviewers' copies.

### Reviewer Guidelines

Edit the Helping hand for clarity, completeness of information, and overall presentation.

- **Reading level** - Is the information written at an appropriate reading level (5th to 7th grade)?
- **Clarity and completeness** - Is the information presented clearly? Is there wordiness or unnecessary repetition? Are difficult words defined, pronunciation given?
- **Flow** - Does the information flow in a logical sequence? Are all important steps in a procedure included?
- **Illustrations** - Do they accurately portray and/or clarify the information? Is currently used equipment pictured? Are ages, race, sex of children and adults correct? Do text references correlate with the illustrations?

#### Content Review –

- Is all information accurate? Does it reflect current practice? Is any clarification needed?
- Are there questions that patients and parents often ask that are not addressed?
- Are any revisions needed in the illustrations? Are other illustrations needed?

**Use a red pen to edit and make your changes directly on the Helping Hand.**

Signed \_\_\_\_\_ Date \_\_\_\_\_