NICE National Institute for
Health and Care Excellence

Constipation in children and young people

Quality standard
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This standard is based on CG99.

This standard should be read in conjunction with QS15, QS54, QS70 and QS134.

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Quality statement 1: Assessment

Quality statement

Children and young people with constipation receive a full assessment before a diagnosis of idiopathic constipation is made.

Rationale

Children and young people with constipation can present to different types of healthcare professionals in primary, community and secondary care. Once constipation in children and young people has been recognised it is important to ensure that underlying causes of constipation and 'red flag' symptoms are excluded. A diagnosis of idiopathic constipation, in which the constipation cannot be explained by anatomical or physiological abnormalities, can only be made through a full assessment, including detailed history-taking and a physical examination by a healthcare professional.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people with constipation receive a full assessment before a diagnosis of idiopathic constipation is made.

Data source: Local data collection.

Process

Proportion of children and young people with constipation who receive a full assessment.

Numerator – the number in the denominator who receive a full assessment.

Denominator – the number of children and young people with constipation.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that staff are trained to perform a full assessment (including detailed history-taking and physical examination to exclude 'red flag' symptoms) for children and young people with constipation before making a diagnosis of idiopathic constipation.

Healthcare professionals perform a full assessment for children and young people with constipation (including detailed history-taking and physical examination to exclude 'red flag' symptoms) before making a diagnosis of idiopathic constipation.

Commissioners ensure that they commission services from providers whose staff perform a full assessment (including detailed history-taking and physical examination to exclude 'red flag' symptoms) for children and young people with constipation before making a diagnosis of idiopathic constipation.

Children and young people with constipation have a detailed assessment, which includes asking about their symptoms and other problems, and a physical examination. This will help to check that the constipation is not caused by anything serious.

Source guidance

Constipation in children and young people: diagnosis and management. NICE guideline CG99 (2010, updated 2017), recommendations 1.1.2 and 1.1.3

Definitions of terms used in this quality statement

Full assessment

A combination of history-taking and physical examination should be used to diagnose idiopathic constipation. Key components of assessment can be found in tables 1 to 3 in NICE's guideline on constipation in children and young people.

A positive diagnosis of idiopathic constipation can be established by excluding underlying causes. If a child or young person has any 'red flag' symptoms identified from history-taking or physical examination, do not treat them for constipation. Instead, refer them urgently to a healthcare professional with experience in the area of concern.

'Red flag' findings and diagnostic clues that indicate an underlying disorder or condition (not idiopathic constipation) are detailed in full in table 2 in NICE's guideline on constipation in children and young people for history-taking and in table 3 in NICE's guideline on constipation in children and young people for physical examination.

Assessment can be undertaken by healthcare professionals such as GPs, school nurses, health visitors, practice nurses, continence advisors and paediatricians. [NICE's guideline on constipation in children and young people and expert opinion]

Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [NICE's guideline on constipation in children and young people, Introduction]

Equality and diversity considerations

Certain groups of children and young people are more prone to idiopathic constipation than others, such as those with Down's syndrome or autism, and some children and young people with physical disabilities, such as cerebral palsy. There is also a higher prevalence of idiopathic constipation in children and young people in local authority care. These children and young people may have additional needs that should be considered when assessing them for idiopathic constipation.

Quality statement 2: First-line treatment with laxatives

Quality statement

Children and young people with idiopathic constipation receive oral macrogols as first-line treatment.

Rationale

Laxatives are an effective treatment for constipation; oral macrogols are the first-line laxative of choice unless otherwise indicated. Oral macrogols are easily administered at home and in the community, and may avoid the need for invasive hospital treatment.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people with idiopathic constipation receive oral macrogols as first-line treatment.

Data source: Local data collection.

Process

Proportion of diagnosed cases of idiopathic constipation in children and young people for which oral macrogols are prescribed as first-line treatment.

Numerator – the number in the denominator for which oral macrogols are prescribed as first-line treatment.

Denominator – the number of diagnosed cases of idiopathic constipation in children and young people.

Data source: Local data collection.

Outcome

Rates of unplanned hospital attendance for idiopathic constipation.

Data source: Hospital Admitted Patient Care Activity from NHS Digital.

What the quality statement means for different audiences

Service providers ensure that staff prescribe oral macrogols as first-line treatment for children and young people with newly diagnosed idiopathic constipation and that oral macrogols are included on prescribers' lists.

Healthcare professionals prescribe oral macrogols as first-line treatment for children and young people with newly diagnosed idiopathic constipation.

Commissioners ensure that they commission services from providers that can demonstrate that staff prescribe oral macrogols as first-line treatment for children and young people with newly diagnosed idiopathic constipation.

Children and young people with constipation receive a medicine called a laxative to mix with water and drink as their first treatment.

Source guidance

Constipation in children and young people: diagnosis and management. NICE guideline CG99 (2010, updated 2017), recommendations 1.4.2 to 1.4.4 and 1.4.11

Definitions of terms used in this quality statement

Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [NICE's guideline on constipation in children and young people, Introduction]

Macrogol

A type of laxative (also called polyethylene glycol). [British National Formulary]

Quality statement 3: Reviewing disimpaction therapy

Quality statement

Children and young people with idiopathic constipation starting disimpaction therapy have their treatment reviewed by a healthcare professional within 1 week.

Rationale

Review of treatment within 1 week of starting disimpaction therapy should establish whether the treatment has worked and help prevent relapse. Children and young people with faecal impaction are at high risk of relapse and should be closely monitored. Faecal impaction should be resolved before maintenance therapy is started.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people with idiopathic constipation starting faecal disimpaction therapy have their treatment reviewed by a healthcare professional within 1 week.

Data source: Local data collection.

Process

Proportion of children and young people with idiopathic constipation starting disimpaction therapy who receive a review of their treatment from a healthcare professional within 1 week.

Numerator – the number in the denominator who receive a review of their treatment from a healthcare professional within 1 week.

Denominator – the number of children and young people with idiopathic constipation starting disimpaction therapy.

Data source: Local data collection.

Outcome

a) Rates of reimpaction.

Data source: Local data collection.

b) Production of regular soft stools.

Data source: Local data collection.

c) Rates of unplanned hospital attendance for constipation.

Data source: Hospital Admitted Patient Care Activity from NHS Digital.

What the quality statement means for different audiences

Service providers ensure that staff perform a review of laxative treatment for disimpaction in children and young people with idiopathic constipation within 1 week.

Healthcare professionals review treatment within 1 week for children and young people with idiopathic constipation who are starting laxative treatment for disimpaction.

Commissioners ensure that they commission services from providers that can demonstrate that they provide treatment reviews within 1 week for children and young people with idiopathic constipation who are starting laxative treatment for disimpaction.

Children and young people starting laxative treatment for a blockage in the bowel caused by constipation (called faecal impaction) should have their treatment reviewed by a healthcare professional within a week.

Source guidance

Constipation in children and young people: diagnosis and management. NICE guideline CG99 (2010, updated 2017), recommendation 1.4.8

Definitions of terms used in this quality statement

Disimpaction therapy

Treatment with laxative stimulants for the evacuation of impacted faeces. [NICE's guideline on constipation in children and young people]

Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [NICE's guideline on constipation in children and young people, Introduction]

Healthcare professional

The review of laxative treatment can be undertaken by a number of healthcare professionals such as GPs, school nurses, health visitors, practice nurses, continence advisors and paediatricians. [Expert opinion]

Quality statement 4: Reviewing maintenance therapy

Quality statement

Children and young people with idiopathic constipation starting maintenance therapy have their first treatment review by a healthcare professional within 6 weeks.

Rationale

It is important to review maintenance therapy in children and young people with idiopathic constipation to prevent faecal impaction, and to assess for possible issues, such as problems with taking medicine and toileting.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people with idiopathic constipation starting maintenance therapy receive their first treatment review from a healthcare professional within 6 weeks.

Data source: Local data collection.

Process

Proportion of children and young people with idiopathic constipation starting maintenance therapy who receive a review of their treatment from a healthcare professional within 6 weeks.

Numerator – the number in the denominator who receive their first treatment review from a healthcare professional within 6 weeks.

Denominator – the number of children and young people with idiopathic constipation starting maintenance therapy.

Data source: Local data collection.

Outcome

a) Rates of reimpaction.

Data source: Local data collection.

b) Production of regular soft stools.

Data source: Local data collection.

c) Rates of unplanned hospital attendance for constipation.

Data source: Hospital Admitted Patient Care Activity from NHS Digital.

What the quality statement means for different audiences

Service providers ensure that staff perform the first treatment review of maintenance therapy for children and young people with idiopathic constipation within 6 weeks of treatment starting.

Healthcare professionals perform the first treatment review for children and young people with idiopathic constipation who are starting maintenance therapy within 6 weeks.

Commissioners ensure that they commission services from providers that can demonstrate that they perform the first treatment review for children and young people with idiopathic constipation who are starting maintenance therapy within 6 weeks.

Children and young people starting laxatives for the ongoing treatment of constipation (either as their first treatment or after treatment to clear a blockage) receive a treatment review from a healthcare professional within 6 weeks.

Source guidance

Constipation in children and young people: diagnosis and management. NICE guideline CG99 (2010, updated 2017), recommendation 1.4.10

Definitions of terms used in this quality statement

Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [NICE's guideline on constipation in children and young people, Introduction]

Maintenance therapy

Treatment with laxatives, either following disimpaction for the ongoing treatment of idiopathic constipation or for the initial treatment of idiopathic constipation if the child or young person does not have faecal impaction. [NICE's guideline on constipation in children and young people]

Review during maintenance treatment

Review during maintenance treatment includes ensuring that the child or young person's faeces do not become impacted and assessing for possible issues in maintaining treatment, such as problems with taking medicine and toileting.

The timing of review during maintenance treatment will depend on the individual needs of the child or young person and their parents or carers. It could range from daily contact to every few weeks.

After the first review, ongoing review and reassessment should be tailored to treatment response. Maintenance therapy should continue until regular bowel habits are established, which may take several months. Some children and young people may need maintenance therapy for several years.

A pragmatic timeframe for review of maintenance treatment within 6 weeks of starting treatment is proposed for measuring the quality statement. [Adapted from NICE's guideline on constipation in children and young people, recommendations 1.4.10 and 1.4.11, and expert opinion]

Healthcare professional

The review of laxative treatment can be undertaken by a number of healthcare professionals such as GPs, school nurses, health visitors, practice nurses, continence advisers and paediatricians. [Expert opinion]

Quality statement 5: Written information

Quality statement

Children and young people with idiopathic constipation starting laxative treatment, or their parents or carers, receive written information about laxatives.

Rationale

It is important that children and young people, or their parents or carers, are provided with clear, written information about how to take their medication and what to expect when taking laxatives. This will help to enable self-management and adherence to therapy. Providing evidence-based information that can be referred to later will help as a reminder of key advice and to answer any queries.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements for children and young people with idiopathic constipation starting laxative treatment, or their parents or carers, to receive written information about laxatives.

Data source: Local data collection.

Process

Proportion of children and young people with idiopathic constipation starting laxative treatment, or their parents or carers, who receive written information about laxatives.

Numerator – the number in the denominator receiving written information about laxatives at the start of treatment.

Denominator – the number of children and young people with idiopathic constipation starting laxative treatment, or their parents or carers.

Data source: Local data collection.

Outcome

Satisfaction of children and young people, or their parents or carers, with the provision of information on laxatives to help them to manage the condition.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that staff provide children and young people with idiopathic constipation who are starting laxative treatment, or their parents or carers, with written information about laxatives.

Healthcare professionals provide written information about laxatives to children and young people with idiopathic constipation who are starting laxative treatment, or their parents or carers.

Commissioners ensure that they commission services from providers that can demonstrate that they provide written information about laxatives for children and young people with idiopathic constipation who are starting laxative treatment, or their parents or carers.

Children and young people with constipation who are starting laxative treatment, or their parents or carers, receive written information about laxatives, including how to take them and what to expect from the treatment.

Source guidance

Constipation in children and young people: diagnosis and management. NICE guideline CG99 (2010, updated 2017), recommendation 1.8.1

Definitions of terms used in this quality statement

Written information about laxatives

This may include the following:

- Information on possible responses to laxative treatment that can be measured by the frequency, amount and consistency of stools using the Bristol Stool Form Scale and on how to adjust laxative doses in response.
- Information about how bowels work, symptoms that might indicate a serious underlying problem, how to take their medication, what to expect when taking laxatives, how to poo, origins of constipation, criteria to recognise risk situations for relapse (such as the worsening of any symptoms or soiling) and the importance of continuing treatment until advised otherwise by the healthcare professional. [Adapted from NICE's guideline on constipation in children and young people, recommendation 1.8.1]

Equality and diversity considerations

All information provided about idiopathic constipation and its management, including laxative treatment, should be accessible to children and young people, and their parents or carers, with additional needs, such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people with idiopathic constipation, and their parents or carers, should have access to an interpreter or advocate if needed.

Quality statement 6: Referral if no response to treatment

Quality statement

Children and young people with idiopathic constipation that does not respond to initial treatment within 3 months are referred to a healthcare professional with expertise in the problem.

Rationale

For the majority of children and young people, idiopathic constipation responds well to laxative treatment delivered within primary care. However, children and young people with constipation that has not responded to initial treatment may need specialist help and support, and further investigations may be needed.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements and written clinical protocols to ensure that children and young people with idiopathic constipation that does not respond to initial treatment within 3 months are referred to a healthcare professional with expertise in the problem.

Data source: Local data collection.

Process

Proportion of children and young people with idiopathic constipation that does not respond to initial treatment within 3 months who are referred to a healthcare professional with expertise in the problem.

Numerator – the number in the denominator who are referred to a healthcare professional with expertise in the problem.

Denominator – the number of children and young people with idiopathic constipation that does not respond to initial treatment within 3 months.

Data source: Local data collection.

Outcome

Rates of recurrent presentation to general practice.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers ensure that staff refer children and young people with idiopathic constipation that does not respond to initial treatment within 3 months to a healthcare professional with expertise in the problem.

Healthcare professionals refer children and young people with idiopathic constipation that does not respond to initial treatment within 3 months to a healthcare professional with expertise in the problem.

Commissioners ensure that they commission services from providers who can demonstrate that children and young people with idiopathic constipation that does not respond to initial treatment within 3 months are referred to a healthcare professional with expertise in the problem.

Children and young people whose constipation does not improve after 3 months of laxative treatment are referred to an expert in constipation in children and young people.

Source guidance

Constipation in children and young people: diagnosis and management. NICE guideline CG99 (2010, updated 2017), recommendation 1.8.4

Definitions of terms used in this quality statement

Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [NICE's guideline on constipation in children and young people, Introduction]

Healthcare professional with expertise in the problem

A healthcare professional with interest, experience and/or training in the diagnosis and treatment of constipation in children and young people. This may be, but is not limited to, a specialist continence nurse, community paediatrician or GP with a special interest. [Adapted from NICE's guideline on constipation in children and young people]

Respond to initial treatment

Progress and improvement in symptoms from the point of initiation of maintenance treatment when treatment has been adhered to, based on the clinical judgement of a health professional and informed by the child, young person or the parents or carers. The Bristol Stool Form Scale may also be used in determining whether symptoms have improved. [Expert opinion]

Update information

Minor changes since publication

August 2020: Data sources, links and references have been updated.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of General Practitioners (RCGP)
- PromoCon
- Royal College of Nursing (RCN)
- Royal College of Paediatrics and Child Health
- Royal College of Surgeons of Edinburgh