

## Fluid Intake

This table shows how much water your child should get every day. They are not exact amounts. Children and young people who are physically active need more water. Children who are overweight may also need more water. In hot weather all children may need more water.

Cows' milk can continue to be given unless a specialist dietician has said not to.

	Total water intake per day (this includes water contained in food)	Water intake from drinks per day
<b>Infants 0 - 6</b>	700ml assumed to be from breast or bottle milk	
<b>7 – 12 months</b>	800ml from milk, foods and other drinks	600ml
<b>1 – 3 years</b>	1300ml	900ml
<b>4 – 8 years</b>	1700ml	1200ml
<b>Boys 9 – 13 years</b>	2400ml	1800ml
<b>Girls 9 – 13 years</b>	2100ml	1600ml
<b>Boys 14 – 18 years</b>	3300ml	2600ml
<b>Girls 14 – 18 years</b>	2300ml	1800ml

Table reproduced from American dietary recommendations: Institute of Medicine 2005

Note:

568 ml = 1 pint

A standard glass or mug is about 200 ml or 1/3 of a pint.

The colour of your child's pee will help you decide if they are drinking enough fluids.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
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1 – 3 is healthy pee

4 – 8 you must hydrate

The content of this advice is adapted from the NICE guideline 'Constipation in children and young people: diagnosis and management of idiopathic childhood constipation in primary and secondary care', which can be found at [www.nice.org.uk/guidance/CG99](http://www.nice.org.uk/guidance/CG99)

# Advice sheet for parents and carers of children and young people with constipation

Your child has constipation. Constipation is not always caused by a medical problem. We have taken a full history and done a physical check and we are sure that there are no serious medical problems. There are good treatments for constipation but it may take a few months or longer for the problem to get better. You may need more help and support from an expert team if:

- Your child's constipation gets worse – for example, soiling or not having a bowel movement (pooping) for more than 3 days in a row.
- You are worried that the treatments do not suit your child.
- You are worried about looking after your child at home.

Phone this number for more support .....

## What are the signs and symptoms of constipation?

The signs and symptoms of childhood constipation include:

- Not eating well
- Lack of energy
- Not having a bowel motion (poo) very often
- Bad smelling wind and stools (poo)
- Lots of flatulence (wind)
- Irregular poo texture (see Bristol stool chart)
- Every now and then passing a very big poo or passing small lumps very often
- Trying to stop poo coming out
- Soiling or overflow (may need to explain)
- Tummy pain
- Bloating or discomfort
- Unhappy mood or generally unwell

## Does your child know how the bowel works?

It is helpful if children and young people know how the bowel works, what can go wrong and what they can do about it. Your healthcare professional (doctor, nurse, health visitor or pharmacist) will explain and give you advice to help you. Further information is available from ERIC [www.eric.org.uk](http://www.eric.org.uk). Younger children (who have not been toilet trained) need to feel relaxed to allow stools (poo) to come out. If pooing is difficult or painful they may not want to open their bowels and will 'hold on', which will make constipation worse.

Help older children and young people to have a more active role in developing a habit of taking all prescribed medicines, sitting on the toilet each day and pushing stools out. Being relaxed, taking time and sitting in the right position on the toilet can help.

- Agreement and input from the child or young person is important to help with a regular toilet habit.






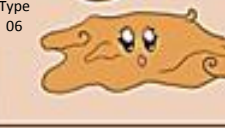

## How to manage a child's constipation

1. Medicines
2. Diet and changing behaviour
3. Drinking the right amount of fluids
4. Regular exercise

## Taking medicines (laxatives) for constipation

- Your child should take medicines as directed – you may need to change the dose depending on how hard or soft the poo is. New doses may take time to have an effect. Poo should be soft and easy to pass, but not runny.
- Your child should continue with medicines for a few weeks after they have got a regular bowel habit. This may take a few months. There is no proof that using medicines will make your child's bowel 'lazy'.
- If your child is learning to use the potty or toilet, they should keep taking laxatives until toilet training is complete.
- Your child should not stop taking medicines suddenly. If you think it is not working contact your healthcare professional.
- Talk to a healthcare professional if you are worried about the medicines. Some children may need laxative therapy for several years. A few may need ongoing laxatives.
- Your healthcare professional can give you more information about how laxatives work and the different types of laxative.

# Bristol Stool Chart

Type 01		Separate hard lumps like nuts (hard to pass)
Type 02		Sausage shaped but hard and lumpy
Type 03		Like a sausage but with chunks on the surface
Type 04		Like a snake – smooth and long
Type 05		Soft blobs with clear cut edges (passed easily)
Type 06		Fluffy pieces with no clear cut edges A mushy stool
		Diarrhoea All liquid No solid pieces

Types 3 – 5 is the best type of stool for health and comfort

## Changing behaviour

For most children how they go the toilet is a result of the physical pain of being unable to pass poo easily or leaking caused by being constipated.

- Reward plans such as star charts can help your child get into the habit of going to the toilet. They are only useful if your child can do what is being asked of them. Involve your child in setting the goals and rewards that matter most to them.
- Before setting up a reward plan for using the potty or toilet it is important that your child takes their medicine in the right way. This will help them to poo more easily.
- If you are worried about your child's behaviour relating to their constipation ask to speak to a healthcare professional who works with children who have constipation.

## Physical activity (exercise)

As part of ongoing treatment support your child to take part in daily physical activity that they enjoy. For very young children, this can just be running around and playing.

## Diet

Medicines help make constipation better. How your child eats, drinks, exercises and goes to the toilet can also help. A balanced diet should include:

- enough fibre in the form of fruit, vegetables, high-fibre bread, baked beans and wholegrain breakfast cereals (but not unprocessed bran, which can cause bloating and wind and make symptoms worse)
- drink enough fluids (see next page).