Guide for Managing Constipation in Children:

A Tool Kit for Parents

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Table of Contents

Many children have constipation. Children with autism might have more problems with constipation than other children. Difficulty with things like sitting on the toilet and eating different foods can make treating constipation challenging.

This tool kit is to help parents manage constipation in their children with autism*.

*In this tool kit the term "autism " will be used to describe children with all types of Autism Spectrum Disorders, including Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS)

Overview of Constipation p.1

a. What is it?
b. What causes constipation?
c. Is constipation harmful?

Impaction and Encopresis p.2

Daily Treatment of Constipation p.3

Increasing Fiber in Your Child's Diet p.4

Increasing Fluid Intake p.6

Bowel Habit Training p.7

Daily Medicines for Constipation p.11

Medicines for Impaction p.13

How to Give an Enema p.15

Stool Diary p.17

Treatment Plan/Action Plan p.18

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Managing Constipation in Children

What is constipation?

Constipation is when a child has:

- Hard stools
- Pain or trouble passing stool
- Less than three stools per week

TALK TO YOUR CHILD'S DOCTOR OR NURSE. HE/SHE CAN HELP YOU KNOW IF YOUR CHILD HAS CONSTIPATION.

What causes constipation?

1. **Withholding**
   Some children hold their stool in and try to stop the urge to have a bowel movement.
   This may happen for many reasons, such as:
   - fear of the toilet
   - not wanting to use a different toilet
   - not wanting to take a break from play
   - worry that having a bowel movement will hurt

2. **Toilet Training**
   Children resist and try to hold in stools when they are being toilet trained. Sometimes this becomes a habit. Habits can be hard to change.

3. **Diet Problems**
   Fiber: Not eating enough fiber, found in fruits, vegetables, and whole grains
   Dairy: An allergy to cow's milk or intake of too much dairy foods (milk, cheese)
   Water/Fluids: Not drinking enough water or other fluids, especially when sick
   Illness: Changes in a child's appetite or diet because of illness

4. **Changes in Routine**
   Travel, hot weather or stress can affect the way bowels work.

5. **Medication**
   Some medicines, such as antacids, antidepressants and some ADHD drugs can cause hard stools.

6. **Medical Conditions**
   Children who have difficulty using their muscles, have low muscle tone or have Cerebral Palsy can have problems with constipation. Other medical conditions such as problems with gluten or casein could first be identified because of constipation.

Impaction and Encopresis

Impaction

Some (not all) children with constipation have this problem. Impaction is when a child has a large, hard stool in the colon. This makes it hard for the child to pass stool. Your child's doctor or nurse can feel it by pressing on the lower stomach or by looking at an x-ray.

Many children with impaction have a loss of appetite and are less interested in physical activity. After passing the stool, the child feels better and symptoms improve.

Encopresis

Some (not all) children with constipation have this problem. Encopresis is the leaking of liquid stool in a child who is constipated. This is a common problem.

Encopresis develops when a child holds stool and it becomes difficult to pass. The stool becomes larger and more dried out. When large stools are held in the rectum, the rectal muscles become tired and relaxed. When these muscles relax, liquid stool can ooze around the large stool mass and leak into the underwear.

The child does not feel the passage of this liquid stool and has no control over this. It can happen many times during the day and result in dirty underwear. Sometimes people confuse this with diarrhea. This is not diarrhea because most of the stool in the bowel is hard.

Many children who have encopresis have a loss of appetite and are less interested in physical activity. After passing the stool, the child feels better and symptoms improve.

Daily Treatment of Constipation

Treatment of constipation focuses on three main areas.
Talk to your child's doctor or nurse to know if these treatments are right for your child:

1. Diet Changes

- **Increasing fiber** in the diet will add bulk to the stool and make it easier to pass.
- **Giving more fluids,** especially water and juice, will help soften the stool and help with constipation.

Go to page 4 for more information

2. Behavior Changes

- **Regular Exercise**
  Physical activity helps the muscles in the belly to move stool through the large bowel. Regular activity such as walking, jumping rope, playing tag, riding a bike, and swimming will help with constipation.

- **Bowel Habit Training**
  It is important for a child to use the toilet as soon as he feels the urge to go. The best way to teach this is to have regular "toilet sitting times."

Go to page 7 for more information

3. Medicine

- Medicine is often needed to help children have regular, soft bowel movements.
- Daily medicines are used everyday.
- "Clean out" medications are used only when a child has a large stool that is hard to pass.

Go to page 11 for more information

INCREASING FIBER IN YOUR CHILD'S DIET

A diet that is high in fiber promotes regular bowel movements and can help with constipation.

Fiber is a substance in food the body cannot break down. There are two types of fiber, soluble and insoluble fiber. Soluble fiber pulls water into the gut. Insoluble fiber adds bulk to the stool and keeps it moving through the intestine. Both kinds of fiber are needed for soft stool.

Fiber is an important part of a healthy diet. Foods such as fruit, vegetables, whole grains, beans, lentils, peas, nuts and seeds are high in fiber. They also have protein, vitamins and minerals. Eating a variety of these foods is the best way to get plenty of fiber.

Recommended Amounts of Fiber

Average Intake (AI) for Fiber		
Age	**Males (g/day)**	**Females (g/day)**
1 to 3 years	**19**	**19**
4 to 8 years	**25**	**25**
9 to 13 years	**31**	**26**

Finding Fiber

When choosing packaged foods, check the Nutrition Facts label to see how much fiber a product contains. It will list the amount of fiber per serving. Good choices for fiber will have at least 2 grams of fiber per serving. Look at the ingredients section for whole grains, whole wheat flour and oats. Some of your child's favorite foods are available with whole grain and may then contain more fiber. Look for whole grain cheese crackers, whole grain white bread, and higher fiber cereals at the grocery store.

High-Fiber Foods	Serving	Amount of Fiber (g)
Navy beans	1/2 cup	9.5
Bran cereal	1/2 cup	8.8
Kidney beans	1/2 cup	8.2
Black beans	1/2 cup	7.5
Baked sweet potato (with peel)	1	4.8
Pear (with skin)	1 small	4.3
Raspberries	1/2 cup	4.0
Baked potato (with skin)	1	3.8
Almonds	1 oz	3.3
Apple (with skin)	1	3.3
Banana	1 med.	3.1
Orange	1 med.	3.1
Plain oatmeal	3/4 cup	3.0
Crunchy peanut butter	2 Tbsp	3.0
Cheerios	1 cup	3.0
Broccoli	1/2 cup	2.8
Peas	1/2 cup	2.5
Avocado	1/4 fruit	2.3
Corn	1/2 cup	1.6
Strawberries	1/2 cup	1.5
Wild rice	1/2 cup	1.5
Raisins	1/4 cup	1.4
Air popped popcorn	1 cup)	1.2

Increasing Fiber and Fluid Intake

It is a good idea to give children fiber-rich foods at a young age so it will become a lifelong habit.

It is important to increase fiber slowly over two to three weeks if your child is currently constipated. You can add one new high fiber food every 2-3 days. Increasing fiber too quickly can make the constipation worse or cause gas, cramping and diarrhea.

Increasing fiber helps with constipation only if the child also drinks more fluid. Make sure your child drinks more water and juice when eating more fiber.

Fun Ways to Increase Dietary Fiber

Children with autism often resist diet changes. Families often need to be patient and try many different things

- Switch to whole grain crackers and pasta.
- Try whole wheat bread and pizza crust. Many brands make whole wheat bread that looks white.
- Use whole grain cereal or air popped popcorn as a crunchy snack.
- Give your child snacks of dried fruit (such as prunes, raisins, dried cranberries) and nuts.
- Make smoothies with frozen fruit, juice or milk, and yogurt.
- Dip carrots, sweet peppers or celery in crunchy peanut butter, hummus, or salad dressing.
- Add grated or pureed vegetables to favorite foods, such as pasta, pizza and tacos.
- Make funny fruit faces or fruit kabobs.
- Offer healthy dips such as peanut butter or flavored yogurt with slices of fruit.
- Bake with whole wheat flour when making breads, cookies, muffins and cakes.

Kid Friendly Foods	Grams (g) of Fiber per Serving
Whole Grain Goldfish	2
Fruit Loops	3
Frosted Mini Wheats	6
Brown Rice Krispies	<1
Whole Grain Pop-Tart	3
Cheerios	3
Kashi Cereal	9
Whole Wheat Ritz Crackers	1
Triscuit Crackers	3

If you are not able to increase fiber in your child's diet, talk to your doctor or nurse. He or she might suggest a fiber supplement.

INCREASING FLUID INTAKE

Water is needed to keep the body healthy. Water can be found in the foods that we eat and other fluids that we drink. When increasing the fiber in your child's diet, it is important to increase fluid as well.

Usual Water intake		
Age	**Boys (oz/day)**	**Girls (oz/day)**
1 to 3 years	**45-50**	**45-50**
4 to 8 years	**60-65**	**60-65**
9 to 13 years	**85-90**	**75-80**

How much fluid is enough?

"Follow your thirst" – The amount of water a child needs to drink every day can change based on activities and the food that the child eats. That is why it is important to pay attention to your child's thirst cues.

Clear, pale yellow colored urine is a good sign that your child is drinking enough water. Darker, tea colored urine usually means he or she should be drinking more water.

Types of Fluid:

1. **Water:** best source of fluid
2. **100% juice:** healthy choices, but should be limited:
   - 4-6 oz per day for children less than 6 years old
   - 8-12 oz per day for children older than 6
   - Sugars in certain juices (pear, apple, prune) are a natural laxative and can help with constipation.
3. **Milk:**
   - an important part of child's diet
   - too much milk can also cause constipation
   - Aim for 16-24 oz per day (2-3 cups).
4. **Electrolyte drinks, sports drinks:**
   - often have added sugars
   - not usually a good choice for children
   - check with your doctor or nurse before giving them to your child.
5. **Fruit drinks, soda:**
   - often have added sugars
   - not usually a good choice for children
   - save for special occasions or occasional use.

Fluids & Constipation

It is important to increase fluids when increasing fiber. Fluids will help soften the stool and make it easier to pass.

- Some juices (pear, apple or prune) are a natural laxative. Give plenty of fluids between meals to keep the stools soft and regular.
- Fluids that contain a lot of sugar or caffeine and "vitamin-enriched" drinks can make constipation worse.

Tips to Increase Fluid Intake:

- Give water between meals, so children will not feel full before eating.
- Give water or juicy fruits such as grapes, oranges or watermelon, as a snack before activities.
- Keep a bottle or cup of water handy for your child to take sips anytime. Add a wedge of citrus fruit to water to give it more flavor. Or try a splash of unsweetened drink mix.
- Show a good example. Children are more likely to drink water when they see their parents and siblings drinking water too.

BOWEL HABIT TRAINING

An important way to help constipation is to teach your child to use the toilet as soon as he or she feels the urge. Children learn this best with a regular daily time to sit on the toilet. Once your child gets used to sitting on the toilet, he may be able to relax the muscles that hold in stool. By having a daily time to do this, your child will hold in stool less often. When a child no longer holds in stool, the colon returns to a normal size and feeling in the colon returns.

How to set up a daily toilet sitting time:

1. Be patient with yourself and your child. Teaching new skills, especially this one, is not easy.

2. Start by teaching your child to sit on the toilet, even if he does not have a bowel movement.
   - Start with 1-2 minutes. Slowly increase up to 10-12 minutes.
   - Try using a timer to help your child know how long to sit.
   - Provide quiet activities that your child can do while sitting on the toilet. Ideas include books, drawing, hand held computer games, music, and books on tape.
   - Try saving special activities for use only while sitting on the toilet.
   - Praise small improvements.
   - Never force a child to sit on the toilet or hold a child on the toilet unless you are working with a behavior specialist who can help you do this safely.

3. Pick a daily time for your child to use the bathroom.
   - A regular schedule will help the body develop a normal bowel pattern.
   - Children with autism often like routines. Having toilet sitting as part of the usual schedule can reduce resistance.
   - Try creating a picture schedule that includes bathroom time.
   - If your child has a regular pattern of bowel movements, plan the toilet sitting at those times.
   - Morning is a good time for most people, but can be rushed for children getting ready for school.
   - After school is a good time for some children.

4. Help your child be comfortable
   - Choose a toilet or small potty that is comfortable for your child.
   - Use a child seat if the toilet seat is too large for the child.
   - Use a stool if the child's feet do not touch the ground.

How to Teach Stooling on The Toilet

1. Make sure your child is sitting on the toilet 1-2 times each day.
2. Teach "poop goes in the toilet" by emptying dirty diapers or underwear into the toilet.
3. Try to match toilet sitting time with when you think your child might have a stool.
4. Before toilet sitting time, try to stimulate the gastrocolic reflex. This natural reflex happens after eating or drinking. It allows the colon muscles to clear the bowels after eating. **To stimulate this reflex, try having your child:**
   - Eat a snack or meal
   - Drink a warm drink
5. Watch your child's cues. When you see signs he or she might need to have a bowel movement take him or her to the bathroom.
   Cues might include:
   - Change in facial expression
   - Going off to a quiet part of the house
   - Straining

Positive Reinforcement

- Begin by giving your child a reward for the act of sitting on the toilet.
- As your child begins having a bowel movement on the toilet, begin giving a reward for this.
- Rewards work best when they are small and given right after the behavior you want.
- Over time, spread out how often you give the reward.

Rewards:

Try not to use food as a reward. Instead, consider:

- Singing or playing a special song
- Hugs, high-fives, verbal praise
- Sticker or star charts
- Playing a special game
- Time doing a preferred activity
- Tickets (available at office supply stores), poker chips, or other tokens that the child can save to earn larger rewards (trip to movie or park)

The best rewards are extra adult time and attention.

Children with autism often have special interests. Use these when planning rewards. If your child is interested in cars, have auto magazines for rewards. If your child likes trains, have train stickers.

Positive rewards are much more likely to result in desired behavior changes than any punishment or criticism.

When your child soils:

- Say something like “I notice you’ve had an accident” or “please clean yourself up”.
- Give help with these tasks as needed.
- Avoid scolding child or giving attention for soiling.

When Your Child Is Unwilling To Sit On The Toilet

- Have your child move a little closer to the bathroom each time he is starting to have a bowel movement. Work toward having your child have the bowel movement in the pull-up while standing in the bathroom.
- When your child has a bowel movement in the pull-up, dump the bowel movement into the toilet. The parent can say something like, "Poop goes in the potty."
- Practice sitting on the toilet with the lid closed and the pull-up on. Giving your child a toy to hold at this time may be helpful.
- Over time, work toward having your child sit on the toilet with the lid up and pull-up on.
- Once your child is comfortable sitting on the toilet with the lid up, cut a small hole in the pull-up. Over time, increase the size of the hole in the pull-up. Try having your child keep this pull up on, while sitting on the toilet to have a bowel movement.

Help From A Specialist

It is often difficult to make changes at home. Toileting can be a very challenging behavior. Sometimes families need help. Signs a child or family might need more help:

- Child becomes very upset when taken to the toilet
- Child is holding stool more
- Constipation is getting worse
- Child is having tantrums or aggression with toileting

Don't be afraid to look for experts who can help you and your child.

Experts who might help: child psychologist, social worker, behavior analyst.
Your child's doctor, nurse, or school team may be able to help you find an expert to help.

REGULAR DAILY MEDICINES

- Can begin right away if the child has no impaction
- Usually taken by mouth
- Work best if it is given every day

Goal of medicine

- Soft bowel movement (like mashed potato) every day
- All of stool in rectum is passed

Medicine Dose

- Your child's doctor or nurse will prescribe a starting dose. Sometimes the dose will need to be changed. Talk with your child's doctor or nurse about this. He or she will help you adjust the dose.
- Signs your medicine might need to be increased:
  - Stools are small and hard
  - Child does not have a stool every day
  - Child has a hard time passing stool, or has pain
- Signs the medicine might need to be decreased:
  - Stool is loose or watery
  - Child has belly pain or cramps

Length of Treatment

- Usually at least 6 months
- After 6 months of daily stools, your child's doctor or nurse may decide to slowly decrease medicine
- If medicine is stopped before the colon and rectum have returned to normal, constipation will occur again.
- It is important to make sure the child continues to have a soft stool each day.

How Do Medicines Help Constipation?

There are three types of laxatives. They work in different ways.

1. **Osmotic laxatives** Bring water into the stool to keep it soft. Safe and commonly used in children. Usually given every day. Can be used long-term.

   Examples: Polyethylene glycol without electrolytes, magnesium hydroxide, magnesium citrate, lactulose, sorbitol, phosphate sodium enema.

2. **Stimulant laxatives** Help the colon muscles contract and move the stool through the bowel. Usually used on occasion.

   Examples: senna, bisocodyl

3. **Lubricant laxatives** Make stool greasy so it passes through the rectum easier.

   Examples: mineral oil, glycerin suppository.

Common Daily Oral Medicines For Constipation	
Medicine Name	**Notes**
Polyethylene glycol (Brand name: PEG 3350, Ducolax Balance, MiraLax)	• Over the counter • No taste powder • Mixed with at least one full cup of juice or water • Is described as "taste and texture free", but may be rejected by some children with autism • Mixes best with liquid at room temperature
Magnesium hydroxide (Brand name: Fleet Pedia-Lax, Ex-Lax Milk of Magnesia, Philips Milk of Magnesia, Pedia-Lax Chewable)	• Over the counter – liquid or chewable • Comes as tablet and liquid • Extra care needed for those with kidney or heart problems, or if taking other medications
Lactulose (Brand name: Constulose, Enulose, Generlac, Kristalose)	• Prescription only • Liquid • Extra care needed for those with diabetes
Sorbitol	• Over the counter • Present in apple, prune and pear juice • Can be prescribed as a liquid solution
Senna (Brand name: Senokot, Ex-lax, Fletcher's Castoria, Nature's Remedy)	• Over the counter • Generally used for short period of time (up to 2 weeks)
Bisacodyl (Brand name: Dulcolax, Correctol)	• Over the counter • Tablet, should not be crushed or chewed • Generally used for short period of time

MEDICATIONS TO TREAT IMPACTION

Fecal impaction occurs when children with constipation get a large, hard stool in the colon. This makes it hard to pass the stool. If your doctor or nurse thinks your child has a stool impaction, he or she will prescribe medicine for "clean out" as a first step to treating constipation.

Your doctor or nurse will work with you to decide on the best type of medicine. Sometimes medicine taken by mouth is best. Sometimes medicine that is put into the rectum is best. "Clean out" usually takes 2-3 days. It is a good idea for clean out to be done over a weekend or school break. Your child will need 2-3 days with a toilet nearby and time to use the toilet frequently.

Your child's doctor or nurse practitioner will prescribe the right medicine for your child. He or she will tell you how often to give it and for how long.

Oral Medicine		Rectal Medicine (enema or suppository)	
PROS	**CONS**	**PROS**	**CONS**
• Less invasive • May help the child feel more in control	• Child might not like taste • Hard for some children to drink large amounts of liquids	• Works more quickly than oral medicine	• Inserting medicine in the rectum could upset the child • May cause stomach discomfort

Common "Clean Out" Medicines

(Give only as recommended by your child's doctor or nurse)

Medicine Name	How given (oral or rectal)	Type of medicine	Notes
Polyethylene glycol-electrolyte solution (brand names: Colyte, GoLYTELY, NuLYTELY, TriLyte)	Oral	Osmotic	• Prescription needed • Extra care is needed if a child has heart or kidney problems or is taking other medications
Polyethylene glycol (Brand name: PEG 3350, Ducolax Balance, MiraLax)	Oral	Osmotic	• Over the counter • No taste • Mixed with a full cup of juice or water • Described as "taste and texture free", but may be rejected by some children with autism • Mixes best with liquid at room temperature
Mineral oil	Oral or rectal	Lubricant	• Over the counter • Rarely used because of danger if it gets into the lungs and bad taste. Cannot be given by mouth if child has problems with breathing or swallowing. Should not be given forcefully due to risk of getting in lungs
Magnesium hydroxide (brand names: Fleet Pedia-Lax, Phillips' Milk of Magnesia)	Oral	Osmotic	• Over the counter • Extra care is needed if a child has heart or kidney problems or is taking other medications
Magnesium citrate (brand names: Citro-Mag)	Oral	Osmotic	• Over the counter • Extra care is needed if a child has heart or kidney problems or is taking other medications
Phosphate sodium enema (brand names: Fleet Enema, Pedia-Lax Enema, LaCrosse Complete)	Rectal	Osmotic	• Over the counter • Extra care is needed if a child has heart or kidney problems or is taking other medications
Lactulose (brand names: Constulose, Enulose, Generlac, Kristalose)	Oral	Osmotic	• Prescription only • Use with caution in children with diabetes
Sorbitol	Oral or rectal	Osmotic	• Prescription only • Use with caution in children with diabetes
Senna (brand names: Sennosides, Senokot)	Oral	Stimulant	• Prescription or over the counter • May not see effect for 2-3 days
Bisacodyl (brand names: DulcoLax , ExLax, Fleet, Correctol)	Oral or rectal	Stimulant	• Over the counter • If taken by mouth, it should be taken on an empty stomach with water
Glycerin suppositories	Rectal	Lubricant	• Over the counter

How to Give an Enema

Most of the time children take medicines by mouth for constipation. Sometimes children need medicine in their rectum. You should talk to your doctor or nurse to decide if this is the right treatment for your child. Do not give an enema without talking to your doctor or nurse first. This sheet will help you learn how to give an enema if this is needed.

Preparing Your Child:

- Explain enema in words your child will know.
- Let your child look at and touch the enema bottle, and tip.
- Rub the covered tip against his arm to show what it will feel like.
- Help your child practice lying on his side.

Getting Ready:

- Read the instruction sheet that comes with the enema. The pictures and directions may be helpful.
- Make sure enema is at room temperature.
- Gather supplies:
  - Enema bottle
  - Towel for child to lie on
  - Pillows
  - Music, favorite toy, or other comfort item
  - Washcloths, clean-up supplies
- Decide where to give enema. It may be good to have your child lie on a blanket or towel on the bathroom floor or near a toilet.
- Set up towels or pillows to make child comfortable when lying down.
- Ask a second person to help by facing your child and reading, singing, playing music and helping your child hold still.

Giving The Enema

1. Wash your hands.
2. Take the cover off the tip of the enema. The tip will have lubricant on it to make it easier to insert.
3. Help your child lie on his left side with his knees bent toward his chest. Have your helper talk or sing to your child.

4. Hold the bottle in one hand. With your other hand, separate the buttock cheeks until you can see the anal opening.
5. Gently insert the tip of the bottle into the anal opening. You should not have to force it.
6. Point the tip of the enema device toward the child's back after it is inserted. Contents should be directed toward the bowel wall and away from the mass of stool.
7. Squeeze the bottle until the correct amount is nearly gone.
8. If possible, try to keep the child lying down for 15-20 minutes. You can hold the buttocks together to keep your child from pushing the enema out too soon.
9. If your child wears a diaper, put his diaper on.
10. If your child uses the toilet, after 15-20 minutes, have child sit on toilet. Enema fluid will come out into the toilet. Stool should also come out.

If, at any time, your child becomes very upset (crying, screaming, kicking), it is ok to stop. You can talk to your doctor or nurse about other ways to treat constipation.

Stool Diary

Use the space below to keep track of your child's stool as you make changes

Date	Medicine & Dose	# Stools Today	Stool: Hard, Soft or Loose?	Pain with Stooling (yes/no)	Overall Symptoms (better, worse, the same)	Notes (behavior, appetite, sleep, other)

For questions or problems, call:

Name:_____

Phone:_____

Constipation Action Plan

To be completed by your child's doctor or nurse so that you know how best to manage your child's constipation

Doing Well: **Stools every 1-2 days** No straining or pain Stool is soft	Daily Medicine Name: Dose: How Often: **Continue stool softeners, high fiber diet, increased fluid intake, exercise and scheduled toilet breaks everyday.	Notes:
Constipation worsening: **No stool in 2-3 days** some pain, or hard stools	**In addition to your Green Zone medicine, you can:** • **Increase your:** • **If your symptoms do not return to the GREEN zone after 3 days of treatment then add:**	Notes:
Pay attention: **More than 3 stools each day**	Does child seem to have GI illness (fever, vomiting, watery stools, diarrhea)? Stop constipation medicines for 3 days or until diarrhea resolves •Call doctor for: Refusing liquids, dark urine, loose stools for ___ days No fever, vomiting or signs of illness? Change daily medicine: Dose How often:	Notes:
Alert! **no stool in 5 or more days** Stomach pain, vomiting,.	• First, Take: • Second, call your doctor now for help	Notes:

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Resources

The Autism Speaks Family Services Department offers resources, tool kits, and support to help manage the day-to-day challenges of living with autism www.autismspeaks.org/family-services.

If you are interested in speaking with a member of the Autism Speaks Family Services Team contact the Autism Response Team (ART) at 888-AUTISM2 (288-4762), or by email at familyservices@autismspeaks.org.

ART En Español al 888-772-9050

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