

Table E.2 Progressive pharmacological treatment in children³⁻⁵

	Age	Dose	Notes
1. Aim is to produce a soft, easier-to-pass stool using regular doses of a stool softener, osmotic laxative or bulk-forming agent (e.g. ispaghula husk).			
Poloxamer (e.g. Coloxyl drops®)			
	<6 months	10 drops 3 times a day	<ul style="list-style-type: none"> • May be administered in feeding bottle or in fruit juice.
	6–18 months	15 drops 3 times a day	
	18–36 months	25 drops 3 times a day	
	>3 years	Consider tablets	
Docusate sodium (e.g. Coloxyl tablets®)			
	3–6 years	50 mg once daily	<ul style="list-style-type: none"> • If >3 years and cannot swallow tablets, do not break or crush the tablets. Use glycerin suppositories instead. See doses below. • Maximum faecal softening may not be observed until 2 to 3 days after commencing treatment.
	7–12 years	50–120 mg once daily	
Liquid paraffin (e.g. Parachoc®, Agarol®)			
	12 months – 6 years	15 mL once daily	<ul style="list-style-type: none"> • May affect absorption of fat soluble vitamins. • Avoid long-term use. • Do not give if lying down due to possibility of aspiration.
	7–12 years	20 mL once daily	
	>12 years	30 mL once daily	
Lactulose (e.g. Actilax®, Duphalac®, Lac-Dol®)			
	<1 year	5 mL daily	<ul style="list-style-type: none"> • May be more palatable if mixed with fruit juice, milk or water. May take 24–48 hours for defecation to occur.
	1–5 years	10 mL daily	
	6–12 years	15 mL daily	
	>12 years	20 mL daily	
Macrogol 3350 with electrolytes (e.g. Movicol®)			
	2–12 years	6.56 g daily (= 1 sachet Movicol Half®)	<ul style="list-style-type: none"> • Each sachet of <i>Movicol Half®</i> should be dissolved in approximately 60 mL of water. • Each sachet of <i>Movicol®</i> should be dissolved in 125 mL of water.
	>12 years	6.56–13.125 g daily (= 1–2 sachets <i>Movicol Half®</i> or ½–1 sachet <i>Movicol®</i>)	
2. If the above is not working or if the child is withholding, try a stimulant laxative (e.g. senna or bisacodyl). This results in defecation becoming easier and the stool becoming smaller and softer, thus alleviating the child's fear of defecation.			
Senosides (given orally, once daily at night—e.g. Senokot®)			
	2–6 years	0.5–1 tab/dose or a quarter to half a teaspoonful/dose	<ul style="list-style-type: none"> • Avoid prolonged use. • Granules can be mixed with milk, or water or eaten plain. • Effect within 8–12 hours.
	6–12 years	1–2 tabs/dose or half to one teaspoonful/dose	
Bisacodyl (e.g. Dulcolax®, Bisalax®)			
Oral	>3 years	5–10 mg at night	<ul style="list-style-type: none"> • Tablets are enteric-coated; do not crush or chew. • Tablets act within 6–12 hours.
Suppository	6 months – 3 years	5 mg at night	
	>3 years	5–10 mg at night	<ul style="list-style-type: none"> • Suppositories act within 20–60 minutes.
Enema	6 months – 3 years	Half an enema daily as required	
	>3 years	One enema daily as required	<ul style="list-style-type: none"> • Enemas act within 15 minutes.
Sodium picosulfate (e.g. Dulcolax SP drops®, Picalax®)			
Drops	4–10 years	5–10 drops daily	<ul style="list-style-type: none"> • Effect produced within 6–12 hours. • Can be added to water.
	>10 years	10–20 drops daily	
3. If individual agents fail, a combination of laxatives should be used (e.g. senna and lactulose)			
4. Glycerol suppository (e.g. Glycerin suppositories®)			
	<1 year	1 infant suppository (0.7 g) daily	<ul style="list-style-type: none"> • Allow to remain in rectum for 15–30 minutes. • Effect produced within 5–30 minutes. • Not for routine treatment of constipation.
	1–6 years	1 child suppository (1.4 g) daily	
	>6 years	1 adult suppository (2.7 g) daily	
Treatment may need to be continued for longer than 6 months in some cases. The doses of the various agents should be reduced slowly to prevent re-impaction. Parents can be advised to maintain the most effective dose of laxative until defecation becomes too frequent and then to reduce the dose slowly over the following months.			