



York and Scarborough  
Teaching Hospitals  
NHS Foundation Trust

# Disimpaction Toolkit

Information for parents, relatives and carers

**The Child and Young Person  
Bowel and Bladder Clinic**

① For more information, please contact:

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## What is a disimpaction?

The aim of disimpaction is to clear the bowel of the hard, immobile poo. This means giving laxatives in sufficiently large quantities to 'clear out' all the accumulated poo.

If you give a standard dose of laxative it is likely to soften the poo but not stimulate the bowel to empty fully. This means that symptoms such as soiling may get worse rather than better!

Although the dosing regime is written out over seven days, that does not mean that disimpaction will only take one week. It is more common for a disimpaction to go into a second or third week.

- The only way to be sure disimpaction is achieved is to continue until your child is passing watery poo - i.e. rusty orange or tea like water which may have bits in (undigested food). You may feel worried about giving such large doses, but as long as you follow the regime you will not hurt your child. Macrogol laxatives are not absorbed into the bloodstream but simply 'bind with' the water and deliver it to the large bowel, where it will soften and lubricate the poo and stimulate a bowel action.
- It is recommended to add a stimulant laxative if disimpaction is not achieved after two weeks on macrogols; our specialist nurses may prefer to add the stimulant earlier. Stimulant laxatives increase the muscular squeezing of the bowel, speeding up evacuation.

## Recommended disimpaction regimes based on age:

For children under one (child sachets) mix each sachet with 62.5mLs of water:	
Days one to seven	Half to 1 sachet (62.5mLs) each day.
For children one to five years (child sachets) mix each sachet with 62.5mLs of water:	
Day one:	2 sachets (125mLs)
Days two and three	4 sachets (250mLs)
Days four and five	6 sachets (375mLs)
Days six and seven	8 sachets (500mLs)
For children five to 12 years (child sachets) mix each sachet with 62.5mLs of water:	
Day one	4 sachets (250mLs)
Day two	6 sachets (375mLs)
Day three	8 sachets (500mLs)
Day four	10 sachets (625mLs)
Days five to seven	12 sachets (750mLs)
For children over 12 years (adult sachets) mix each sachet with 125mLs of water:	
Day one	4 sachets (500mLs)
Day two	6 sachets (750mLs)
Days three to seven	8 sachets (1,000mLs)

## Preparation:

- Print off the disimpaction regime or have it handy on your mobile phone.
- Visit ERIC.ORG.UK for a parent's guide to disimpaction, how to prepare macrogol medication and listen to the Brenda Cheer podcast 'Episode 6 – Disimpaction explained by a Paediatric Specialist Continence Nurse'.
- Collect all your required medication from the pharmacy to be assured you can complete disimpaction without interruption.
- Have your poo diary ready for completion during disimpaction – please utilise the Bristol stool chart and give as many details as possible.
- Purchase a range of drinks or foods macrogol medication can be mixed with once it is initially dissolved in water to aid compliance. (50% high apple juice, peach and raspberry juice, mango juice, hot chocolate sachets, jelly).

## Instagram pages to follow:

- Dr. Kate McGarry (stoolwithholdinghelp)
- ERIC charity
- Poo and the loo

## Websites to visit:

- [www.Thepoonurses.uk](http://www.Thepoonurses.uk)
- [www.eric.org.uk](http://www.eric.org.uk)

## Top Tips:

- You do not have to give all the sachets at once – you can spread them out across the day. Some people mix the whole day's sachets in advance and keep the macrogol water in a jug in the fridge. Just make sure it is all drunk within 12 hours.
- Once you have mixed the sachets with the correct amount of water and the preparation is dissolved, diluted squashes can be added to help disguise the salty taste macrogol sachets have. From experience we recommended 50% high apple juice or raspberry and peach juice.
- The medication is more palatable when it has been in the fridge.
- Make sure additional fluids are being consumed on top of the macrogol medication.  
Macrogols are a drink for the poo not you.
- ERIC have a free helpline: 0808 801 0343 that is open Monday to Thursday, 10am - 2pm for advice and guidance.

## What to expect:

- Lots of poo! The purpose of disimpaction is to clear out the backlog of poo; the child may poo a large quantity all at once, or several small poos.
- Soft or loose stools. as macrogols deliver water to the large bowel any hard lumps will be broken down.
- More soiling. If your child is experiencing soiling explain that this may well get worse to start with as first of all the poo will be softened, then evacuated.
- Possibly abdominal discomfort. If your child has a tummy full of poo, then whatever laxative is used they should expect some discomfort as the poo starts to move along the bowel. Plenty of reassurance will help, and maybe a dose of paracetamol.
- Difficulty getting your child to drink all the macrogol. Before you start on the big doses do some experiments with your child to work out their preferred flavourings. Make drinking it more fun with a new cup and/or a straw. Plan some rewards before you start.

## School or Nursery:

- Because of all the pooing and the possible discomfort, your child will not really be able to go to nursery or school during disimpaction. It may be that you can wait for the next school holiday.
- If your child is soiling daily, this is a medical need and time off is essential.

## Things to remember:

- Children do cope well with disimpaction as long as they remain hydrated throughout the process.
- Things can appear to get worse before they get better!

## What to do once watery poo has been achieved?

When your child's poo has the appearance of rusty orange or tea like water which may have bits in (undigested food) the disimpaction regime can be stopped. If you are not sure if the poo is watery enough just keep going until you are certain – you could try putting toilet paper down the toilet before they poo, so you can see it better or catch the stool in a plastic bowl.

Another day of big doses will not hurt your child! Stopping too soon means you might have to start all over again!

Laxative treatment does need to continue to prevent recurrence of constipation, and to allow the stretched bowel to regain its tone.

- You should initially reduce the number of sachets your child is on to a maintenance dose of 4 sachets daily. It will take a few days for the poo consistency to settle down – the bowel will have been very ‘busy’ during disimpaction. So, stick to the same dose for the five to seven days.

After that, look at the poo your child is passing. They need to pass at least one soft poo (type 4 – Bristol stool chart) every day – so adjust the laxative dose to achieve this.

Your child may need to stay on laxatives for many months or even years. Long term use of laxatives will not hurt your child. Poorly treated constipation will.

Maintenance doses recommendations:

For children less than a year	A half to 1 sachet per day
For children aged one to five years	1 to 4 sachets per day.
For children aged five to 12 years	2 to 4 sachets per day.
For Children over 12 years	1 to 2 adult sachets per day or 2 to 4 child (paediatric) sachets per day.

# POO CHECKER

## What's your poo telling you?



### TYPE 1

**Small hard lumps** like rabbit droppings.  
*This suggests severe constipation.*



### TYPE 2

**Sausage shaped**, but hard and lumpy.  
*This suggests constipation.*



### TYPE 3

**Sausage shaped**, but hard, with cracks on the surface.  
*This suggests constipation.*



### TYPE 4

**A soft, smooth sausage** - **THE IDEAL POO!**



### TYPE 5

**Separate soft blobs**  
*May be fine if the child is well and softer poos can be accounted for e.g. increased intake of fibre or taking laxative.*



### TYPE 6

**A mushy stool**  
*May be fine if the child is well and softer poos can be accounted for e.g. increased intake of fibre or taking laxative.*



### TYPE 7

**A liquid stool**  
*This could be diarrhoea or overflow.*

*\*Based on the Bristol Stool Form Scale produced by Dr KW Heaton, Reader in Medicine at the University of Bristol.*

## Instructions for parents completing a poo diary

1. Write down every poo that is passed, even if it is a little stain in the child's pants.
2. In the Type column, write down the number from the Bristol Stool Chart that best describes the poo – see pictures on previous page.
3. Fill in the diary for a whole week, or longer if your doctor or nurse asks for it.
4. At the end of every day, check to make sure no poos were forgotten. Write in whatever laxatives have been taken that day, including the dose.
5. Record the amounts of stool passed as small, medium, large etc.
6. In the Comments column, write down anything you think may be helpful, such as if your child had tummy pain or was sick.
7. Some children use suppositories or enemas or washouts to help them poo.

# Poo Diary

Date	Time	Poo in toilet – amount	Any soiling? - amount	Type

Comments	Laxatives given	suppositories emema washout

## References

<https://cks.nice.org.uk/topics/constipation-in-children/management/management/#faecal-disimpaction-treatment>

<https://eric.org.uk/childrens-bowels/parents-guide-to-disimpaction/>

[https://eric.org.uk/?s=disimpaction+podcast&ct\\_post\\_type=post%3Apage](https://eric.org.uk/?s=disimpaction+podcast&ct_post_type=post%3Apage)

<https://eric.org.uk/oral-medications-for-childhood-constipation/>

<https://eric.org.uk/how-to-use-macrogol-laxatives/>

<https://www.thepoonurses.uk/dis-impaction-regime>

<https://bnfc.nice.org.uk/drugs/macrogol-3350-with-potassium-chloride-sodium-bicarbonate-and-sodium-chloride/>

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact Mrs Alyson Hudson. Secretary to the Children and Young Persons' Bowel and Bladder Nursing Team.  
Direct Line: 01904 721761.

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [yhs-tr.patientexperienceteam@nhs.net](mailto:yhs-tr.patientexperienceteam@nhs.net).

An answer phone is available out of hours.

# Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:  
[www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/](http://www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/)

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