

# My Constipation Action Plan

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Identification Number: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Child's Weight: \_\_\_\_\_ Kg

<input type="checkbox"/>	<input type="checkbox"/>	CLEAN-OUT MEDICINES	HOW MUCH	HOW OFTEN	OTHER INSTRUCTIONS

Special instructions when I am: ● feeling good, ● feeling bad, ● feeling worse

**GOOD**

**GREEN ZONE**

EVERY DAY MEDICINES	HOW MUCH	HOW OFTEN	OTHER INSTRUCTIONS

- Eating well
- Normal play
- No belly pain
- 1 soft poop every day
- Clean underwear

Schedule 3 or more toilet times every day  
 Use a Potty Stool with every scheduled toilet time

**BAD**

**YELLOW ZONE**

YELLOW ZONE MEDICINES	HOW MUCH	HOW OFTEN	OTHER INSTRUCTIONS

- Eating less
- Playing less
- Some belly pain
- Harder poops
- No poop in 3 days
- Poop streak in underwear

**24-48 HRS**

After 24–48 hours in **Yellow (Bad) Zone**, move to **Red (Worse) Zone**.

**WORSE**

**RED ZONE**

**RED ZONE PLAN:**

Call your clinic nurse line.

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- Not eating
- No play
- More belly pain
- Belly bloating
- Pooping hurts
- Poop accident in underwear

Notify your provider via Secure Messaging or Call your clinic for visit. Telephone: \_\_\_\_\_

This child may be excused for unlimited bathroom breaks.