

My Constipation Action Plan

Patient Name: _____ Date of Birth: _____ Identification Number: _____

Provider Name: _____ Today's Date: _____ Child's Weight: _____ Kg

CLEAN-OUT MEDICINES

HOW MUCH

HOW OFTEN

OTHER INSTRUCTIONS

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

GREEN ZONE

GOOD
EVERY DAY MEDICINES
HOW MUCH
HOW OFTEN
OTHER INSTRUCTIONS

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

Schedule _____ or more potty times every day

Use a Potty Stool with every scheduled potty time

YELLOW ZONE

BAD
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

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

RED ZONE

WORSE
RED ZONE PLAN:

- Not eating
- No play
- More belly pain
- Bigger belly (bloating)
- Pooping hurts
- Poop accident in underwear

Send a message to your team by [Secure Messaging](#) or Call your clinic. Telephone:

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