

No One Understands
Children's Health Like

Little™

Little™
Parachoc
Training Diary



Sticky, Crusty
Eyelids & Lashes

Coughs & Chesty
Congestion

Constipation

Low Iron Levels

Allergies

Blocked Noses

For more information, visit www.littlerange.com.au

ALWAYS READ THE LABEL. FOLLOW THE DIRECTIONS FOR USE. IF SYMPTOMS PERSIST,
TALK TO YOUR HEALTH PROFESSIONAL. CONSULT YOUR HEALTH PROFESSIONAL
BEFORE USING LITTLE COUGHS IN CHILDREN UNDER TWO YEARS OF AGE.

About Little™ Parachoc

Little Parachoc is a lubricating laxative containing liquid paraffin. It contains no bowel stimulant, so it is a gentle treatment for constipation. This diary is designed to help you monitor your child's bowel movements and to reward their positive outcomes.



To Mum and Dad

Please take the time to read this book.

Using the Little Parachoc training diary...

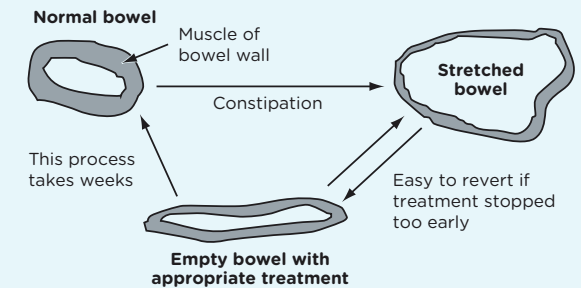
Your child has been diagnosed with constipation or encopresis by their healthcare professional. This diary is designed to help you keep track of your child's toilet behaviour and assess their progress. It should be reviewed by your child's General Practitioner or Paediatrician each time you have an appointment so they can give their assessment and any recommendation if needed.

To download a copy visit
www.littlerange.com.au



What is Constipation?

Normal bowel habits are variable. Some people go to the toilet 2-3 times each day whereas others only go once a week. Constipation refers to the consistency of the stools and any difficulty in passing them. It is only when the stools become hard and/or very large and difficult to pass that constipation occurs.



Causes of Constipation

There are a number of factors that can cause constipation:

Diet - it is essential that all children have a diet high in fibre. Foods such as cereals, fruit and vegetables will add essential fibre to a child's diet adding bulk to the faecal material.

Natural tendency - some children have slow gut movement which causes constipation.

Liquids - water adds fluid to the faecal material making bowel movements softer and easier to pass. If a child doesn't drink enough fluid, consume enough fibre or has a diet high in fats, junk food or dairy products, dehydrated and hard stools can result in making going to the toilet difficult.

Physical activity - If a child doesn't exercise enough the bowel can become sluggish causing the stool to move through the colon much more slowly. Inactivity will not generate sufficient muscle movement to allow the effective passage of faecal material.

Painful conditions - fissures and perianal infections may result in the child associating going to the toilet with pain. The child will be more resistant to visiting the toilet even if they have the urge to go. This will further compound their painful condition as they will begin to retain faecal material making it even more painful to pass a now larger and impacted stool.

Psychological avoidance - the child may develop a psychological avoidance to going to the toilet which will require much coaching and counselling by both a parent and medical practitioner. In addition, ignoring an urge to go will eventually diminish sensation in the rectum which will lead to further stool retention.

Symptoms and things your child may say

'My tummy hurts'

Stomach pains from constipation may come and go.

'It hurts on the toilet'

Pooping may be painful which means your child might not want to go to the toilet. This delay makes stools in the bowel even harder to pass.

'I've got a runny bottom'

Diarrhoea may result because the only way a 'new' stool can get past the hard mass of faeces blocking the bowel is to become watery.

'I've pooped my pants'

Soiling can occur when the bowel wall gets stretched by the presence of a large mass of faeces. This can lead to loss of feeling in the nerves of the bowel walls so your child doesn't realise they need to go to the toilet.

'I'm not hungry'

A poor appetite can result from feeling vaguely unwell.

About Little Parachoc

Little Parachoc is a lubricating laxative containing liquid paraffin. It contains no bowel stimulant so it is suitable for long term use. It works by gently lubricating the bowel wall and softening the faecal mass. This makes stools easier for children to pass. Over time this enables the bowel wall to recover its normal muscle function.

Dosage and administration:

Every patient has their own individual dose requirement for Little Parachoc. We suggest starting doses only and then the patient must proceed to find their correct dose by either increasing or decreasing in 5 mL graduations.

This process is continued until they obtain the passage of a soft motion without the leakage of paraffin oil. Little Parachoc is not a bowel stimulant, patients must be aware that it can take up to 4 days for a change in dose to work.

Therefore the new daily dose must be maintained for at least 4 days to assess how effective the change is. Further alterations may be necessary, and similarly a 4 day period should be allowed to assess that change before any further alterations in dose are made.

Do not use in children under 12 months.

Children under 2 years of age should use Little Parachoc only on the advice of a doctor.

Dosage guide

AGE	DAILY DOSE (mL)
	Start with the recommended daily dose and work up or down in 5 mL graduations until desired effect is achieved
1-6 years	10-15 mL daily
7-12 years	20 mL daily
Adults	40 mL daily

What are the consequences of constipation?

When a child is constipated stool builds up in the large intestine. The intestine stretches to accommodate this stool, becoming considerably larger than normal and the formed stool becomes impacted.

The stretched muscles are unable to create the normal peristaltic motion required to clear the bowel. It is very important that faeces do not build again during the recovery phase until the bowel is fully functioning normally.

What is Encopresis?

Encopresis is the inability to fully control the bowel, resulting in a soiling accident. This can occur in underpants and sometimes in the bath or pyjamas. It's quite common as one child in every two or three primary school classes might have soiling difficulties.

What happens?

When the bowel can't clear stools normally it builds up in the large intestine. As the large intestine or rectum stretches it decreases the sensation of stool presence. With a child unaware they need to have a poo, the retained stool may leak out and a soiling accident happens.

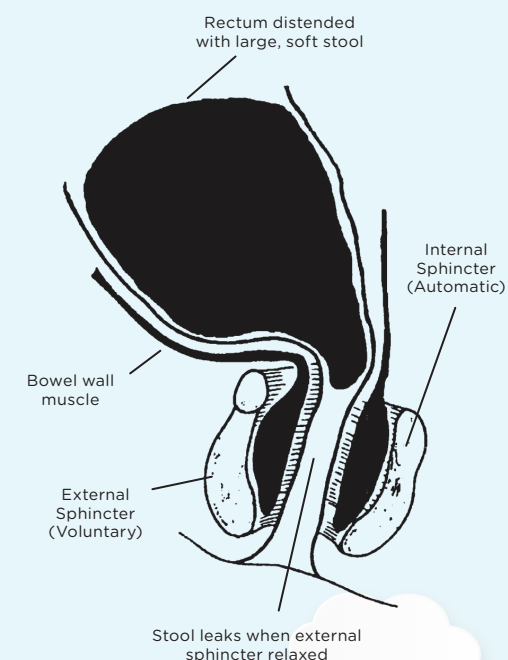
What causes it?

There are several causes including the following:

- A lack of muscle co-ordination in the lower bowel (rectum) and anus. This makes full and effective evacuation of faeces difficult.
- A lack of sensitivity or feeling in the rectum so a child cannot tell when they need to have a poo. This leads to a build up of stool which can then leak out.
- Some children are afraid to have a poo because it hurt during past episodes of constipation. They may resist the urge of having a poo leading to stool build up.

How can you help?

A programme of regular sits on the toilet along with the help of a stool softener such as Little Parachoc.



The treatment for encopresis is similar to that recommended for constipation:

- Emptying the large intestine
- Establishing and maintaining regular bowel movements

The training diary included in this guide is designed to help you monitor your child's motions and medication use.

Is Encopresis a behavioural problem?

Children with Encopresis are not soiling their pants deliberately. They can't stop the 'accidents' from happening because they are less sensitive to the nervous stimulation that tells them they need to go to the toilet.

How to use this diary

Do not forget to fill in the diary every day. Remember to bring the diary to your doctor each time you have an appointment.

Sits - Aim for 3 sits each day

- After breakfast
- After school (or mid-afternoon on weekends)
- After dinner

Set the sit-time on an oven clock or other timer so there are no arguments about when the time is up.

Use a small foot stool if your child's feet don't reach the floor while seated on the toilet.

If your child has a poo within the first minute or so of the sit, continue the sit for the full time because another poo may appear.

Write the time suggested by your doctor for each sit on top of the left hand page for each month in the diary. This time may be reduced or increased later depending on progress.

If your child has a poo in the toilet at that time also, place a sticker over the tick.

Extra stickers

If your child has a poo into the toilet at a time other than at the regular sit times, place an additional sticker in the column "Extra Stickers".

Add up the stickers

At the end of each month, add up all the stickers for that month and write the total in the box at the bottom of the right hand page.

Tick if no soiling today

Write in the letter which corresponds to the medicine taken that day in the Medicine column.

- E** for enema;
- S** for suppository;
- T** for tablet;
- LP** for Little Parachoc;
- G** for granules.

If other medicines are used, use a different letter.

Medicine

Make a note in the Comments column of anything you want to remember to tell your doctor at the next visit. Take special note of whether your child develops feeling in their bottom about needing to do a poo. Occasionally record what the size and consistency of the poo is in the toilet.

Write the month here
Write the time for each sit here
Extra stickers for poos at other than regular sit times
Tick here if no accidents

Month: OCTOBER

Day	Date	Minute Sits			Extra Stickers	Tick if no soiling today	Medicine	Comments
		Morning	Afternoon	Evening				
	10							
Mon	5		✓	✓		✓	E	
Tues	6	✓	✓	✓			S	Didn't make it
Wed	7	✓		✓		✓	T	
Thurs	8		✓	✓		✓	LP15	Went on own
Fri	9		✓	✓		✓	T	Soft poo today
Sat	10		✓			✓	LP15	
Sun	11		✓			✓	T	
Mon	12	✓	✓			✓	LP15	Very pleased
Tues	13	✓	✓	✓			S	Didn't make it
Wed	14	✓		✓		✓	T	
Thurs	15		✓	✓		✓	LP15	Went on own
Fri	16		✓	✓		✓	T	Soft poo today
Sat	17		✓			✓	LP15	
Sun	18		✓			✓	T	

Ticks for regular sits Stickers for poo in the toilet

Count up all stickers for the month and write the total in this box

TOTAL STICKERS FOR THIS MONTH 22

Comments - Be positive and flexible

This program works very well for families who stick to the routine by keeping their child's morale high with lots of positive encouragement and support.

Do not be too disappointed with recurrence of accidents. Try and use the diary to understand why the accident might have occurred.

The Bristol Stool Form Scale

Little Parachoc is a lubricating laxative containing liquid paraffin. It contains no bowel stimulant so it's suitable for long term use. It works by gently lubricating the bowel wall and softening the faecal mass. This makes stools easier for children to pass. Over time this enables the bowel wall to recover it's normal muscle tone.

It helps children achieve an ideal bowel movement which is a soft, smooth stool that looks like a sausage. **This is classified as Type 4 on the Bristol Stool Scale.**



- Type 1**  Separate hard lumps, like nuts
- Type 2**  Sausage-like but lumpy
- Type 3**  Like a sausage but with cracks in the surface
- Type 4**  Like sausage or snake, smooth and soft ✓
- Type 5**  Soft blobs with clear-cut edges
- Type 6**  Fluffy pieces with ragged edges, a mushy stool
- Type 7**  Watery, no solid pieces

The Bristol Stool Form Scale was developed at the University of Bristol, UK. It is a recognised, general measure of stool consistency or form. Use this scale to identify patterns or changes in bowel habit. Please note this is only a guide and should not be used as an exact measure.

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