

GERD < 12 MONTHS

REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF GASTROENTEROLOGY) • 887 CONGRESS ST, SUITE 320, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Bilious or feculent vomiting
 Abdominal distention/tenderness
 Onset after 6 months of age
 Projectile vomiting
 Abdominal olive in epigastrium

SUGGESTED PREVISIT WORKUP

Please contact PEDI GI and speak to on call physician for urgent appointment

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Irritability, poor feeding, persistent emesis, pain symptoms
 Poor growth
 Failure of empiric therapy
 Normal neonatal or infant exam

SUGGESTED WORKUP

Stool for occult blood, consider CMP, CBC, checking newborn screen
 Consider trial of milk/soy free diet
 Make sure child is getting adequate hydration/formula volume
 Consider trial of H2 blockade
 Consider U/S and Upper GI
 Referral to PEDI GI encouraged

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Good gains in weight and length
 Painless spilling/spitting/emesis
 Normal neonatal or infant exam

SUGGESTED MANAGEMENT

Stool for occult blood
 Consider maternal milk/soy free diet or hypo-allergenic formula
 Conservative and supportive therapy: upright positioning after feeds, thicken feeds with milk and soy free cereal

CLINICAL PEARLS

- Physiologic reflux maximizes between 4-6 months of age.
- There exists no good evidence that acid suppressing medicines are helpful in treating infant irritability or “GERD” symptoms; the use of PPI.
- Milk/soy protein intolerance can present only with persistent vomiting; the symptoms of formula intolerance mimic and exacerbate GERD.