

# GERD

## 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

Dysphagia  
 Odynophagia  
 Weight loss/feeding refusal  
 Normal exam or epigastric tenderness

##### 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

Failed wean from empiric GERD therapy  
 Hx of food allergies  
 Persistent dyspepsia symptoms not responding to acid suppression  
 Family HX of GERD, IBD, Eosinophilic, Esophagitis, Barrett's  
 Epigastric tenderness

##### SUGGESTED WORKUP

Consider Upper GI study  
 Labs to assess eosinophilia, elevated ESR, abnormal celiac screen (IgA and ttIgA ab), stool for occult blood  
 Consider initiation of PPI therapy at 1-2 mg/kg/day (divided BID)  
 Anti-reflux diet, loose fitting clothing, weight loss if necessary, consider trial of lactose free diet  
 Referral encouraged

### LOW RISK

#### SUGGESTED ROUTINE CARE

##### SYMPTOMS AND LABS

Dyspepsia/GERD that responds to conservative dietary measures  
 GERD symptoms treated successfully for 10 weeks with H2 blockade and then asymptomatic with discontinuation

##### SUGGESTED MANAGEMENT

H2 blockade  
 Anti-reflux diet, loose fitting clothing, weight loss if necessary, consider trial of lactose free diet

## CLINICAL PEARLS

- Prolonged use (longer than 12 weeks) of and dependence on Proton Pump Inhibitor medications warrants evaluation from a GI physician. We do not recommend prolonged use of PPI without an endoscopic evaluation.