

# GERD

## REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF GASTROENTEROLOGY) • 887 CONGRESS ST, SUITE 300, PORTLAND, ME • (207) 662-5522

### HIGH RISK

#### SUGGESTED EMERGENT CONSULTATION

##### SYMPTOMS AND LABS

- > 5% Weight loss
- Persistent vomiting
- Bilious vomiting
- Hematemesis
- Dysphagia
- Odynophagia

##### SUGGESTED PREVISIT WORKUP

- Contact pediatric GI to speak to on call for urgent appointment

### MODERATE RISK

#### SUGGESTED CONSULTATION OR CO-MANAGEMENT

##### SYMPTOMS AND LABS

- Atypical GERD symptoms (cough, dental erosions, feeding refusal)
- Typical GERD symptoms that persist on PPI or recur following wean from PPI
- Family history of GERD, IBD, EoE, Barrett's esophagus

##### SUGGESTED WORKUP

- Consider celiac screen
- Consider upper GI
- Consider referral, eConsult, or discussion in ECHO**

### LOW RISK

#### SUGGESTED ROUTINE CARE

##### SYMPTOMS AND LABS

- Typical GERD symptoms (regurgitation, heartburn, epigastric pain)
- Normal growth
- Normal exam

##### SUGGESTED MANAGEMENT

- Lifestyle and dietary education
- If not responding to lifestyle and dietary changes, consider acid suppression x 4-8 weeks (recommend PPI 1-2 mg/kg/day unless contraindicated in which case would use H2 blocker)
- Wean off PPI after 4-8 weeks and consider PRN H2 blockade

## CLINICAL PEARLS

- Prolonged use of and dependence on PPI (>3 months) warrants consultation with GI
- Upper GI barium studies are useful in evaluating for anatomic abnormalities that may contribute to persistent reflux (hiatal hernia). They are not intended to diagnose GERD.
- Education materials on lifestyle and dietary modification can be found at <https://gikids.org/gerd/>

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PARTNERS