CHILDREN'S GASTROENTEROLOGY, HEPATOLOGY, AND NUTRITION CONSULT AND REFERRAL GUIDELINES FOR COMMON GI PROBLEMS

DIAGNOSIS/SYMPTOM	SUGGESTIONS FOR INITIAL WORK-UP	POSSIBLE PRE-REFERRAL THERAPY	CONSIDER REFERRAL WHEN
CHRONIC ABDOMINAL PAIN ICD-9 code – 789.0 Age: toddler to adolescence	• Weight and height percentiles • Urinanalysis • CBC with dif ESR or CRP • Stool Studies: – guaiac – consider EIA antigen for giardia • Careful evaluation of stooling pattern • Diary to look for possible triggers such as foods, activities or stressors	• Treatment of constipation, if present • Acid suppression - H2 receptor • Antagonist or proton pump • Inhibitor • Trial off lactose	If symptoms persist after improvement of stooling pattern, trial of a lactose-free diet and lack of response to acid suppression, referral should be made. The child may require endoscopy (EGD) and/or colonoscopy.
CHRONIC, NON-BLOODY DIARRHEA ICD-9 code – 787.91 Age: preschool to adolescence	• Weight and height percentiles • Stool studies: – guaiac – consider leukocytes – culture – EIA antigen for giardia – C. difficile toxin titer – Reducing substances, pH, – Sudan stain (spot test for fecal fat) • CBC with differential, ESR or CRP • Albumin • Quantitative IgA and anti-tTG Antibody (screen for celiac) • Consider sweat test • Consider upper GI with small bowel follow through • Consider laxative abuse, especially in adolescent females	• Treat any dietary abnormality (e.g. high fructose and/or low fat) • Try increased fiber in diet • Diary of dairy and other food intake in relation to symptoms	If Symptoms persist, referral should be made. The child may require EGD and/or colonoscopy.
BLOODY DIARRHEA (COLITIS) ICD-9 code – 556 Age: infancy	• Stool studies: – guaiac – culture – consider stool O and P – C. difficile toxin titer for child > 3 months old • CBC with differential • PT and PTT • Albumin	If evaluation is negative, food protein allergy is likely.	If symptoms persist, referral should be made.
BLOODY DIARRHEA (COLITIS) ICD-9 code – 556 Age: preschool to adolescence	• Stool studies: – guaiac – culture – and C. difficile toxin titer • CBC with differential • PT and PTT • Albumin • Urinanalysis	If evaluation is negative, inflammatory bowel disease is likely.	If symptoms persist, referral should be made. The child will require EGD and colonoscopy.
BLOOD IN STOOL/RECTAL BLEEDING ICD-9 code – 569.3 Age: infancy	• Stool studies: – guaiac – culture – C. difficile toxin titer for child > 3 months old • Assess stool frequency and consistency • CBC with differential • PT and PTT	Anal/rectal tear is most likely cause.	If symptoms persist, referral should be made.

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BLOOD IN STOOL/ RECTAL BLEEDING			
ICD-9 code – 569.3 Age: preschool to adolescence	• Stool studies: – guaiac – culture – C. difficile toxin titer • Assess stool frequency and consistency • CBC with differential • PT and PTT	Anal/rectal tear is most likely cause.	If symptoms persist, referral should be made. Colonoscopy may be required.
GASTROESOPHAGEAL ESOPHAGEAL REFLUX DISEASE (GERD)			
ICD-9 code – 530.11 Age: infancy to adolescence	• Weight and height evaluation • Stool guaiac • CBC with differential • Consider Upper GI series • Refer to "Guidelines for Evaluation and Treatment of Gastroesophageal Reflux in Infants and Children" Journal of Pediatric Gastroenterology and Nutrition. (32)Suppl 2. 2001; S1-S31 • Also available at www.naspghan.org (under "Medical Professionals" - Position Papers)	Acid suppression (H2 receptor antagonist or proton pump inhibitor).	If symptoms persist, referral should be made. The child may require an EGD.
POOR GROWTH (FAILURE TO THRIVE)			
ICD-9 code – 783.40 Age: infancy to adolescence	• Caloric intake • 3-day diet diary • Trial of concentrated calories • Stool Studies: Guaiac, pH, reducing substances, pH, Sudanstain • Urinanalysis • CBC with differential • Serum electrolytes • BUN, creatinine • Albumin • Consider sweat test, quantitative IgA, anti-tTG antibody • Can consider ESR or CRP in a child or adolescent	Increase caloric content of diet. If breastfed infant, consider fortifying pumped breast milk or supplementation with formula.	If problems persist, referral should be made. The child may require an EGD and/or colonoscopy.
VOMITING WITH OR WITHOUT ABDOMINAL PAIN			
ICD-9 code – 787.03 Age: infancy to adolescence	• Use history and physical to evaluate for triggers, GERD, or neurologic causes • Weight and height percentiles • CBC with differential • Serum electrolytes • Amylase and lipase • Consider ESR or CRP • Urinanalysis • Consider upper GI series to rule out anatomic abnormality	Consider trial of acid suppression (H2 receptor antagonist or proton pump Inhibitor)	If problems persist, referral should be made. The child may require an EGD.
CONSTIPATION			
ICD-9 code – 564.00 Age: infancy to adolescence	Refer to "Constipation in Infants and Children: Evaluation and Treatment" Journal of Pediatric Gastroenterology and Nutrition. 1999:29:612-26. Also available at www.naspghan.org (under "Medical Professionals" - Position Papers	Treatment should include the AAP recommended 6 servings of fruits and vegetables each day, adequate fluid intake, daily vigorous physical activity and the use of a safe, (preferably non-absorbed) stool softener like lactulose or miralax. Successful treatment should continue to ensure that improvement persists.	If problems persist, referral should be made.
ENCOPRESIS			
ICD-9 code – 787.6 Age: preschool to adolescence	See above	Successful treatment usually involves 3 components: (1) treatment of constipation (see above), (2) a regular pattern of sitting on the toilet after each meal to invoke the gastro-colic reflex, and (3) psychological counseling. Successful treatment also usually takes months.	If problems persist, referral should be made.