PEDIATRIC GASTROENTEROLOGY OF NORTHERN VIRGINIA
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Pediatric Gastroenterology Referral/Consult Guidelines

These guidelines are meant as suggestions in the initial evaluation of a child with a possible gastroenterology problem. These recommendations may not be pertinent to every patient. We are always available for telephone consultation and welcome your referrals.

Chronic Abdominal Pain (school-age to adolescent)

- Patient diary of symptoms, frequency, duration and how symptoms relate to diet, stooling pattern and activities.
- UA, CBC with diff, ESR or CRP, stool guaiac
- Additional laboratory studies to consider: stool O & P and Giardia antigen, H. pylori stool antigen*, CMP, Serum total IgA and Tissue Transglutaminase IgA
- Consider abdominal imaging (KUB or Ultrasound)
- Therapeutic intervention for constipation
- Trial with antacid therapy (H2R blocker drug)
- If symptoms persist after 2 weeks on H2R blocker, therapy for constipation or diagnostic abnormality, refer for GI assessment and possible endoscopic evaluation

*H. pylori serum antibodies (IgG or IgA) are not reliable for use in clinical setting as per NASPGHAN and ESPGHAN guidelines

Chronic, Non-Bloody Diarrhea (3 years and younger)

- Stool for culture, O & P, guaiac, leukocytes, and fat
- Weight and height evaluation
- CBC with diff, ESR or CRP
- Consider Sweat test and Serum total IgA and Tissue transglutaminase IgA
- Assess for high fructose and/or low fat intake
- Increase fiber in diet
- Failure of therapeutic intervention or diagnostic abnormality, refer for GI assessment and possible endoscopic evaluation

Chronic, Non-Bloody Diarrhea (school-age to adolescent)

- Stool for culture, O & P, clostridium difficile toxin, guaiac, leukocytes, fat
- Weight and height evaluation
- CBC with diff, ESR or CRP
- Additional labs: CMP, Serum total IgA and Tissue transglutaminase IgA
- Consider Sweat test
- If growth failure or abnormal labs, consider Upper GI series with small bowel follow through and refer for GI assessment and possible endoscopic evaluation

Bloody Stool

- Consider therapeutic intervention for Cow Milk Protein Allergy in child less than 1 year of age
- Assess for fissure secondary to constipation
- Stool for culture, clostridium difficile toxin, leukocytes, guaiac
- CBC with diff, ESR or CRP, CMP
- Refer for GI assessment and likely endoscopic evaluation

Gastroesophageal Reflux

- Weight and height evaluation
- CBC with diff and stool guaiac
- Consider Upper GI series if regurgitation is forceful or vomiting present
- Trial with H2R blocker drug
- Refer to "Pediatric Gastroesophageal Reflux Clinical Practice Guidelines." www.naspghan.org section on clinical guidelines or http://www.naspghan.org/user-assets/Documents/pdf/PositionPapers/FINAL%20-%20JPGN%20GERD%20guideline.pdf
- If symptoms persist after 2 weeks of therapy, refer for GI assessment and possible endoscopic evaluation

Failure to Thrive

- Assess caloric intake, possible 3-day food diary
- Trial of concentrated calories
- If breastfed infant, consider fortifying pumped breast milk or supplementation with formula.
- UA, CBC with diff, CMP, serum total IgA and Tissue transglutaminase IgA, stool for fecal fat
- ESR or CRP in school-age or older child
- If getting adequate calories and FTT not explained, refer for GI assessment and possible endoscopic evaluation

Vomiting with or without Abdominal Pain

- Physical and History to assess for triggers, reflux exacerbation or neurologic cause
- CBC with diff, CMP, lipase, ESR or CRP, UA
- Abdominal imaging (KUB or Upper GI series)
- Trial with H2R blocker if clinically appropriate
- If symptoms persist after 2 weeks of therapy, refer for GI assessment and endoscopic evaluation

Constipation and Encopresis

- Refer to Clinical Practice Guideline for "Evaluation and Treatment of Constipation in Infants and Children." www.naspghan.org section on clinical guidelines or http://www.naspghan.org/user-assets/Documents/pdf/PositionPapers/constipation.guideline.2006.pdf

Please do not hesitate to contact the office directly for additional consultation or questions.