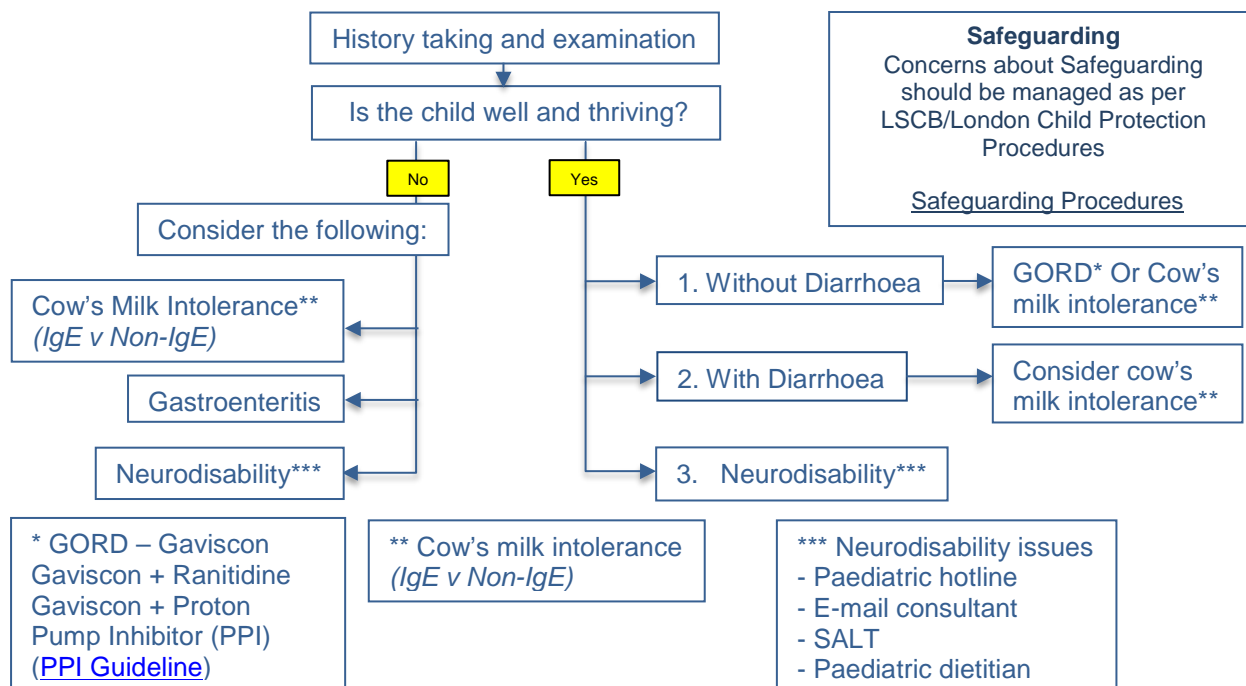


Tower Hamlets Children and Young People Guideline Reflux

For advice and guidance, contact the Paediatric Hotline.

Telephone number: 07919598173 or E-mail: BHNT.advice-paediatric-barts@nhs.net

Approach to a child with recurrent regurgitation and vomiting



- Gastro-Oesophageal reflux (GOR) is a physiological process that occurs after eating in infants, children, and young adults;
- Gastro-Oesophageal Reflux Disease (GORD) occurs when the effect of GOR leads to symptoms severe enough to merit medical treatment;
- GOR is more common in infants than in older children and young people.

RED FLAGS – for immediate referral to Paediatrician

- Frequent, forceful (projectile) vomiting in infants up to 2 months old;
- Bile-stained vomit;
- Haematemesis with the exception of swallowed blood, for example, following a nose bleed or ingested blood from a cracked nipple in some breast-fed infants;
- Onset of regurgitation and/or vomiting after 6 months old or persisting after 1 year old;
- Blood in stool may suggest a variety of conditions, including bacterial gastroenteritis, infant cows' milk protein allergy or an acute surgical condition;
- Abdominal distension, tenderness or palpable mass;
- Chronic diarrhoea may suggest cows' milk protein allergy;
- Fever;
- Bulging fontanelle may suggest raised intracranial pressure;

Other considerations

- Cows' milk protein allergy can be similar to the symptoms of GORD, especially in infants with atopic symptoms, signs and/or a family history;
- Child breast feeding: consider mother for complete cow's milk protein free diet (Dietitian contact - 9h00-17h00: 07950854911 or email royallondon.paedsdiet@nhs.net)
- Child formula fed: Start hypoallergenic formula

Consider 4-week trial of a PPI or H2RA for those who are unable to tell you about their symptoms who have overt regurgitation with 1 or more of the following:

- Unexplained feeding difficulties (e.g. refusing feeds, gagging or choking)
- Distressed behaviour;
- Faltering growth or poor weight gain.

**Suspected Cow's Milk Allergy (CMA) in the 1st Year of Life
-having taken an Allergy-focused Clinical History**



**Mild to Moderate
Non-IgE-mediated CMA
'Delayed' Onset Symptoms**

Mostly 2-72hrs. after ingestion of CMP

Formula fed, exclusively breast fed
or at onset of mixed feeding

One, or often, more than one
of these symptoms:

Gastrointestinal
'Colic'
Vomiting - 'Reflux' - GORD
Food refusal or aversion
Loose or frequent stools
Perianal redness
Constipation
Abdominal discomfort,
Blood and/or mucus in stools in an
otherwise well infant

Skin
Pruritus, erythema
Significant atopic eczema

Respiratory
'Catarrhal' airway symptoms
(usually in combination with one
or more of the above symptoms)

↓

**Can be managed in
Primary Care
See
Management Algorithm**

**Severe
Non-IgE-mediated CMA
'Delayed' Onset Symptoms**

Mostly 2-72hrs. after ingestion of CMP

Formula fed, exclusively breast fed
or at onset of mixed feeding

Severe persisting symptoms of one or more of:

Gastrointestinal
Diarrhoea, vomiting, abdominal pain, food refusal
or food aversion, significant blood and/or mucus
in stools, irregular or uncomfortable stools.
+/- Faltering growth

Skin
Severe Atopic Eczema +/- Faltering Growth

↓

**Cow's Milk Free Diet
Amino Acid Formula
AAF**

Advise breast feeding mother to
exclude all CMP from her own diet
and to take daily Calcium (1000mg)
and Vitamin D (10mcg) supplements

Ensure:
Urgent referral to a
paediatrician with an interest in
allergy

Urgent dietetic referral

**Severe
IgE CMA
ANAPHYLAXIS**

Immediate reaction
with severe respiratory
and/or CVS signs and
symptoms.
(Rarely a severe
gastrointestinal
presentation)

**Emergency
Treatment
and Admission**

**Mild to Moderate
IgE-mediated CMA
'Acute' Onset Symptoms**

Mostly within minutes of ingestion of CMP
Mostly formula fed or at onset of mixed feeding

One or more of these symptoms:

Skin
Acute pruritus, erythema, urticaria,
angioedema
Acute 'flaring' of atopic eczema

Gastrointestinal
Vomiting, diarrhoea, abdominal pain/colic

Respiratory
Acute rhinitis and/or conjunctivitis

↓

**Cow's Milk Free Diet
Extensively Hydrolysed Formula - eHF**
(Initial choice, but some infants may then need an
Amino Acid Formula - AAF trial if not settling)

Advise breast feeding mother to exclude all CMP from her own diet and
to take daily Calcium (1000mg) and Vit D (10mcg) supplements
IgE testing needed.

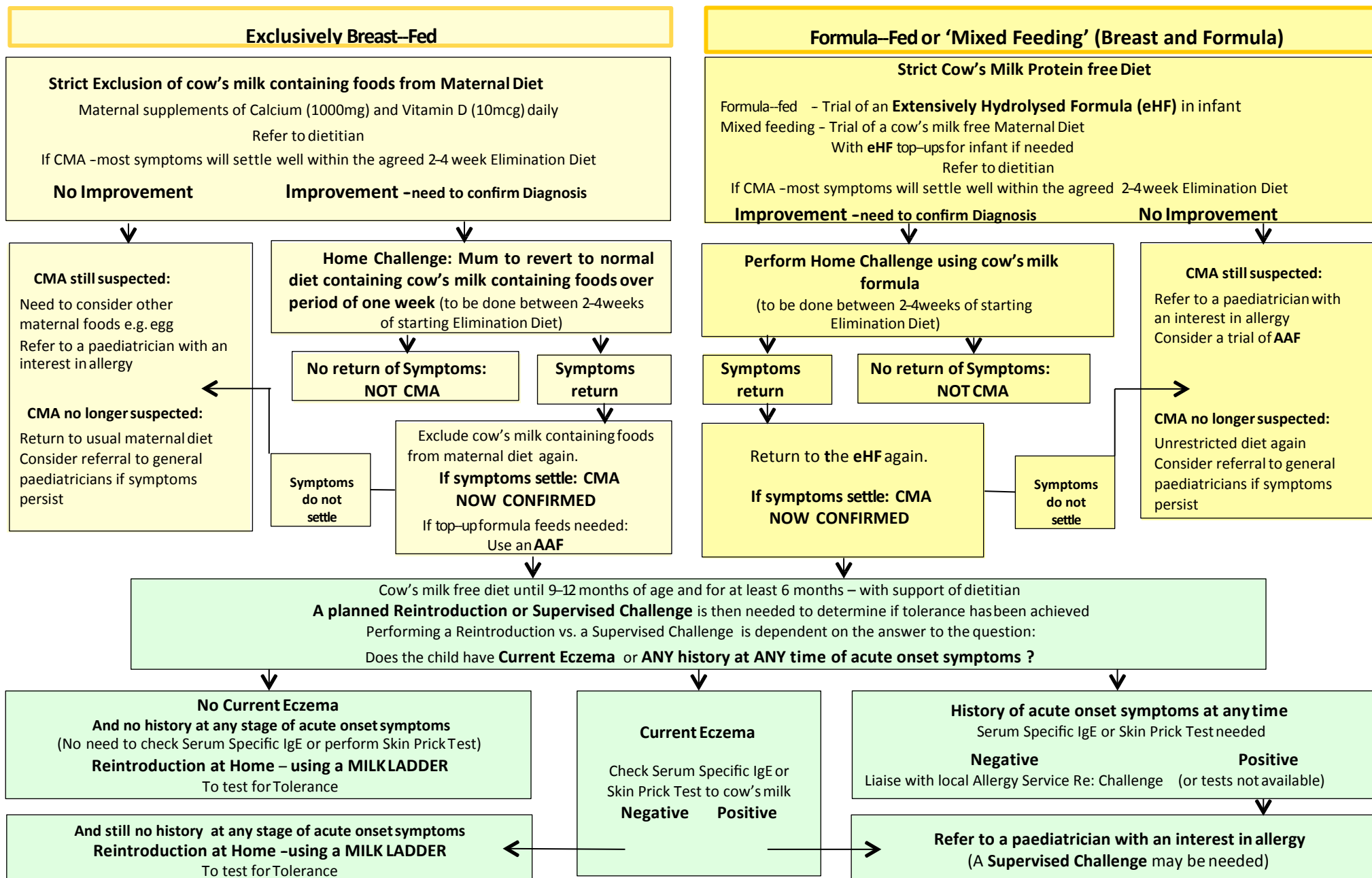
If diagnosis confirmed (which may require a Supervised Challenge) –
Follow-up with serial IgE testing and later planned and Supervised
Challenge to test for acquired tolerance

Dietetic referral required

**If competencies to arrange and interpret testing are not in place - early
referral to a paediatrician with an interest in allergy - advised**

Primary Care Management of Mild to Moderate Non-IgE CMA

(No initial IgE Skin Prick Tests or Serum Specific IgE Assays necessary)



Tower Hamlets Children and Young People Guideline *Reflux*

Document Control Information

This document was created collaboratively between Tower Hamlets CCG and Barts Health NHS Trust. The document has been approved locally for use within the London Borough of Tower Hamlets.

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First Introduced	January 2018	Review Schedule	Annual
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Document Overview

This document acts as a guideline and advises on the pathway and procedures which need to be followed when diagnosing and referring patients for treatment. This guideline should be used in conjunction with the users' clinical judgement.

<p>Safeguarding</p> <p>Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures and Click Here</p> <p>NICE Guidance to be used where appropriate. - https://www.nice.org.uk/guidance/cg89</p>
<p>Investigations</p> <p>Investigation names and acronyms marked with * are noted as per the TQuest system input.</p>