

**Tower Hamlets Children and Young People Guideline  
*Reflux***

***For advice and guidance, contact the Paediatric Hotline.  
Telephone number:***

**Approach to a child with recurrent regurgitation and vomiting**

**Safeguarding**

Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures

[Safeguarding Procedures](http://gp.towerhamletsccg.nhs.uk/clinical-services/SAFEGUARDING_CHILDREN_HOME_PAGE.htm)

History taking and examination

Is the child well and thriving?

No

Yes

Consider the following:

GORD\* Or Cow’s milk intolerance\*\*

1. Without Diarrhoea

Cow’s Milk Intolerance\*\*  
*(IgE v Non-IgE)*

2. With Diarrhoea

Consider cow’s milk intolerance\*\*

Gastroenteritis

Neurodisability\*\*\*

3. Neurodisability\*\*\*

\* GORD – Gaviscon

Gaviscon + Ranitidine

Gaviscon + Proton Pump Inhibitor (PPI)

([PPI Guideline](http://thccgintranet/Prescribing/Specials/Oral%20proton%20pump%20inhibitors%20for%20children.%20Barts%20Health%20NHS%20Trust%20guidlines.pdf))

\*\* Cow’s milk intolerance

*(IgE v Non-IgE)*

\*\*\* Neurodisability issues

- Paediatric hotline

- E-mail consultant

- SALT

- Paediatric dietitian

* 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](mailto: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.



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

Mostly 2-­‐72 hrs. 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-­‐72 hrs. 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

**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**

**Suspected Cow’s Milk Allergy (CMA) in the 1st Year of Life**

**-­having taken an Allergy-­focused Clinical History**

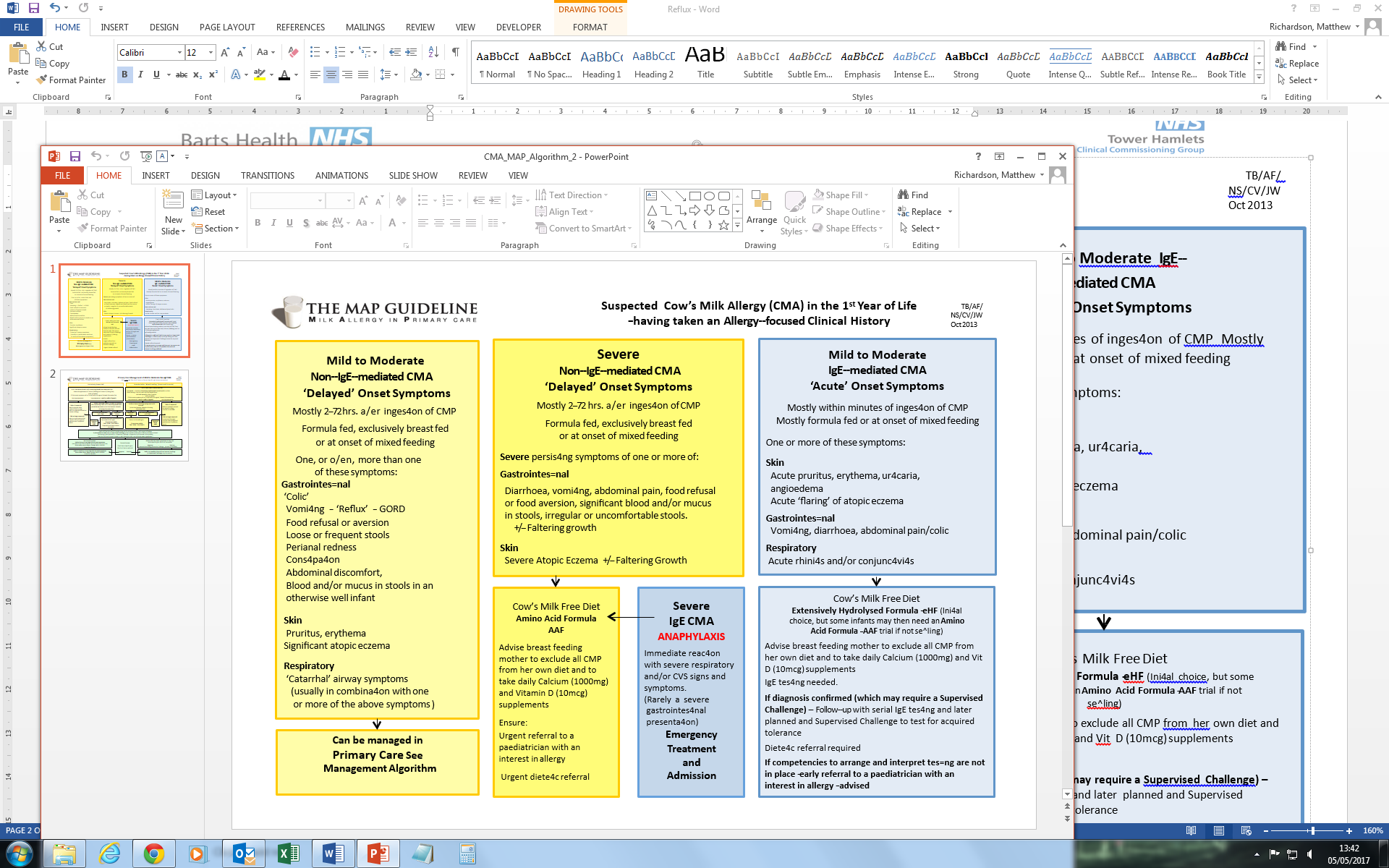
Cow’s Milk Free Diet   
**Amino Acid Formula   
AAF**

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**



**Exclusively Breast-­‐Fed**

**Primary Care Management of Mild to Moderate Non-­‐IgE CMA**

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

**Symptoms do not settle**

Unrestricted diet again Consider referral to general paediatricians if symptoms persist

**CMA no longer suspected:**

**CMA still suspected:**

Refer to a paediatrician with an interest in allergy Consider a trial of **AAF**

Return to **t**he **eHF** again.

**If symptoms settle: CMA NOW CONFIRMED**

**No return of Symptoms:**

**NOT CMA**

**Perform Home Challenge using cow’s milk**

**formula**

(to be done between 2-­‐4 weeks of starting Elimination Diet)

**Refer to a paediatrician with an interest in allergy**

(A **Supervised Challenge** may be needed)

**Negative Positive**

Liaise with local Allergy Service Re: Challenge (or tests not available)

**History of acute onset symptoms at any time**

Serum Speciﬁc IgE or Skin Prick Test needed

**Current Eczema**

Check Serum Speciﬁc IgE or Skin Prick Test to cow’s milk

**Negative Positive**

need to check Serum Speciﬁc IgE or perform Skin Prick T

**Reintroduction at Home** – **using a MILK LADDER**

To test for Tolerance

**And no history at any stage of acute onset symptoms**

(No est)

**No Current Eczema**

Cow’s milk free diet until 9-­‐12 months of age and for at least 6 months – with support of dietitian

**A planned Reintroduction or Supervised Challenge** is then needed to determine if tolerance has been achieved Performing a Reintroduction vs. a Supervised Challenge is dependent on the answer to the question:

Does the child have **Current Eczema** or **ANY history at ANY time of acute onset symptoms ?**

Exclude cow’s milk containing foods from maternal diet again.

**If symptoms settle: CMA NOW CONFIRMED**

If top-­‐up formula feeds needed: Use an **AAF**

**Symptoms do not settle**

**No return of Symptoms: NOT CMA**

**Home Challenge: Mum to revert to normal diet containing cow’s milk containing foods over period of one week** (to be done between 2-­‐4 weeks

of starting Elimination Diet)

**CMA no longer suspected:**

Return to usual maternal diet Consider referral to general paediatricians if symptoms persist

**CMA still suspected:**

Need to consider other maternal foods e.g. egg

Refer to a paediatrician with an interest in allergy

**Strict Cow’s Milk Protein free Diet**

Formula-­‐fed -­‐ Trial of an **Extensively Hydrolysed Formula (eHF)** in infant

Mixed feeding -­‐ Trial of a cow’s milk free Maternal Diet

With **eHF** top-­‐ups for infant if needed

Refer to dietitian

If CMA -­‐ most symptoms will settle well within the agreed 2-­‐4 week Elimination Diet

**Improvement -­‐ need to conﬁrm Diagnosis No Improvement**

**Improvement -­‐ need to conﬁrm Diagnosis**

**No Improvement**

**Strict Exclusion of cow’s milk containing foods from Maternal Diet**

Maternal supplements of Calcium (1000mg) and Vitamin D (10mcg) daily

Refer to dietitian

If CMA -­‐ most symptoms will settle well within the agreed 2-­‐4 week Elimination Diet

**Formula-­‐Fed or ‘Mixed Feeding’ (Breast and Formula)**

**Symptoms return**

**Symptoms return**

**And still no history at any stage of acute onset symptoms**

**Reintroduction at Home -­‐ using a MILK LADDER**

To test for Tolerance

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Lead Author** | Dr Ahmed | **Author Position** | Paediatric Consultant, Barts Health NHS Trust |
| **Additional Contributor (s)** | Matthew Richardson, Administrative Support  Julia Moody, GP and THCCG Clinical Lead | | |
|  |  |  |  |
| **Approved By** | Julia Moody, December 2017 | | |
| **Approved By** | Mamta Vaidya, December 2017 | | |
| **Approved By** | Lynn Torpey,December 2017 | | |
| **Approved By** | NELCSU Prescribing Delivery Board, December 2017 | | |
|  |  |  |  |
| **Document Owner** | Tower Hamlets CCG  Barts Health NHS Trust |  |  |
|  |  |  |  |
| **Document Version** | 1.0 | **Replaces Version** | - |
|  |  |  |  |
| **First Introduced** | January 2018 | **Review Schedule** | Annual |
| **Date approved** | December 2017 | **Next Review** | January 2019 |

**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.

**Safeguarding**Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures and   
Click [Here](http://gp.towerhamletsccg.nhs.uk/clinical-services/SAFEGUARDING_CHILDREN_HOME_PAGE.htm)  
NICE Guidance to be used where appropriate. - <https://www.nice.org.uk/guidance/cg89>

**Investigations**Investigation names and acronyms marked with \* are noted as per the TQuest system input.