Pediatric Gastroenterology Management and Referral Guidelines

Provided by

Sub-specialists of Dell Children’s Medical Center of Central Texas
A member of the Seton Healthcare Family

dell children’s medical center of central texas
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# Chronic Abdominal Pain

**Diagnoses: ICD-10**

Multiple (e.g. R10.10-R10.13, R10.2, R10.30-R10.33, etc.)

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Clinical Findings</th>
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<td>• School-aged children</td>
<td>• The term “chronic abdominal pain” encompasses “recurrent abdominal pain,” which is classically defined by: 1) Three or more episodes of abdominal pain occurring over a period of more than 3 months 2) Pain that is sufficiently severe to affect activities 3) No known or apparent organic cause.  • “Recurrent abdominal pain of childhood” is a description of symptoms rather than a diagnosis. Abdominal pain in children is very common and usually does not indicate severe underlying disease and will often resolve spontaneously.</td>
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<th>Evaluation Recommendations</th>
<th>During the initial evaluation, answers to the following important questions and physical findings should be determined:</th>
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<td><strong>History:</strong></td>
<td>• Associated signs and symptoms such as weight loss, growth failure, bleeding, vomiting and perianal disease.  • Location, frequency, severity, exacerbating factors and impact on quality of life  • Presence of constipation very common  • Exposure to NSAIDs  • Relationship to food like dairy, gluten or excess fermentable carbs (FODMAPS)  • Anxiety, stress, school and family issues</td>
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**Labs and imaging evaluation to consider with annotations:**

- CBC; anemia think IB, celiac disease
- TTG IgA, IgA screen for celiac disease, very important, frequently missed. Comment: to validate the TTG IgA you need to establish that the child is not IgA deficient.
- ESR, CRP; if elevated think IBD
- CMP; low albumin seen with IBD; screen for liver/biliary, renal disease and diabetes
- Amylase, lipase for severe epigastric pain
- UA; think UTI, stones
- Stool hemoccult positive, think IBD
### Red Flags

#### Alarm symptoms or signs:
- Involuntary weight loss
- Linear growth failure
- Gastrointestinal blood loss
- Significant vomiting
- Chronic severe diarrhea with cramping
- Persistent focal pain especially right lower quadrant pain
- Perianal findings and unexplained fever
- Family history of IBD or unexplained physical findings

### Treatment Recommendations

#### Prior to referral consider the following:
- Reassurance is often appropriate: Many times, reassurance alone is sufficient to relieve the anxiety and deescalate the pain. “Chronic abdominal pain in children is very common. In the context of normal growth and development, normal physical exam and unremarkable screening studies the likelihood of severe disease is very low. You do not need to be afraid.”

#### Empiric trials – “Many times these things make children feel better.”
- Dietary changes
  - Improve quality – more fruits and vegetables, less sugar, less carbs
  - Dairy free x 1 week
  - Limit fermentable carbs especially if excess gas and bloating
  - Consider food diary to associate with symptoms to certain foods
- Treat constipation – many options
  - “5 servings of green vegetables a day
  - Increase fluids, increase activity
  - Benefiber is very palatable and most kids will take it
  - Option to use magnesium supplements like Pedialax Magnesium chews (easy to take).
  - Option to use Senna (ExLax Choc pieces are easy to give
  - Option to use Miralax
- Levsin SL may help, and gives the family something to try during an acute spell.
- Trial of acid suppression if dyspepsia, nausea, upper abdominal discomfort
- Trial of metronidazole especially if gaseous distension and loose stools, think undetected parasites or small bowel bacterial overgrowth
These recommendations are designed to be used by primary care physicians wishing to refer children with chronic low grade abdominal pain for additional evaluation and care. They are recommendations and are based on best evidence and expert consensus.

If at any time patient develops signs/symptoms that make more urgent evaluation important, please alert Gastroenterology (512-628-1810) to this change in status or go to the Emergency Department.