Gastrooesophageal reflux

History

- effortless vomiting
- frequency /severity of vomiting
- ask whether bile or blood-stained
- is weight gain maintained?
- Is development normal

Examination

- weight /length /head size centiles
- hydration status
- abdominal examination
- signs of s/c fat loss
- signs of anaemia
- Presence of pyloric mass

Investigations

In the vast majority **no** investigations are required

Treatment

- most require reassurance only
- No treatments or interventions have been shown to work for GOR
- Empathy and reassurance

Background

is common and affects up to 50% of young infants.

Differentials

Pyloric stenosis (wt.loss /forceful vomits /pyloric mass)

Gastro oesophageal reflux disease

GORD = gastro-oesophageal reflux disease

Effortless Vomiting (retching)
Failure to thrive

Haematemesis

Marked oesophagitis

Severe distress during or shortly after feeds

Recurrent apnoea

Treatment

only if GORD are investigations and drug treatments (H2 antagonists or proton pump inhibitors) required
A tiny number require fundo-plication

References

www.livingwiththeflux.org
www.healthforallchildren.org

WHO growth charts
www.rcpch.ac.uk

TAKE HOME MESSAGES

GOR is very common and no interventions have been shown to work

Most outgrow GOR by 6 -9 months

Very few require referral

Radiology

Do **not** order a barium swallow to diagnose reflux

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.
Further amendment following suggestions of QIP committee of ICGP . Secondary care treatment denoted in pink

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