# Children’s Gastroenterology, Hepatology, and Nutrition Consult and Referral Guidelines for Common GI Problems

## Diagnosis/Symptom | Suggestions for Initial Work-Up | Possible Pre-Referral Therapy | Consider Referral When
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### Chronic Abdominal Pain
**ICD-9 code – 789.0**
**Age: toddler to adolescence**
- Weight and height percentiles
- Urinalysis
- Stool Studies:
  - guaiac
  - culture
  - and other EA antigen for giardia
- Careful evaluation of stooling pattern
- Diary to look for possible triggers such as foods, activities or stressors
- Treatment of constipation, if present
- Acid suppression - H2 receptor antagonists or proton pump inhibitors
- Trial off lactose
- If symptoms persist after improvement of stooling pattern, trial of a lactose-free diet and lack of response to acid suppression, referral should be made. The child may require endoscopy (EGD) and/or colonoscopy.

### Chronic, Non-Bloody Diarrhea
**ICD-9 code – 787.91**
**Age: preschool to adolescence**
- Weight and height percentiles
- Stool studies:
  - guaiac
  - leukocytes
  - culture
  - EA antigen for giardia
  - C. difficile toxin titer
  - Reducing substances, pH,
  - Sudan stain (spot test for fecal fat)
  - CBC with differential, ESR or CRP
  - Albumin
  - Stool studies:
    - guaiac
    - culture
    - C. difficile toxin titer for child > 3 months old
    - CBC with differential
    - PT and PTT
    - Albumin
- Careful evaluation of stooling pattern
- Diary of dairy and other food intake in relation to symptoms
- Reduction of substances, pH
- Sudan stain (spot test for fecal fat)
- CBC with differential
- ESR or CRP
- Albumin
- Quantitative IgA and anti-tTG Antibody (screen for celiac)
- Consider sweat test
- Consider upper GI with small bowel follow through
- Consider laxative abuse, especially in adolescent females
- If symptoms persist, referral should be made. The child may require EGD and/or colonoscopy.

### Bloody Diarrhea (Colitis)
**ICD-9 code – 556**
**Age: infancy**
- Stool studies:
  - guaiac
  - culture
  - EA antigen for giardia
  - C. difficile toxin titer
- CBC with differential
- PT and PTT
- Albumin
- Urinalysis
- Assessment of stool frequency and consistency
- CBC with differential
- PT and PTT
- If symptoms persist, referral should be made.

### Bloody Diarrhea (Colitis)
**ICD-9 code – 556**
**Age: preschool to adolescence**
- Stool studies:
  - guaiac
  - culture
  - C. difficile toxin titer
- CBC with differential
- PT and PTT
- Albumin
- Urinalysis
- CBC with differential
- PT and PTT
- If symptoms persist, referral should be made. The child will require EGD and colonoscopy.

### Blood in Stool/Rectal Bleeding
**ICD-9 code – 569.3**
**Age: infancy**
- Stool studies:
  - guaiac
  - culture
  - C. difficile toxin titer
- CBC with differential
- PT and PTT
- If symptoms persist, referral should be made.

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**Children’s Gastroenterology, Hepatology, and Nutrition Consult and Referral Guidelines for Common GI Problems**

**Diagnosis/Symptoms for Possible Pre-Referral Considerations**

**Initial Work-Up**

**Possible Pre-Referral Therapy**

**Consider Referral When**

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**Bloody Diarrhea (Colitis)**

**ICD-9 code – 556**

**Age: infancy**

- Stool studies:
  - guaiac
  - culture
  - EA antigen for giardia
  - C. difficile toxin titer
- CBC with differential
- PT and PTT
- Albumin
- Urinalysis
- Assessment of stool frequency and consistency
- CBC with differential
- PT and PTT
- If symptoms persist, referral should be made. The child will require EGD and colonoscopy.

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**Blood in Stool/Rectal Bleeding**

**ICD-9 code – 569.3**

**Age: infancy**

- Stool studies:
  - guaiac
  - culture
  - C. difficile toxin titer
- CBC with differential
- PT and PTT
- If symptoms persist, referral should be made.

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**Chronic Abdominal Pain**

**ICD-9 code – 789.0**

**Age: toddler to adolescence**

- Weight and height percentiles
- Urinalysis
- Stool Studies:
  - guaiac
  - culture
  - EA antigen for giardia
  - C. difficile toxin titer
  - Reducing substances, pH, Sudan stain (spot test for fecal fat)
- CBC with differential, ESR or CRP
- Albumin
- Stool studies:
  - guaiac
  - culture
  - C. difficile toxin titer for child > 3 months old
  - CBC with differential
  - PT and PTT
  - Albumin
- Careful evaluation of stooling pattern
- Diary of dairy and other food intake in relation to symptoms
- Reduction of substances, pH
- Sudan stain (spot test for fecal fat)
- CBC with differential
- ESR or CRP
- Albumin
- Quantitative IgA and anti-tTG Antibody (screen for celiac)
- Consider sweat test
- Consider upper GI with small bowel follow through
- Consider laxative abuse, especially in adolescent females
- If symptoms persist, referral should be made. The child may require EGD and/or colonoscopy.

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**Chronic, Non-Bloody Diarrhea**

**ICD-9 code – 787.91**

**Age: preschool to adolescence**

- Weight and height percentiles
- Stool studies:
  - guaiac
  - leukocytes
  - culture
  - EA antigen for giardia
  - C. difficile toxin titer
  - Reducing substances, pH, Sudan stain (spot test for fecal fat)
  - CBC with differential, ESR or CRP
  - Albumin
  - Stool studies:
    - guaiac
    - culture
    - C. difficile toxin titer for child > 3 months old
    - CBC with differential
    - PT and PTT
    - Albumin
  - Careful evaluation of stooling pattern
  - Diary of dairy and other food intake in relation to symptoms
  - Reduction of substances, pH
  - Sudan stain (spot test for fecal fat)
  - CBC with differential
  - ESR or CRP
  - Albumin
  - Quantitative IgA and anti-tTG Antibody (screen for celiac)
  - Consider sweat test
  - Consider upper GI with small bowel follow through
  - Consider laxative abuse, especially in adolescent females
  - If symptoms persist, referral should be made. The child may require EGD and/or colonoscopy.
**DIAGNOSIS/SYMPTOM** | **SUGGESTIONS FOR INITIAL WORK-UP** | **POSSIBLE PRE-REFERRAL THERAPY** | **CONSIDER REFERRAL WHEN**
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**BLOOD IN STOOL/RECTAL BLEEDING**
ICD-9 code – 569.3
Age: preschool to adolescence
- Stool studies:
  - guaiac
  - culture
  - C. difficile toxin titer
- Assess stool frequency and consistency
- CBC with differential
- PT and PTT
Anal/rectal tear is most likely cause.
If symptoms persist, referral should be made. Colonoscopy may be required.

**GASTROESOPHAGEAL ESOPHAGEAL REFUX DISEASE (GERD)**
ICD-9 code – 530.11
Age: infancy to adolescence
- Weight and height evaluation
- Stool guaiac
- CBC with differential
- Consider Upper GI series
Acid suppression (H2 receptor antagonist or proton pump inhibitor)
If symptoms persist, referral should be made. The child may require an EGD.

**POOR GROWTH (FAILURE TO THRIVE)**
ICD-9 code – 783.40
Age: infancy to adolescence
- Caloric intake
- 3-day diet diary
- Trial of concentrated calories
- Stool Studies: Guaiac, pH, reducing substances, pH, Sudanstain
- Urinalysis
- CBC with differential
- Serum electrolytes
- BUN, creatinine
- Albumin
- Consider sweat test, quantitative IgA, anti-tTG antibody
- Can consider ESR or CRP in a child or adolescent
Increase caloric content of diet.
If breastfed infant, consider fortifying pumped breast milk or supplementation with formula.
If symptoms persist, referral should be made. The child may require an EGD.

**VOMITING WITH OR WITHOUT ABDOMINAL PAIN**
ICD-9 code – 787.03
Age: infancy to adolescence
- Use history and physical to evaluate for triggers, GERD, or neurologic causes
- Weight and height percentiles
- CBC with differential
- Serum electrolytes
- Amylase and lipase
- Consider ESR or CRP
- Urinalysis
- Consider upper GI series to rule out anatomic abnormality
Consider trial of acid suppression (H2 receptor antagonist or proton pump inhibitor)
If problems persist, referral should be made. The child may require an EGD.

**CONSTIPATION**
ICD-9 code – 564.09
Age: infancy to adolescence
Treatment should include the AAP recommended 6 servings of fruits and vegetables each day, adequate fluid intake, daily vigorous physical activity and the use of a safe, preferably non-absorbed stool soother like lactulose or miralax. Successful treatment should continue to ensure that improvement persists.
If problems persist, referral should be made.

**ENCOPRESIS**
ICD-9 code – 787.6
Age: preschool to adolescence
See above
Successful treatment usually involves 3 components: (1) treatment of constipation (see above), (2) a regular pattern of sitting on the toilet after each meal to invoke the gastro-colic reflex, and (3) psychological counseling. Successful treatment also usually takes months.
If problems persist, referral should be made.