### HIGH RISK

**SUGGESTED EMERGENT CONSULTATION**

**SYMPTOMS AND LABS**
- > 5% Weight loss
- Persistent vomiting
- Bilious vomiting
- Hematemesis
- Dysphagia
- Odynophagia

**SUGGESTED PREVISIT WORKUP**
Contact pediatric GI to speak to on call for urgent appointment

### MODERATE RISK

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**SYMPTOMS AND LABS**
- Atypical GERD symptoms (cough, dental erosions, feeding refusal)
- Typical GERD symptoms that persist on PPI or recur following wean from PPI
- Family history of GERD, IBD, EoE, Barrett’s esophagus

**SUGGESTED WORKUP**
Consider celiac screen
Consider upper GI
Consider referral, eConsult, or discussion in ECHO

### LOW RISK

**SUGGESTED ROUTINE CARE**

**SYMPTOMS AND LABS**
- Typical GERD symptoms (regurgitation, heartburn, epigastric pain)
- Normal growth
- Normal exam

**SUGGESTED MANAGEMENT**
Lifestyle and dietary education
If not responding to lifestyle and dietary changes, consider acid suppression x 4-8 weeks (recommend PPI 1-2 mg/kg/day unless contraindicated in which case would use H2 blocker)
Wean off PPI after 4-8 weeks and consider PRN H2 blockade

### CLINICAL PEARLS

- Prolonged use of and dependence on PPI (>3 months) warrants consultation with GI
- Upper GI barium studies are useful in evaluating for anatomic abnormalities that may contribute to persistent reflux (hiatal hernia). They are not intended to diagnose GERD.
- Education materials on lifestyle and dietary modification can be found at https://gikids.org/gerd/

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**GERD REFERRAL GUIDELINE**

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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