### Clinical Pearls

- Scoop on Poop link – see constipation guidelines.
- A trial of empiric Proton Pump Inhibitor (PPI) is reasonable but should not be continued longer than 10-12 weeks without an evaluation by a GI specialist for inflammatory processes treated by acid suppression or assessment of erosive esophagitis.
- The vast majority of chronic abdominal pain is functional – strongly consider addressing co-morbid psychosocial contributors. It is helpful if the PCP has initiated this discussion with families.

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**CHRONIC ABDOMINAL PAIN REFERRAL GUIDELINE**

<table>
<thead>
<tr>
<th>HIGH RISK</th>
<th>MODERATE RISK</th>
<th>LOW RISK</th>
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<tbody>
<tr>
<td><strong>SYMPTOMS AND LABS</strong></td>
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<tr>
<td>Bilious emesis</td>
<td>Reflux symptoms</td>
<td>Intermittent pain that does not interfere with activities</td>
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<td>Significant weight loss &gt; 10%</td>
<td>Nausea/ Non bilious emesis</td>
<td>Pain does not wake from sleep</td>
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<td>Jaundice</td>
<td>Chronic abdominal pain with normal weight gain</td>
<td>Continued weight gain</td>
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<td>Bloody diarrhea/Bloody emesis</td>
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<td>Intermittent bloating</td>
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<td>Surgical abdomen</td>
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<td>Mass</td>
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<td>Perirectal disease</td>
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**SUGGESTED PREVISIT WORKUP**

- CBC, CMP, CRP, total IgA, TTG IgA (if < 2 yo add anti deamidated gliadin IgG)
- Fecal calprotectin
- Abd ultrasound
- Stool Culture/Sensitivities
- Stool for C diff toxins or PCR

**SUGGESTED WORKUP**

- CBC, CMP, CRP, total IgA, TTG IgA (if < 2 yo add anti deamidated gliadin IgG)
- Consider treatment based on symptoms (Miralax, ranitidine)
  - Miralax- titrate to soft stool
  - H2 blocker
  - Consider PPI u to 2 mg/kg/day/BID

**SUGGESTED MANAGEMENT**

- Strict lactose free diet or Lactaid pills as directed
- Consider treatment based on symptoms (Miralax, ranitidine)
  - Miralax- titrate to soft stool
  - H2 blocker

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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.