

## PRACTICAL PEARLS: Infantile Colic and GER

<b>INTRODUCTION</b>	<ul style="list-style-type: none"><li>• Unexplained irritability in infants is often attributed to GER. However, data supporting this premise is very weak.</li><li>• Potential causes of infant irritability include allergy, intestinal or gastric dysmotility, neurologic abnormalities, constipation and occult infection (UTI).</li></ul>
<b>INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE</b>	<ul style="list-style-type: none"><li>• Consider and assess for the etiologies listed above.</li><li>• If they have been ruled out or appear clinically unlikely, consider a protein hydrolyzed formula</li><li>• If ineffective, consider a <u>two week course of an H2 blocker</u> (Ranitidine 4 mg/kg/day in 2 or 3 doses OR cimetidine 20 mg/kg/day in 4 doses)</li><li>• PPI therapy for this indication is not recommended <a href="http://www.naspghan.org//files/documents/pdfs/medical-resources/gerd/NASPGHANGuidelines_EvaluationTreatmentGastroesophagealRefluxInfantsChildren.pdf">http://www.naspghan.org//files/documents/pdfs/medical-resources/gerd/NASPGHANGuidelines_EvaluationTreatmentGastroesophagealRefluxInfantsChildren.pdf</a></li></ul>
<b>WHEN TO REFER</b>	Failure of therapy, especially if linked to the following: <ul style="list-style-type: none"><li>• Poor weight gain</li><li>• Poor feeding</li><li>• Red flags: hematemesis, blood in stool, abdominal distension, forceful emesis</li></ul>
<b>HOW TO REFER</b>	Call 794-KIDS to contact the GI Attending or arrange an appointment
<b>WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT</b>	Clinical evaluation that may lead to further assessment: <ul style="list-style-type: none"><li>• Radiography</li><li>• Endoscopy/ph probe</li><li>• Metabolic/Absorptive/Nutrition evaluation</li><li>• Reassurance in the setting of a well-baby</li></ul>

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**May 2015**

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