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* These guidelines are to be used only as a tool for initial reference and not be used as exclusive indicators for referral to Gastroenterology.

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Complete the [CHOC Children's Specialists Gastroenterology Referral Request Form](http://www.choc.org/referralguidelines) located at <http://www.choc.org/referralguidelines>

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A. Chronic Abdominal Pain [ICD-9 Code: 789.0*] [ICD-10 Code: R10.*]

Refer to Gastroenterology when:

- Pain persistent or recurrent in spite of routine care measures
- Pain associated with weight loss or growth failure
- Pain waking a patient from a sound sleep at night
- Pain associated with fevers
- Pain associated with vomiting
- Pain associated with diarrhea
- Pain associated with GI bleeding
- Pain in a patient less than 5 years of age
- History of previous abdominal surgery or midline congenital abnormalities
- Abnormal radiologic studies

Pre-referral workup

- ▶ UA
- ▶ Stool guaiac
- ▶ Stool O&P & Giardia antigen
- ▶ Stool H.pylori antigen
- ▶ CBC with differential
- ▶ ESR or CRP
- ▶ Complete metabolic panel
- ▶ Weight and height data

Consider:

- ▶ Serum IgA
- ▶ Celiac panel
- ▶ Abdominal ultrasound
- ▶ UGI with small bowel follow through

B. Celiac Disease [ICD-9 Code: 579.0] [ICD-10 Code: K90.0]

Refer to Gastroenterology when:

- Abnormal celiac markers including TTG and endomysial Ab or normal markers with low total serum IgA
- Unexplained growth failure or weight loss
- Unexplained diarrhea or malabsorptive stools
- Unexplained abdominal pains
- Diabetes associated with abdominal complaints
- Family history of celiac disease associated with symptoms

Pre-referral workup

- ▶ Serum IgA and tissue transglutaminase
- ▶ Stool O&P and Giardia antigen
- ▶ Stool guaiac
- ▶ Stool leukocytes and lactoferrin
- ▶ Fecal elastase 1
- ▶ CBC with differential
- ▶ ESR or CRP
- ▶ Complete metabolic panel
- ▶ Weight and height data

Consider:

- ▶ Stool Clostridium difficile toxin
- ▶ Stool culture and sensitivity
- ▶ Sweat test

C. Crohn's Disease [ICD-9 Code: 555.9] [ICD-10 Code: K50.9*]

Refer to Gastroenterology when:

- Anemia, elevated ESR or abnormal IBD markers
- Unexplained growth failure or weight loss
- Unexplained diarrhea or rectal bleeding
- Unexplained vomiting
- Unexplained abdominal pains
- Family history of Crohn's disease or Ulcerative Colitis associated with symptoms

Pre-referral workup

- ▶ Stool O&P & Giardia antigen
- ▶ Stool guaiac
- ▶ Stool leukocytes and lactoferrin
- ▶ Stool Clostridium difficile toxin
- ▶ Stool culture and sensitivity including Yersinia and Campylobacter
- ▶ CBC with differential
- ▶ ESR or CRP
- ▶ Complete metabolic panel
- ▶ Serum IgA and tissue transglutaminase
- ▶ UGI with small bowel follow through
- ▶ Weight and height data

D. Diarrhea [ICD-9 Code: 787.91] [ICD-10 Code: R19.7]

Refer to Gastroenterology when:

- Diarrhea unresponsive to dietary manipulations that might include lactose restriction, addition of dietary fiber and increase in dietary fat
- Diarrhea associated with rectal bleeding
- Diarrhea associated with weight loss or growth failure
- Diarrhea that awakens patient from a sound sleep at night
- Diarrhea persisting greater than 10 days
- Diarrhea associated with joint pains, rashes or fevers

Pre-referral workup

- ▶ Stool culture and sensitivity including Yersinia and Campylobacter
- ▶ Stool O&P and Giardia antigen
- ▶ Stool for Clostridium difficile toxin
- ▶ Stool guaiac
- ▶ Stool leukocytes and lactoferrin
- ▶ Stool for qualitative fat and reducing substance
- ▶ Stool for alpha-1 antitrypsin
- ▶ CBC with differential
- ▶ ESR or CRP
- ▶ Complete metabolic panel
- ▶ Weight and height data

Consider:

- ▶ Sweat test
- ▶ Fecal elastase 1
- ▶ Serum IgA and celiac panel
- ▶ Upper GI with small bowel follow through

E. Hematochezia [ICD-9 Code: 578.1] [ICD-10 Code: K92.1]

Refer to Gastroenterology when:

- Painless rectal bleeding
- Bleeding associated with constipation
- Bleeding with persistent anal pathology
- Bleeding associated with growth failure or weight loss
- Bleeding associated with abdominal pain
- Bleeding associated with fevers, joint pains, rash
- Bleeding associated with family history of inflammatory bowel disease, Peutz-Jeghers syndrome, hereditary polyposis or colon cancer

Pre-referral workup

- ▶ Stool culture including Yersinia and Campylobacter
- ▶ Stool O&P and Giardia antigen
- ▶ Stool for Clostridium difficile toxin
- ▶ Stool guaiac
- ▶ Stool leukocytes and lactoferrin
- ▶ Weight and height data
- ▶ CBC with differential
- ▶ ESR or CRP
- ▶ Complete metabolic panel

Consider:

- ▶ Upper GI with small bowel follow through
- ▶ KUB assessment and treatment for constipation

F. Food Allergy [ICD-9 Code: 558.3] [ICD-10 Code: K52.2]

Refer to Gastroenterology when:

- Diarrhea unresponsive to dietary manipulations that might include lactose restriction, addition of dietary fiber and increase in dietary fat
- Unexplained vomiting with blood
- Unexplained stooling with blood
- Unexplained uncontrolled eczema
- Unexplained dysphagia to solids or chest pain
- Unexplained abdominal symptoms with signs of atopy
- Unexplained abdominal symptoms with a strong family history of atopy

Pre-referral workup

- ▶ Stool leukocytes and lactoferrin
- ▶ Stool for alpha-1 antitrypsin
- ▶ Weight and height data
- ▶ CBC with differential
- ▶ ESR or CRP
- ▶ Serum IgE
- ▶ Complete metabolic panel

G. Peptic Ulcer Disease [ICD-9 Code: 533.30] [ICD-10 Code: K27.3]

Refer to Gastroenterology when:

- Unexplained nausea, vomiting or abdominal pain unresponsive to H2 Blocker therapy
- Persistent nausea, vomiting or abdominal pain associated with weight loss, growth failure or other system symptoms
- Recurrent evidence of H. pylori infection
- Dysphagia to solids
- Persistent gastro esophageal reflux or chest pain

Pre-referral workup

- ▶ Stool culture and sensitivity including Yersinia and Campylobacter
- ▶ UA
- ▶ Stool guaiac
- ▶ Stool O&P and Giardia antigen
- ▶ Stool H.pylori antigen
- ▶ CBC with differential
- ▶ ESR or CRP
- ▶ Complete metabolic panel
- ▶ Weight and height data

Consider:

- ▶ UGI

H. Gastro Esophageal Reflux (GER) [ICD-9 Code: 530.81] [ICD-10 Code: K21.9]

Refer to Gastroenterology when:

- Unexplained nausea, vomiting or abdominal pain unresponsive to H2 Blocker therapy
- Persistent nausea, vomiting or abdominal pain associated with weight loss, growth failure or other system symptoms
- Unexplained apnea, choking, swallowing or feeding problems
- Unexplained chronic cough, wheezing, halitosis, hoarseness of voice, dental enamel erosion, recurrent otitis media or sinusitis
- Unexplained dysphagia to solids or chest pain
- History of previous abdominal surgery or midline congenital abnormalities

Pre-referral workup

- ▶ Stool culture and sensitivity including Yersinia and Campylobacter
- ▶ UA
- ▶ Stool guaiac
- ▶ Stool O&P and Giardia antigen
- ▶ Stool H. pylori antigen
- ▶ CBC with differential
- ▶ ESR or CRP
- ▶ Complete metabolic panel
- ▶ Weight and height data

Consider:

- ▶ UGI

I. Vomiting [ICD-9 Code: 536.2] [ICD-10 Code: R11.10]

Refer to Gastroenterology when:

- Persistent nausea and vomiting unresponsive to H2 Blocker therapy
- Persistent nausea, vomiting or abdominal pain associated with weight loss, growth failure or other system symptoms
- Vomiting associated with headaches
- Recurrent evidence of H. pylori infection
- Dysphagia to solids or chest pain
- History of dry swallowing pills
- History of foreign body or caustic ingestion
- History of previous abdominal surgery or midline congenital abnormalities

Pre-referral workup

- ▶ UA
- ▶ Stool guaiac
- ▶ Stool O&P & Giardia antigen
- ▶ Stool H. pylori antigen
- ▶ CBC with differential
- ▶ ESR or CRP
- ▶ Amylase and lipase
- ▶ Complete metabolic panel
- ▶ Weight and height data
- ▶ Careful neurologic history and exam

Consider:

- ▶ UGI
- ▶ UGI with small bowel follow through
- ▶ Abdominal Ultrasound

J. Constipation [ICD-9 Code: 564.00] [ICD-10 Code: K59.00]

Refer to Gastroenterology when:

- Constipation or encopresis unresponsive to appropriate use of stool softeners
- Failure to stool in the first 24 hours of life
- Constipation associated with recurrent rectal bleeding
- Constipation associated with growth failure or poor weight gain
- Constipation associated with persistent abdominal pain
- Constipation associated with sacral dimple, umbilical hernia, hypotonia, spinal abnormalities or developmental delay

Pre-referral workup

- ▶ Stool guaiac
- ▶ Weight and height data
- ▶ Focused H&P to evaluate for fecal mass, spinal abnormalities and anal placement and tone
- ▶ Thyroid function tests if newborn screening results not available
- ▶ Serum IgA and tissue transglutaminase

K. Failure to Thrive [ICD-9 Code: 783.40] [ICD-10 Code: R62.50, R62.59]

Refer to Gastroenterology when:

- Growth failure unexplained by endocrine abnormalities
- Growth failure unexplained by constitutional growth
- Poor weight gain unresponsive to adequate nutritional intake
- Inability to sustain adequate nutritional intake
- Inadequate growth or weight gain associated with vomiting, diarrhea, abdominal pain, fevers, arthralgia, aphthous ulcers or perianal lesions
- History of previous abdominal surgery or midline congenital abnormalities

Pre-referral workup

- ▶ UA
- ▶ Stool guaiac
- ▶ Qualitative fecal fat
- ▶ Stool reducing substance
- ▶ Fecal elastase 1
- ▶ Stool leukocytes and lactoferrin
- ▶ Stool for alpha-1 antitrypsin
- ▶ Stool ova and parasite & Giardia antigen
- ▶ CBC with differential
- ▶ Complete metabolic panel
- ▶ Serum IgA and tissue transglutaminase
- ▶ T4 and TSH
- ▶ Sweat test
- ▶ Weight and height data
- ▶ Three day diet history

Consider:

- ▶ UGI with small bowel follow through

L. Eosinophilic Esophagitis [ICD-9 Code: 530.13] [ICD-10 Code: K20.0]

Refer to Gastroenterology when:

- Feeding problems
- Dysphagia or coughing while eating
- History of food impaction
- Persistent vomiting without evidence for infection
- Persistent reflux symptoms despite medical therapy
- Early satiety
- Poor appetite
- Failure to thrive

Pre-referral workup

- ▶ Weight and height measurements
- ▶ CBC with differential
- ▶ Comprehensive metabolic panel (CMP)
- ▶ ESR and/or CRP
- ▶ Stool H pylori prior to antacid therapy (if possible)

Sources used in development of these Referral Guidelines:

- [North American Society for Pediatric Gastroenterology, Hepatology and Nutrition \(NASPGHAN\) Clinical Guidelines](#)
- [Pediatric Gastrointestinal and Liver Disease By Robert Wyllie](#)
- [Walker's Pediatric Gastrointestinal Disease](#)
- [Nelson Textbook of Pediatrics](#)
- [Sleisenger & Fordtran's Gastrointestinal & Liver Disease Review and Assessment](#)

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