# Pediatric Gastroenterology Referral Guidelines

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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.

For appointments, please call the Patient Access Center at 888-770-2462
Complete the CHOC Children's Specialists Gastroenterology Referral Request Form located at [http://www.choc.org/referralguidelines](http://www.choc.org/referralguidelines)
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To speak with a CHOC Children’s Specialist in Gastroenterology for a consultation, please call: 714-509-4099  
September 29, 2015
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 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

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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
**Pediatric Gastroenterology Referral Guidelines**

**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

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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