



## Directory

| Diagnosis   | Page |
|---|------|
| Chronic Abdominal Pain .....                                | 2    |
| Chronic, Non-Bloody Diarrhea, 3 yrs and younger .....       | 3    |
| Chronic, Non-Bloody Diarrhea, school-age to adolescent..... | 4    |
| Bloody Stool.....   | 5    |
| Gastro Esophageal Reflux.....                               | 6    |
| Failure to thrive.....                                      | 7    |
| Vomiting with or without Abdominal Pain .....               | 8    |
| Referral Sources for Encopresis.....                        | 9    |



**Diagnosis/symptom**

**Chronic Abdominal Pain**

ICD-9 code - 789.0

School-age to adolescent

Periumbilical pain without vomiting

**Referring provider's initial evaluation and management can include:**

- UA
- CBC with diff, ESR or CRP
- Stool guaiac

**Pre-referral Rx:**

H2 receptor drug

**Initiate referral when:**

If symptoms persist after initial work-up and treatment with H2 receptor for 2 weeks, referral for endoscopy/colonoscopy.



**Diagnosis/symptom**

**Chronic, Non-Bloody Diarrhea**

ICD-9 code - 787.91

3 years and younger

**Referring provider's initial evaluation and management can include:**

- Stool culture
  - Stool O&P
  - Stool for clostridium difficile toxin
  - Stool guaiac
  - Stool for leukocytes
  - Stool for fat
  - Weight and height evaluation
  - CBC with diff, ESR or CRP
- If growth failure or above labs abnormal, consider:
- Sweat test
  - Serum IgA and tissue transglutaminase  
*(Can be drawn at any lab and sent out if needed)*

**Pre-referral Rx:**

Look for high fructose and/or low fat intake.

Increase fiber in diet.

**Initiate referral when:**

If conventional therapy has failed: Refer for endoscopy/colonoscopy.



**Diagnosis/symptom**

**Chronic, Non-Bloody Diarrhea**

School-age to adolescent

**Referring provider's initial evaluation and management can include:**

- Stool culture
- Stool O&P
- Stool for clostridium difficile toxin
- Stool guaiac
- Stool for leukocytes
- Stool for fat
- Weight and height evaluation
- CBC with diff, ESR or CRP

If growth failure or above labs abnormal, consider:

- Sweat test
- Serum IgA and tissue transglutaminase  
*(Can be drawn at any lab and sent out if needed)*
- Upper GI with small bowel follow through

**Pre-referral Rx:**

Look for high fructose intake.

**Initiate referral when:**

Refer for endoscopy/colonoscopy.



**Diagnosis/symptom**

**Bloody Stool**

ICD-9 code - 578.1

**Referring provider's initial evaluation and management can include:**

- Rule out fissure
- Stool culture
- Stool clostridium difficile toxin
- Stool for leukocytes
- Stool guaiac
- CBC with diff, ESR or CRP

**Initiate referral when:**

Refer for colonoscopy.



**Diagnosis/symptom**

**Gastro Esophageal Reflux**

ICD-9 code - 530.11

**Referring provider's initial evaluation and management can include:**

- CBC with diff
- Stool guaiac
- Weight and height evaluation
- Refer to "Guidelines for Evaluation and Treatment of Gastroesophageal Reflux in Infants and Children." [Journal of Pediatric Gastroenterology and Nutrition](#). (32)supp 2. Also available at [www.naspghan.org](http://www.naspghan.org) (under "Medical Professionals" - "Position Papers")
- Refer to "Quarterly Consult 2002 GI Clinic When to Refer" [http://www.seattlechildrens.org/health\\_care\\_professionals/pdf/consult/consult\\_0204.pdf](http://www.seattlechildrens.org/health_care_professionals/pdf/consult/consult_0204.pdf)

**Pre-referral Rx:**

H2 receptor drug

**Initiate referral when:**

If symptoms persist after 2 weeks of therapy, refer for endoscopy.



**Diagnosis/symptom**

**Failure to thrive**

ICD-9 code - 783.40

**Referring provider's initial evaluation and management can include:**

- UA
- Fecal fat
- Dietary evaluation
- CBC with diff
- Electrolytes
- BUN, creatinine

If gluten in diet:

- IgA
- Tissue transglutaminase

**Pre-referral Rx:**

If breastfed baby, supplement with formula.

If inadequate caloric intake, trial with NGT.

**Initiate referral when:**

If getting adequate calories for growth and FTT not explained by underlying disease, refer for endoscopy.



**Diagnosis/symptom**

**Vomiting with or without Abdominal Pain**

ICD-9 code - 787.03

**Referring provider's initial evaluation and management can include:**

- History and physical (rule out neurologic cause)
- UA
- CBC with diff, ESR, CRP, ALT, amylase, electrolytes
- KUB – if obstruction a concern

**Pre-referral Rx:**

H2 receptor drug

**Initiate referral when:**

If symptoms persist after 2 weeks of therapy, refer for endoscopy.



**Referral Sources  
for Encopresis**

Refer to Seattle Children's "Quarterly Consult: Constipation and Encopresis in the School-Age Child," October 2003  
[http://www.seattlechildrens.org/health\\_care\\_professionals/pdf/consult/consult\\_0310.pdf](http://www.seattlechildrens.org/health_care_professionals/pdf/consult/consult_0310.pdf)

***Clinic phone: 206-987-2521. To request a consult or referral, please call the Clinical Intake Nurses at 206-987-2080 or toll free at 866-987-2080. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.***

Copyright 2009, Seattle Children's, Seattle, WA. All Rights Reserved. The enclosed policies, procedures, standards, guidelines, or other materials (including forms) are specifically for use at Seattle Children's in Seattle, Washington. We are providing these materials to you for information-sharing only.

Seattle Children's is not responsible for subsequent application of the procedures or guidelines to patient care at your facility. It is your responsibility to revise, adapt and adopt any policies, etc., for use at your facility. It is further your responsibility to become updated and to remain current in the constantly evolving area of pediatric health care. Policies and forms may not be reproduced without permission.