Referral Algorithm: GERD in Infants 0-12 Months

Infant with suspicion of GERD

- History and physical exam

  Presence of alarm sign*
  - YES → Tailor testing to address alarm signs and refer appropriately with stated alarm signs
  - NO → Avoid overfeeding, Thicken feeds, Continue breastfeeding

  - IMPROVED → Continue management
  - NOT IMPROVED → Repeat prior step or consider alternative/additional diagnosis

Refer to Pediatric GI
Provide clinical details

- Consider 2-4 weeks of a protein hydrolysate or amino acid-based formula or, in breastfed infants, elimination of cow’s milk in maternal diet

  - IMPROVED → Continue management and discuss milk protein reintroduction at follow-up
  - NOT IMPROVED → Refer to Pediatric GI Provide clinical details

- Consider 4-8 week trial of acid suppression, then wean if symptoms improved

  - IMPROVED → No further treatment
  - NOT IMPROVED AND NO ALARM SIGNS → Refer to Pediatric GI Provide clinical details
  - NOT IMPROVED AND ALARM SIGNS → Repeat prior step or consider alternative/additional diagnosis

*GI Alarm Signs:
- Weight loss
- Persistent, forceful vomiting
- Bilious vomiting
- Hematemesis
- Chronic diarrhea
- Rectal bleeding
- Abdominal distension