

**Clinical Guideline:** Reflux and Colic Site: FPH

**REFLUX**

**History**

Feeding problems, arching back when feeding, refusing to feed, unsettled on lying flat after feeding.

Sleeping problems

Failure to thrive

**Referral Guidelines**

Refer if:

Failure to thrive

Failure of treatment

Don’t underestimate the effects on the parents

**General Information**

Posseting is normal, 50% 0-3 months and 70% at 4 months.

It is effortless, whereas vomiting is a sign of reflux. Reflux often starts after 8 weeks. It may be asymptomatic other than vomiting. Silent reflux: distress without the vomiting. Underdiagnosed

**Advice and treatment**

Assess for over feeding 150ml/kg/day. Give advice

Keep upright after feeding, elevate head of bed

Use Enfamil AR to thicken feeds

Gavsicon (care with dual sachets and dosing) in breast fed babies, but it may constipate them.

Consider a trial of hypoallergenic formula - may have to introduce it gradually if it’s not tolerated

Ranitidine 1-3mg/kg TDS and Domperidone 200-400mcg/kg TDS

Omeprazole 0.7-1.4mg/kg OD max 10mg

**COLIC**

**Referral Guidelines**

Refer if:

Failure to thrive

Failure of treatment

Don’t underestimate the effects on the parents

**General Information**

Colic occurs in 20% infants aged 4 weeks to 4 months.

Paroxysmal episodes of screaming, drawing up of legs, refusal to be comforted.

Child is well, thriving and has a normal examination.

**Advice and Treatment**

Infacol, Lactase and Whey formula of no proven benefit

Maternal diet when breastfeeding

Probiotics