Infant GERD, PC

NEMOURS CHILDREN'S HEALTH

Last Updated: 10/23/25

INCLUSION CRITERIA

Infants 0-1 years old with suspected GERD with normal abdominal exam

EXCLUSION CRITERIA

- Significant weight loss
- Lethargy
- Guaiac positive stools
- Excessive irritability/pain
- Bulging fontanel
- Rapidly increasing head circumference
- Persistent forceful, bilious, or bloody vomiting
- Rectal bleeding
- Bloody stools
- Fundoplication
- Airway Anomaly

MEASURES

Percent of patients with GERD prescribed anti-reflux medication

"Happy Spitters"

- Do not have GERD instead have GER and caregivers should be provided reassurance and education

[1]Reflux Precautions

- Avoid overfeeding
- Slower feeds
- Frequent burping
- Upright after feeds
- Avoid tobacco smoke

[2]Enfamil AR

- Needs an acidic environment, famotidine and omeprazole are contraindicated

[3]Cereal Thickening

- Thicken with ½ - 1 tsp per ounce
- Cereal thickening may cause constipation and weight gain

[4]Famotidine Weaning

- Attempt every 2 months
- BID to daily for 2 doses, then every 2 days for 2 doses, then every 3 days for 2 doses
- If wean fails restart at previous dose
- If still requiring at 1 year of age refer to GI

Infant with suspicion for GERD

- Assess for "red flags" symptoms and signs page 2
- Refer to speech/feeding therapy if dysphagia suspected (coughing during feeding or inadequate intake)
- Refer to lactation if latch issue suspected
- **Provide reflux precaution education[1]**

> 2 weeks → **Symptoms improving?**

- Yes → **Continue reflux precautions**
- No → **Exclusively Breastfed?**
  - Yes → **Breastfed Infant**
    - Continue breastfeeding
    - Continue reflux precautions
    - Provide reassurance
  - No → **Formula Fed Infant**
    Trial **Enfamil AR[2]** *or* **Similac Spit Up** *or* thicken feeds[3]

Breastfed Infant → > 2 weeks → **Symptoms improving?**

- Yes → **Continue current management**
- No → **Treatment Plan**
  Suggest removal of dairy from maternal diet and consider also restricting soy and egg

Formula Fed Infant → > 2 weeks → **Symptoms improving?**

- Yes → **Continue current management**
- No → **Treatment Plan**
  Switch to a **partially hydrolyzed** formula

Treatment Plan (partially hydrolyzed) → > 2 weeks → **Symptoms improving?**

- Yes → **Continue current management**
- No → **Treatment Plan**
  Switch to an **extensively hydrolyzed** formula

Treatment Plan (extensively hydrolyzed) → > 2 weeks → **Symptoms improving?**

- Yes → **Continue current management**
- No → **Treatment Plan**
  Switch to an **amino acid based** formula

Treatment Plan (amino acid based) → **Symptoms improving?**

- Yes → **Continue current management**
- No → Famotidine trial

Famotidine trial → > 2 weeks → **Symptoms improving?**

- Yes → **Weaning**
  Continue famotidine 4-8 weeks, then attempt to wean[4]
- No → Increase famotidine → > 2 weeks → **Symptoms improving?**
  - Yes → **Weaning**
    Continue famotidine 4-8 weeks, then attempt to wean[4]
  - No → **Referral**
    Start omeprazole and consider GI referral if not improving in 2 weeks

Partially Hydrolyzed
- Similac Pro Total Comfort (Store Brand Complete)
- Enfamil NeuroPro Gentlease (Store Brand Gentle)
- Enfamil Enspire Gentlease
- Gerber Good Start GentlePro
- Gerber Good Start Gentle Supreme
- Gerber Good Start Soothe (Store Brand Tender)

Extensively hydrolyzed
- Enfamil Nutramigen (Store Brand Hypoallergenic)
- Similac Alimentum
- Gerber Good Start Extensive HA
- Enfamil Pregestimil

Amino Acid Based
- Neocate Infant
- Neocate Infant Syneo
- EleCare Infant
- PurAmino Infant
- Alfamino Infant

Medication	Dosage
Famotidine 8 mg/mL suspension	Neonates – <3 months: 0.5mg/kg/dose **once** daily may increase to 1mg/kg/dose **once** daily ≥3 months: 0.5mg/kg/dose **twice** daily may increase to 1mg/kg/dose **twice** daily
Omeprazole 2 mg/mL suspension	All ages: 1 mg/kg/day once daily

Possible Signs and Symptoms of Gastroesophageal Reflux Disease in Infants

Symptoms	Signs
General: • Failure to thrive • Feeding refusal • Dystonic neck posturing (Sandifer syndrome)	General • Anemia
Gastro-intestinal: • Recurrent regurgitation • Hematemesis • Dysphagia/odynophagia	Gastro-intestinal: • Esophagitis • Esophageal stricture • Barrett's esophagus
Airway: • Wheezing • Stridor • Cough • Hoarseness	Airway: • Apnea spells • Brief resolved unexplained events (BRUE) • Recurrent pneumonia associated with aspiration • Recurrent otitis media

"Red Flag" Symptoms and Signs That Suggest Disorders Other Than GERD

Symptoms and Signs	Remarks
General: • Weight loss • Lethargy • Fever • Excessive irritability/pain • Onset >6 months or increasing or persisting >12-18 months of age	General • Suggesting a variety of conditions including systemic infections • May suggest urinary tract infections, especially in infants and young children • Late onset and symptoms increasing or persisting after infancy, based on natural course of the disease, may indicate a diagnosis other than GERD.
Gastro-intestinal: • Persistent forceful vomiting • Nocturnal vomiting • Bilious vomiting • Hematemesis • Chronic diarrhea • Abdominal distention • Rectal bleeding	Gastro-intestinal: • Indicative of hypertrophic pyloric stenosis (infants up to 2mo old) • May suggest increased intracranial pressure • Symptom of intestinal obstruction • Suggests a potentially serious bleed from the esophagus • May suggest food protein-inducted gastroenteropathy • Indicative of obstruction, dysmotility, or anatomy abnormalities • Possibly indicative of multiple conditions, including bacterial gastroenteritis, inflammatory bowel disease, acute surgical conditions, and food protein-induced gastroenteropathy rectal bleeding.
Neurological: • Bulging fontanel/rapidly increasing head circumference • Seizures • Macro/microcephaly	Neurological: • May suggest raised intracranial pressure due to meningitis, brain tumor, or hydrocephalus.

VERSION MANAGEMENT

- Version 1.0 (10/23/2025): Go Live.

Questions about this pathway should be directed to **clinicalpathways@nemours.org**.

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