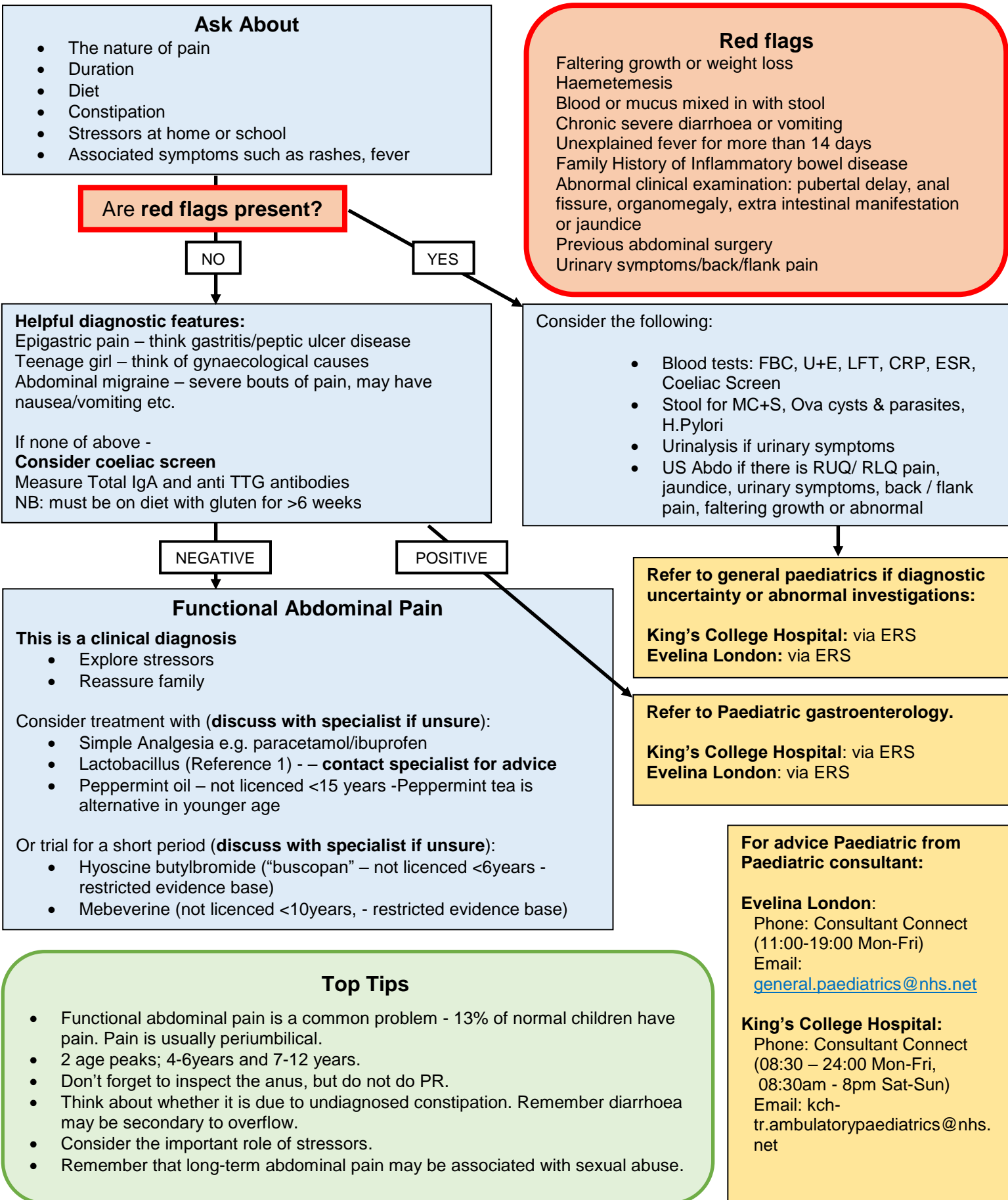


General Paediatrics/ Paediatric Gastroenterology/ Primary Care

Management of Chronic Abdominal Pain in Children

Effective: Feb 2017
Review: Feb 2020



Ask About

- The nature of pain
- Duration
- Diet
- Constipation
- Stressors at home or school
- Associated symptoms such as rashes, fever

Are red flags present?

NO

YES

Red flags

Faltering growth or weight loss
Haemetemesis
Blood or mucus mixed in with stool
Chronic severe diarrhoea or vomiting
Unexplained fever for more than 14 days
Family History of Inflammatory bowel disease
Abnormal clinical examination: pubertal delay, anal fissure, organomegaly, extra intestinal manifestation or jaundice
Previous abdominal surgery
Urinary symptoms/back/flank pain

Helpful diagnostic features:
Epigastric pain – think gastritis/peptic ulcer disease
Teenage girl – think of gynaecological causes
Abdominal migraine – severe bouts of pain, may have nausea/vomiting etc.

If none of above -
Consider coeliac screen
Measure Total IgA and anti TTG antibodies
NB: must be on diet with gluten for >6 weeks

Consider the following:

- Blood tests: FBC, U+E, LFT, CRP, ESR, Coeliac Screen
- Stool for MC+S, Ova cysts & parasites, H.Pylori
- Urinalysis if urinary symptoms
- US Abdo if there is RUQ/ RLQ pain, jaundice, urinary symptoms, back / flank pain, faltering growth or abnormal

NEGATIVE

POSITIVE

Functional Abdominal Pain

This is a clinical diagnosis

- Explore stressors
- Reassure family

Consider treatment with (discuss with specialist if unsure):

- Simple Analgesia e.g. paracetamol/ibuprofen
- Lactobacillus (Reference 1) - – **contact specialist for advice**
- Peppermint oil – not licenced <15 years -Peppermint tea is alternative in younger age

Or trial for a short period (discuss with specialist if unsure):

- Hyoscine butylbromide (“buscopan” – not licenced <6years - restricted evidence base)
- Mebeverine (not licenced <10years, - restricted evidence base)

Refer to general paediatrics if diagnostic uncertainty or abnormal investigations:

King’s College Hospital: via ERS
Evelina London: via ERS

Refer to Paediatric gastroenterology.

King’s College Hospital: via ERS
Evelina London: via ERS

For advice Paediatric from Paediatric consultant:

Evelina London:
Phone: Consultant Connect (11:00-19:00 Mon-Fri)
Email: general.paediatrics@nhs.net

King’s College Hospital:
Phone: Consultant Connect (08:30 – 24:00 Mon-Fri, 08:30am - 8pm Sat-Sun)
Email: kch-tr.ambulatorypaediatrics@nhs.net

Top Tips

- Functional abdominal pain is a common problem - 13% of normal children have pain. Pain is usually periumbilical.
- 2 age peaks; 4-6years and 7-12 years.
- Don’t forget to inspect the anus, but do not do PR.
- Think about whether it is due to undiagnosed constipation. Remember diarrhoea may be secondary to overflow.
- Consider the important role of stressors.
- Remember that long-term abdominal pain may be associated with sexual abuse.