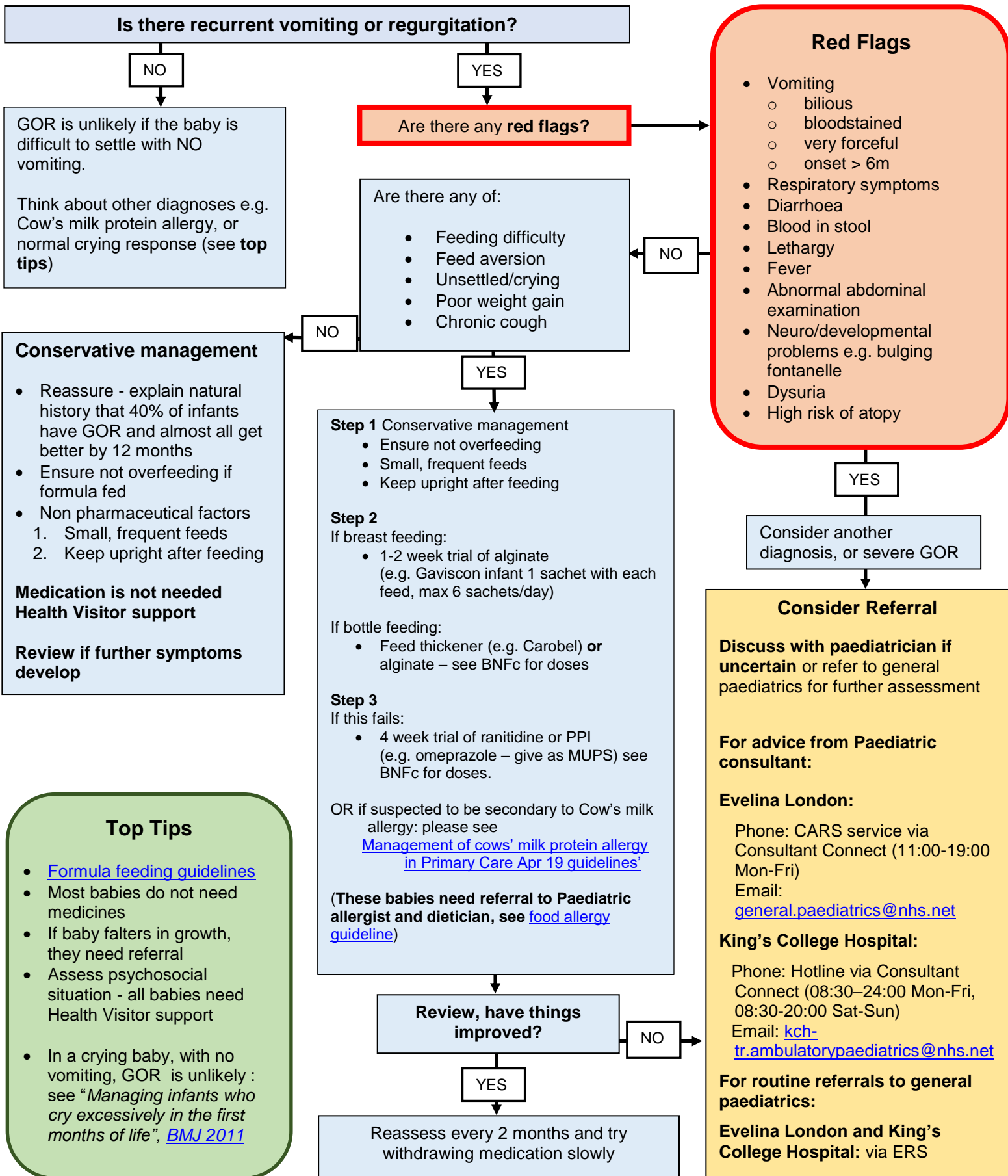


# General Paediatrics / Primary Care Management of Gastroesophageal Reflux (GOR) in infants (up to 12 months)



### Top Tips

- [Formula feeding guidelines](#)
- Most babies do not need medicines
- If baby falters in growth, they need referral
- Assess psychosocial situation - all babies need Health Visitor support
- In a crying baby, with no vomiting, GOR is unlikely : see *"Managing infants who cry excessively in the first months of life"*, [BMJ 2011](#)

### Red Flags

- Vomiting
  - bilious
  - bloodstained
  - very forceful
  - onset > 6m
- Respiratory symptoms
- Diarrhoea
- Blood in stool
- Lethargy
- Fever
- Abnormal abdominal examination
- Neuro/developmental problems e.g. bulging fontanelle
- Dysuria
- High risk of atopy

Consider another diagnosis, or severe GOR

### Consider Referral

**Discuss with paediatrician if uncertain** or refer to general paediatrics for further assessment

**For advice from Paediatric consultant:**

**Evelina London:**  
Phone: CARS service via Consultant Connect (11:00-19:00 Mon-Fri)  
Email: [general.paediatrics@nhs.net](mailto:general.paediatrics@nhs.net)

**King's College Hospital:**  
Phone: Hotline via Consultant Connect (08:30–24:00 Mon-Fri, 08:30-20:00 Sat-Sun)  
Email: [kch-tr.ambulatorypaediatrics@nhs.net](mailto:kch-tr.ambulatorypaediatrics@nhs.net)

**For routine referrals to general paediatrics:**  
**Evelina London and King's College Hospital:** via ERS

For further information please refer to the full NICE Guidance (<https://www.nice.org.uk/guidance/ng1>)

Wherever possible, licensed medicines and doses are recommended for children. However, most medicines, whilst evidence-based, safe and effective for children, aren't necessarily licensed. Where unlicensed doses and medications are being prescribed, informed consent should be obtained from the patient and documented.