

General Paediatrics/ Paediatric Gastroenterology/ Primary Care

Chronic Abdominal Pain in Children (Greater than 6wk Duration)

Effective: January 2021
Review: October 2023

Ask About

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

Are red flags present?

NO

YES

Red flags

Faltering growth or weight loss
Haemetemeses
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

NEGATIVE

POSITIVE

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 examination

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
- Peppermint oil – not licenced <15 years -Peppermint tea is alternative in younger age

To discuss with general paediatrics if diagnostic uncertainty or abnormal investigations:

See Further Assistance sheet attached

If coeliac test positive, then refer to gastroenterology.

Top Tips

- Functional abdominal pain is a common problem - 13% of normal children have pain. Pain is usually periumbilical.
- 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. Cross reference with NCL CCG Constipation in Children Guidelines.
- Consider the important role of stressors.
- Remember that long-term abdominal pain may be associated with sexual abuse.
- Pregnancy, including concealed ectopic pregnancy may need to be excluded so consider undertaking a pregnancy test.

FURTHER ASSISTANCE

This pathway has been produced by the NCL CCG to help clinicians manage the healthcare of Children and Young People. However, if you need to contact a paediatrician, please see below for contact details:

NMUH

- Consultant Paediatric hotline: Tel: 07436 283 463 (Mon - Sun 9am–9pm)
- If unanswered call the Paediatric Registrar: Tel: 020 8887 2000 bleep 195
- Advice and Guidance is through ERS

RFH (Barnet Hospital)

- Consultant Paediatric: Tel: 020 8216 4600 bleep 2902
- Paediatric Registrar: Tel: 020 8216 4600 bleep 2900
- Advice and Guidance through ERS

RFH (Hampstead):

- Consultant Paediatric: Tel: 020 3758 2000 bleep 1000 (Available 24/7)
- Urgent Referral Clinic: Tel: 020 3758 2000 bleep 1000 to discuss & confirm time for clinic (available Mon-Fri, 10 to 12am)
- Advice and Guidance is through ERS

UCLH:

- Consultant Paediatric hotline: Tel: 07803 853567 (Mon - Sun 24/7)
- If not answered call the Paediatric Registrar: Tel: 020 345 6789 bleep 5301
- Daily rapid referral clinic appointments are available through ERS (specifically choose the Children & Young People Rapid Referral Clinic, Paediatric Division-UCLH-RRV)
- Advice and Guidance is through ERS

Whittington Health:

- Consultant Paediatric hotline: Tel: 0779 694 0840 (Mon-Sun 9am - 830pm)
- For urgent advice on a sick child, bleep the Paediatric SpR: Tel: 020 7272 3070 bleep 3111
- 10 - 12 clinic: children seen 24 - 72 hours from referral.
Email form (on GP Portal) to whh-tr.childremsambulatorycare@nhs.net
- Advice and Guidance Email: askpaediatrics.whitthealth@nhs.net or via ERS