Provincial Pediatric Abdominal Pain Primary Care Clinical Pathway

1. Suspected Pediatric Functional Abdominal Pain/Disorder of brain-gut interaction (DGBI):
- Recurrent abdominal pain at least one day per week (on average) in the last three months in the absence of alarm features

2. Baseline investigations:
- Medical history, physician exam (growth parameters), assess secondary causes of symptoms
- CBC, ferritin, CRP, albumin, ALT, GGT
- Consider fecal calprotectin, stool for infectious diseases if diarrhea present
- Celiac screen

3. Alarm features
- Family history (first degree relative) of IBD or peptic ulcer disease
- Unintended weight loss
- Deceleration of linear growth
- Delayed puberty
- Visible blood in stool unrelated to constipation
- Nocturnal diarrhea
- Persistent right upper or lower right quadrant pain
- Dysphagia
- Unexplained fever
- Arthritis
- Perianal disease

Refer for consultation; if concern for underlying IBD, please refer directly to peds GI. See referral guideline tab for details.

4. Pain predominant symptoms

Paroxysmal episodes
- Associated with two of the following:
  - Anorexia
  - Headaches
  - Photophobia
  - Nausea
  - Vomiting
  - Pallor
- Abdominal migraine

Abdominal pain associated with bowel movements or change in nature of stools
- Is there associated constipation?
  - Yes
    - Does the pain resolve with effective treatment of constipation?
      - Yes: Pediatric constipation pathway
      - No: IBS
  - No: IBS

- Postprandial fullness
- Early satiety
- Epigastric pain
- Are symptoms associated with bowel movements or change in nature of stools?
  - Yes: Is there associated constipation?
  - No: Functional Dyspepsia

Insufficient criteria for IBS, functional dyspepsia or abdominal migraine
- Functional abdominal pain not otherwise specified

5. Management:
- Patient reassurance: provide positive diagnosis and education to establish therapeutic relationship
- Lifestyle modifications: stress reduction may include physical activity, mindfulness, meditation, hypnotherapy, acupuncture, and sleep hygiene
- Dietary modifications: assess common food triggers and recommend a food and symptom journal. Consider referral to a Registered Dietitian
- Psychological therapy: education and reassurance, good evidence for cognitive behavioural therapy, gut-based hypnotherapy, consider psychiatry referral if relevant
- Pharmacological therapy: various options depending on abdominal pain syndrome

Consider using an advice service before referring. See referral guideline tab for details.