

August 2017

If CMPA unlikely commence ranitidine 1mg/kg tds or omeprazole 0.7mg/kg od (700 µg/kg od) – **not if premature birth**, or refer to paediatricians for further investigation

Trial of anti-reflux formula (see parent leaflet for options)

**Do not give with ranitidine / omeprazole**

* Stop thickened feed
* Consider alginate therapy for 1-2 week trial

**Consider CMPA**

**If only presenting with 1 of the following but no overt regurgitation, consider other causes:**

* Unexplained feeding difficulties (eg. refusing to feed, gagging, choking)
* Distressed behaviour
* Failure to thrive
* Chronic cough
* Hoarseness
* Single episode of pneumonia

GOR with overt regurgitation but no other symptoms

**Reassure and give advice:**

* GOR is very common (affects >40% infants)
* Usually begins before infant is 8-weeks old
* May be frequent (5% have 6 or more episodes per day)
* Usually improves with time (resolves in 90% of infants by 1 year of age)

Commence Instant Carobel:

* 1 level scoop mixed in 10ml EBM or cooled, boiled water
* Spoon feed as a paste prior to feeds

Request breast-feeding assessment by health visitor or other trained person to review positioning, length and frequency of feeds

**Additional red flags for CMPA**

* Loose or frequent stools
* Constipation
* Eczema
* Blood in stools
* Family history of atopy

Review feeding history

Reduce feed volumes if >200ml/kg

Trial of small, frequent feeds, eg. 2-3 hourly

Breast fed infants

Formula fed infants

GORD with overt regurgitation

**Check NICE guideline for ‘red flags’**