

PEDIATRIC GASTROENTEROLOGY HEPATOLOGY & NUTRITION: RECOMMENDED WORKUP PRIOR TO REFERRAL

please include the following information with your referral to help expedite triaging if available

REASON FOR REFERRAL	SUGGESTED WORKUP PRIOR TO REFERRAL
ABDOMINAL IMAGING: ABNORMAL FINDING	Provide images for MUMC Radiology review
ABDOMINAL PAIN (CHRONIC, RECURRENT)	General pediatrics consult; Total IgA, TTG-IgA (on gluten); CBC, CRP; Albumin, AST, ALT, GGT, ALP, Bilirubin, Lipase
CELIAC SCREEN: POSITIVE FINDING	Total IgA, TTG-IgA (on gluten); CBC, Ferritin *patient must remain on gluten
CHRONIC DIARRHEA (DURATION >4 WEEKS)	CBC, ESR/CRP; Total protein/albumin; Electrolytes, TCO ₂ ; Iron studies; Total IgA, TTG-IgA (on gluten); Stool O&P, culture, C. diff toxin (age >1yr), virology
CONSTIPATION	General pediatrics consult; Description of stool; Treatment (dose, duration, results); Electrolytes, TCO ₂ ; T4, TSH; Total IgA, TTG-IgA (on gluten)
DIET / TEXTURE PROGRESSION DIFFICULTY	3-day food record
DYSPHAGIA OR ODYNOPHAGIA	Barium swallow (Upper GI series)
ENLARGED LIVER	Abdominal ultrasound with dopplers
FAILURE TO THRIVE	General pediatrics consult; CBC, CRP; Electrolytes, BUN, Creatinine; Ca, PO ₄ , ALT; Total protein/albumin; Total IgA, TTG-IgA (on gluten), urine R&M, TSH/FT4

REASON FOR REFERRAL	SUGGESTED WORKUP PRIOR TO REFERRAL
FATTY LIVER	Abdominal ultrasound; AST, ALT, GGT, ALP, Bilirubin, Albumin; Lipid profile
FEEDING DIFFICULTY WITH ?ASPIRATION	3-day food record
FEEDING DIFFICULTY WITHOUT FAILURE TO THRIVE	3-day food record
FOOD ALLERGY OR FOOD INTOLERANCE	Allergy consultation notes
GASTROESOPHAGEAL REFLUX	General pediatrics consult
HEMATEMESIS (NORMAL HGB)	CBC; INR; ALT, AST, GGT, Bilirubin
HEPATITIS (NORMAL INR)	ALT, AST, GGT, Bilirubin (total, direct); INR; CBC
HEPATITIS B, C SEROLOGY POSITIVE	ALT, AST, GGT, Bilirubin (total, direct); INR; CBC
HYPERBILIRUBINEMIA (CONJUGATED)	Stool colour; ALT, AST, GGT, Bilirubin (total, direct); INR; CBC; Abdominal ultrasound
HYPERBILIRUBINEMIA (UNCONJUGATED)	General pediatrics consult; Bilirubin (total, direct); CBC, Hemolytic workup
INFLAMMATORY BOWEL DISEASE (SUSPECTED)	CBC; ESR/CRP; Albumin; Ferritin/iron studies; ALT, GGT, Lipase; Stool C&S, O&P, C. Diff toxin, virology
IRON DEFICIENCY ANEMIA	CBC; Ferritin/iron studies; ESR/CRP; Total IgA, TTG-IgA (on gluten); Albumin, ferritin

REASON FOR REFERRAL	SUGGESTED WORKUP PRIOR TO REFERRAL
LIVER DISEASE (CHRONIC/PORTAL HYPERTENSION)	ALT, AST, GGT, Bilirubin (total, direct); INR; CBC; Abdominal ultrasound with dopplers
LIVER ENZYMES (ABNORMAL X2, OVER 3-6 MONTHS; NORMAL INR)	CBC; ALT, AST, GGT, Bilirubin (total, direct); Albumin; INR; IgG; CK; Abdominal ultrasound; Viral hepatitis screen (B & C)
NUTRITION/NUTRIENT DEFICIENCY	
PANCREATITIS (CHRONIC/RECURRENT)	Abdominal ultrasound; Lipase
PERSISTENT VOMITING/NAUSEA	CBC, Electrolytes; Abdominal ultrasound; Barium swallow / upper GI series with SBFT
POLYPOSIS, FAMILY HISTORY	Family history (mutation and/or names of polyps, if known); Previous screening/ colonoscopy (if available)
RECTAL BLEEDING, AGE <12MO (WITHOUT CONSTIPATION)	General pediatrics consult; CBC, Albumin, ESR/CRP
RECTAL BLEEDING, AGE >1YR (WITHOUT CONSTIPATION)	CBC; Albumin, ESR/CRP; Stool C&S, O&P, C. Difficile toxin, virology; Ferritin
PEDIATRIC GASTROENTEROLOGY EMERGENCIES (NOT FOR IMMEDIATE CLINIC REFERRAL)	
ACUTE DIARRHEA WITH DEHYDRATION ACUTE LIVER FAILURE (INR > 1.5) ACUTE PANCREATITIS ACUTE GASTROINTESTINAL BLEED CAUSTIC INGESTIONS ESOPHAGEAL FOREIGN BODY/FOOD IMPACTION	
	