

Abdominal pain

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

You may wish to consider the following:

The most common treatable cause for abdominal pain in children is constipation:

- If the child is not passing soft, type 4 stools easily and painlessly, on a daily or alternate daily basis, then constipation is the most likely reason for the pain
- It is important to ask the child themselves about their toileting as the parents often don't know the nature of their stools
- Helpful parental information can be found here: <https://eric.org.uk/advice-for-children-with-constipation/>

Stress and anxiety are triggers and exacerbators of abdominal pain. Please direct to local resources for parents and families on mental wellbeing and managing stress.

A symptom diary can be helpful to quantify the symptom burden and identify potential triggers.

Investigations are of limited value in the absence of any concerning features, but if blood tests are considered then please ensure that coeliac screen is done (note that the child must be eating a gluten-containing diet for this to be reliable).

Faecal calprotectin or H. pylori testing are rarely of any value and should not be performed routinely.

If red flag symptoms are identified, or the measures above are not helpful, a referral would be appropriate.

Please refer urgently if there are any of the following potential red flag symptoms:

- weight loss
- melaena or fresh blood in stools
- persistent diarrhoea and/or
- child is being woken from sleep by pain and/or by the need to open their bowels

Chronic abdominal pain is a common symptom in children and young people. Non-specific abdominal pain is the commonest cause, and is a benign condition: typically, this would present as periumbilical pain in a thriving child older than 3 years of age, and symptoms may often affect daily activities like schooling and play. Non-specific abdominal pain may be recurrent and/or persistent, and commonly can affect children intermittently for many months.

If referring, please state that the referral has already been through Advice and Guidance and include previous correspondence, so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]