

342 Gastrointestinal Disorders (ALL)

Description

- Diseases/conditions that interfere with intake, digestion or absorption such as:
- Gastroesophageal reflux disease, peptic ulcer, post-bariatric surgery, SBS, IBD, colitis/Crohn’s, liver or biliary tract disease, pancreatitis,

Assess Readiness for Change: with open ended questions

- “You have been seeing the Dr for Sam’s xx (i.e. GERD- gastroesophageal reflux). What instructions did the Dr give for his GER?”
- “What has helped reduce his xx (i.e. spitting up)?”

Discussion, Counseling and Education

If the answer is:	Try Counseling Strategies	Try Education
<p>Not ready →</p> <p>“I think it’s his formula. I tried several but the Dr wants to keep him on xx (formula). I like xxx better as my other son used it.”</p> <p>Raise awareness & personalize change</p>	<ul style="list-style-type: none"> • “All babies spit up. It can be hard to know when it is the formula. Your Dr feels xx formula is best for Sam. WIC requires a Dr’s approval to use xxx formula.” • “I can share some other ideas to help reduce the spitting up. May I share them?” 	<ul style="list-style-type: none"> • “Sam is eligible for WIC because he has xx (i.e. GERD) which affects how his body uses food.” • Offer feeding suggestions for disease/condition • Not high risk but refer to RD if above comfort level • Refer to Dr/RD for special formula requests
<p>Record Plan or Goal</p>	<p>Mom determined to use noncontract formula. Doesn’t appear necessary. Referred to Dr. Follow-up on formula chosen.</p>	
<p>Unsure →</p> <p>“My Dr said to add cereal to his bottle but WIC has said not too?”</p> <p>Raise awareness & confidence & identify barriers to change</p>	<ul style="list-style-type: none"> • “Yes, WIC doesn’t suggest it. It is not proven to work. It can increase reflux, provide too many calories, interfere with BF and slow emptying of stomach. We want you to follow your Dr’s orders but be aware there are different solutions.” • “How do you feel the cereal has helped Sam?” • “On a scale of 1-10, how comfortable would you be in talking to the Dr about other options?” 	<ul style="list-style-type: none"> • Other suggestions for GERD: <ul style="list-style-type: none"> ○ Avoid overfeeding- smaller feeds more often ○ Check nipple flow (hole size) ○ Sit infant up during feeding- burp often ○ Keep infant sitting up 30 minutes after feed ○ Avoid tight clothes ○ Refer to Dr/RD; thickened formula options ○ Avoid fatty foods, coffee, alcohol
<p>Record Plan or Goal</p>	<p>Mom wants to use cereal as suggested by Provider. Offered other ideas for vomiting. Check decision next appointment.</p>	
<p>Ready →</p> <p>“I did everything the Dr told me but it doesn’t seem to help the vomiting.”</p> <p>Help plan change-support</p>	<ul style="list-style-type: none"> • “It does look like Sam is gaining weight. So he is getting enough food. Tell me what you tried and if you think it helped even a little?” 	<ul style="list-style-type: none"> • “Another thing you may try is when burping, sit Sam up and pat on his back rather than putting him over your shoulder. That will put less pressure on his tummy.”
<p>Record Plan or Goal</p>	<p>Mom will continue feeding plan and try alternate burping. Mom will call Dr if no improvement. Re-assess next appointment.</p>	

Education Resources

<http://www.nlm.nih.gov/medlineplus/ency/article/000265.htm> Resource- *Gastroesophageal Reflux Disease (vers 8/11/11)*

<http://emedicine.medscape.com/article/931041-overview> Resource- *Pediatric Malabsorption Syndromes*