Diarrhea*	
PowerPlans	GI Chronic Diarrhea Labs Plan, SSYCE Plan, Stool Studies plan
Differential	• **Acute**: Gastroenteritis (viral or bacterial), food poisoning, antibiotic-associated, toxic ingestion, hyperthyroidism, disaccharidase deficiency (infants) • **Chronic**: Postinfectious lactase deficiency, IBS/IBD, Celiac, milk protein allergy (infants), lactose intolerance, laxative abuse, giardiasis, secretory tumor, lymphangiectasia, familial villous atrophy
Workup	• Consider FOBT, ESR/CRP, fecal calprotectin or lactoferrin, infectious stool studies (SSYCE esp. If febrile, bloody stools, immunocomp.), C. diff, stool for O&P, viral antigens including rotavirus), fecal elastase, fecal reducing substances • To differentiate osmotic vs. secretory diarrhea: • Stool Osmolar Gap = Stool Osm - (2 x [stool Na + stool K]) ▪ **Osmotic Diarrhea (osmolar gap > 100)**: Maldigested nutrients draw water into the intestinal lumen (e.g., celiac, pancreatic disease, lactose intolerance). Stool volume **decreased with fasting**. ▪ **Secretory Diarrhea (osmolar gap < 100 mOsm/kg)**: Secretion of water into intestine exceeds absorption (e.g., cholera, hyperthyroidism, nonosmotic laxative use). Large volumes, **does not decrease with fasting.**
Management	• Hydration • Generally avoid anti-diarrheals

GER/GERD*	
PowerPlans	GI AMB Gastroesophageal Reflux Plan
Presentation	• **GER**: Reflux of gastric constants through LES into esophagus. **Normal** in infants. LES tone improves by 6m • **GERD** = GER + "troublesome symptoms" (back arching/Sandifer syndrome, **excessive crying** (>3h/day), **feeding difficulties, slow weight gain, parental concern**
Treatment	**Approach to GERD in the older child (JPGN 2018;66: 516-554)** • H&P, diet and lifestyle changes and if no improvement, brief trial of acid suppression with H2RA or PPI (4-8 weeks only) • Consider GI referral if no improvement on PPI or if unable to wean → upper endoscopy +/- pH impedance testing

Approach to infant GERD (JPGN 2018;66: 516–554)	
1	**Reflux precautions:** Elevate the head of the bed, avoiding overfeeding, keep infants upright after feeds, thicken feeds (Similac SpitUp/Enfamil AR, or with rice/oatmeal cereal [1 teaspoon of cereal per ounce of formula))
2	2-4w trial of **hydrolyzed or amino acid formula** or eliminate cow's milk in maternal diet if BFing
3	Consider GI referral **4w** trial of **Ranitidine or PPI** (limited evidence of efficacy; ↑ risk of CAP PNA, GI infections, vitamin deficiencies and fractures)
Refractory	Referral to GI (will consider Nissen fundoplication)

Inflammatory Bowel Disease*	
PowerPlan	GI Inflammatory Bowel Disease Admit Orderset/Workup Plan/Medications Plan