

**PROTOCOL FOR: Gastroesophageal Reflux**

**DESIRED PATIENT**

- OUTCOMES:**
1. Parents will demonstrate appropriate feeding and positioning techniques.
  2. Infant will not experience pulmonary compromise.
  3. Infant will demonstrate adequate weight gain.
  4. Pain and discomfort will be minimized.

**CLINICAL  
ASSESSMENT AND**

- CARE:**
1. Monitor continuously for apnea/bradycardia and describe associated events (especially emesis, gagging, relationship of event to feeding).
    - a. *Report increasing frequency or severity of apnea and bradycardia.*
  2. Strict I & O.
    - a. Report weight loss.
  3. Assess nature and amount of emesis.
    - a. *Report poor tolerance of oral feeds.*
  4. Assess for irritability or poor feeding behavior, which may be associated with esophagitis.
    - a. Provide supportive measures.
    - b. For extreme irritability or discomfort not responsive to supportive measures, initiate pain scale q 4 hours.
      - 1) *Report extreme irritability or discomfort.*
      - 2) *Report pain assessment scores > 4.*
  5. Guaiac stools as ordered or in event of suspected esophagitis.
  6. Assess tolerance of and response to medications.
  7. Positioning is individualized for each infant, taking into account the effects of reflux and ability to safely institute back-to-sleep guidelines.
    - a. If elevation of head is used, elevate no more than 20 to 30 degrees.
    - b. Avoid placing infant in infant seat or swing (especially right after feedings).

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8. Thicken Feedings (when ordered)
  - a. Add ½ to 1 teaspoon of rice cereal per ounce of formula in each bottle or as ordered. Consult physician/AP if constipation becomes a problem.
  - b. Feedings should be thickened each time baby is to be fed. Do not mix up ahead of time and store.
  - c. Increase size of nipple opening as needed.
  - d. Feed infant small frequent feedings rather than large amounts.
  - e. Burp frequently.

**PARENT  
TEACHING:**

1. See parent handout and teaching plan for gastroesophageal reflux.
2. Explain to parents importance of:
  - a. Feeding technique.
  - b. Giving medications as ordered.
  - c. Recognizing s/s pulmonary compromise and/or infant intolerance to feedings.
  - d. CPR training.
  - e. Comfort measures.
3. Document teaching on:
  - a. Patient and Family Teaching Record for Gastroesophageal Reflux or
  - b. Patient and Family Teaching Record for Discharge Home with BPD (if baby also has BPD).

**APPROVAL:**

**EFFECTIVE DATE:** 6/92

**REVISION DATES:** 12/92, 7/93, 12/94, 12/97, 6/99, 10/00, 10/01, 9/02, 10/03, 5/08