

## Baby presenting with repeated episodes of excessive and inconsolable crying

### History and Examination

- Onset and length of crying
- Factors which lessen or worsen the crying
- Parent's response to the baby's crying
- Antenatal and perinatal history
- General health of the baby including growth
- [Allergy focused history](#)
- Feeding assessment
- Mother's diet if breastfeeding
- Nature of the stools

### Red flags

- ☞ Seizures, cerebral palsy, chromosomal abnormality
- ☞ Unwell child / fever / altered responsiveness
- ☞ Unexplained faltering growth
- ☞ Severe atopic eczema
- ☞ Frequent forceful (projectile) vomiting
- ☞ Blood in vomit or stool ☞ Bile-stained vomit
- ☞ Abdominal distention / chronic diarrhoea
- ☞ Late onset vomiting (after 6 months)
- ☞ Bulging fontanel/rapidly increasing head circumference
- ☞ Immediate allergic reaction / anaphylaxis ☞ Collapse

### Best fit cluster of symptoms (with no red flags)

- Crying for more than 3 hours a day, 3 days a week for 3 weeks
- Crying most often occurs in late pm / evening
- Growing normally
- No overt vomiting
- No constipation/diarrhoea
- No skin symptoms
- No suspected underlying condition such as infection

#### Most likely diagnosis

Infantile colic

- Reassure and support:
- Advise soothing strategies (see Pathway)
  - Safety netting advice
  - Never shake a baby
  - Continue breastfeeding where possible

Breastfed

**Trial of maternal strict milk/dairy free diet**

Formula fed

**Trial of Extensively Hydrolysed Formula (EHF)**  
Alimentum, Aptamil Pepti  
(Prescribe 2 tins initially)  
+ **Milk free diet** if weaning

- Family history of atopy
- 1 or 2 systems involved:
  - GI (usually present in 50-60% of CMPA)
  - Skin (50-70%)
  - Respiratory (20-30%)
- 2 or more symptoms (e.g. reflux AND constipation)
- Symptoms started with infant formula use

#### Most likely diagnosis

Cow's Milk Protein Allergy (CMPA)

Formula fed

**Trial of Lactose free formula** (Purchase OTC)  
e.g. **Aptamil LF, SMA LF**  
+ **Lactose free diet** if started solids

- Lower GI symptoms **only**:
  - Persistent diarrhoea (Occ. green)
  - Wind
- Recent gastroenteritis
- No atopy / family history of atopy

#### Most likely diagnosis

Transient lactose intolerance

Breastfed

**Breastfeeding assessment by trained professional**

**NB:** Lactose intolerance and vomiting (GOR) do not always warrant medical intervention if the baby is not particularly distressed

- Upper GI symptoms **only** (vomiting)
- Feeding-associated distress
- Worse when lying down/at night
- Happier upright
- No lower GI symptoms
- Recurrent otitis media or pneumonia

#### Most likely diagnosis

Gastro-Oesophageal Reflux Disease (GORD)

Formula fed

- Review feeding history, making up of formula, positioning...
- Reduce feed volumes if excessive for weight (>150mls/kg/day)
- Offer trial of smaller, more frequent feeds (6-7 feeds/24hrs is the norm)

- Visit the diagnosis specific clinical Pathway pages for more detailed information
- Give parent relevant diet sheets from: <https://frimley-healthiertogether.nhs.uk/professionals>

**Trial of pre-thickened formula (need large hole/fast flow teat):**  
**Anti-reflux Aptamil** (carob bean gum), **Cow&Gate** or **HiPP** or thickening formula (needs to be made up with cooled water)  
**SMA Anti-reflux** (potato starch) or thickening powder to add to usual formula  
**Instant Carobel** (carob bean gum) **All the above are OTC**