

## Gastric Reflux in School Aged Children

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### What is Gastric Reflux?

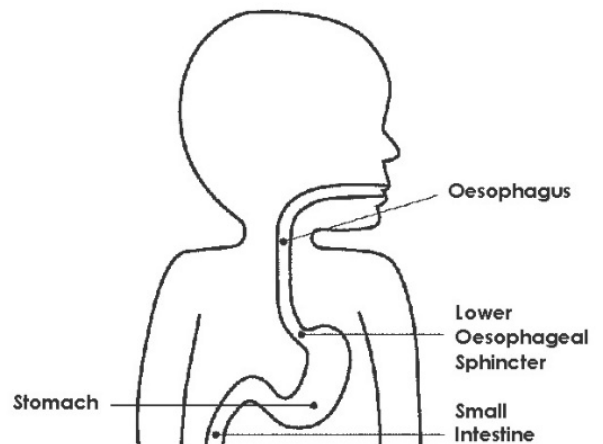
There is a ring of muscle at the top of the stomach. This is a valve, which should close when feeding has finished. When a child has gastric reflux, this valve doesn't close properly. The contents of the stomach (food and digestive acids) are brought up/regurgitated. These contents come up the oesophagus and may be vomited or spill out through the mouth. The acid can burn and may cause the great discomfort and/or pain. Adults often refer to gastric reflux symptoms as indigestion.

Reflux is variable and unpredictable. Some days may be much better than others are.

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### Symptoms

- Nausea, vomiting or indigestion.
- Heartburn, pain or discomfort in their chest or abdomen.
- Feeling of a lump in their throat, frequent throat clearing, coughing.
- Sick in the mouth.
- Difficulty swallowing.
- Chronic red, sore throat.
- Sleeping issues e.g. insomnia, night waking - reflux and coughing is worse at night because of lying down.
- Eating issues e.g. low appetite, fussy eating or constant grazing. Reflux is often associated with food allergies and intolerances.
- Respiratory issues e.g. wheezing, coughing, chest infections.
- ENT (ear, nose and throat) issues e.g. sinus infections, hoarseness and there is some evidence it can even cause ear infections.
- Behavioural issues - due to frustration, tiredness.
- Difficulty concentrating.
- Clingy, tearful, irritable.



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### Non-Medical Management

- Small/Moderate sized meals free of known allergens/irritants eaten slowly. My suggested meal plan would be breakfast, morning snack, lunch, afternoon snack, dinner and supper. All meals should be of roughly equal size except for supper which should be smaller so as not to increase reflux overnight.
- Fluids might be best given away from meals so they don't overfill the stomach. With other children, they might be best given with the meal, so they are soaked up by the food and not refluxed so easily. This will be trial and error, and will differ from child to child.

- Frequent small snacks may be required on bad days if a lot of nausea is present.
  - Some fresh air!
  - Raise the head of bed at night, or use a sleep wedge under shoulders.
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## Tips for School Teachers

- Make a plan with the parents and the child. A notebook held by the child especially for relieving teachers with the plan can be very useful. The notebook could also be used to record the times the medication is given and as a means of communication with the family so they know what has happened throughout the day.
- If "rescue" medication (such as Gaviscon or Mylanta) is available, consider whether this could be kept in the classroom to reduce classroom disruption. If this is not possible due to school policy, do not restrict the child's access to the medication. It is best that they have it as required within prescribing guidelines as it works quickly and they will be more able to concentrate.
- Allow the child to have a bottle of water to sip on at their desk. This will help wash any acid or sick back down.
- Discuss diet and eating issues with the family. It may be necessary to make sure the child has had at least a small amount to eat at morning break and lunch, and they may require a few small snacks during class on particularly bad days when nausea has been present.
- If food allergies or intolerances are present, discuss lessons involving food preparation and shared food, and how this will be managed. Food rewards and birthday sharing are being discouraged in many schools due to promoting healthy food and nutrition guidelines, but shared lunches might occur at end of term etc. If there is a School Canteen, an allergen list should be readily available. More information is available from the MOE and <http://www.allergy.org.nz>
- Allow fresh air breaks or a break from having to concentrate for a few minutes if necessary.
- A rest may help, but discourage lying down.

Children with gastric reflux and/or food allergies are often very self-conscious about being different from other children and want to be normal. They may try to put up with their symptoms and won't ask for help until the very last moment. They usually do not use their condition to seek attention.

With careful and considerate management, these children should be able to continue their attendance at school and their confidence in their ability to self-manage their condition will increase with your assistance.

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© Roslyn Ballantyne (RN), Regional Coordinator, Crying Over Spilt Milk Gastric Reflux Support Network New Zealand for Parents of Infants and Children Charitable Trust (GRSNNZ) August 2013. Last updated March 2022.

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### REFERENCES:

<https://www.cryingoverspiltmilk.co.nz/reflux/whatisgastricreflux/>

<http://www.reflux.org.au/how-reflux-presents/>

<https://www.cryingoverspiltmilk.co.nz/treatment>

*Information on medications is intended to be used for informative purposes only and not be interpreted as: professional advice for treatment; or a recommendation for a specific treatment, product, course of action or healthcare provider.*

*In providing this information, Crying Over Spilt Milk Gastric Reflux Support Network New Zealand for Parents of Infants and Children Charitable Trust is not recommending the use of medications in the treatment of GORD in Infants and Children, nor advising against treatment if it is deemed necessary by a registered health professional. Please do not discontinue your child's medications against medical advice.*

*Please note that GRSNNZ does not provide advice on dosages of complementary or conventional medications.*