When to refer?

More than 3 episodes of abdominal pain for >3 months

Age > 3 years

Daily activities affected

Absent?

Consider alternative diagnosis

Any red flag symptoms / signs?

- Involuntary weight loss / faltering growth
- Dysphagia
- Persistent vomiting / headache especially in the morning
- Right upper / lower quadrant pain / tenderness
- Blood / mucus in stool, nocturnal stooling
- Back / flank pain
- Arthritis
- Perianal disease : skin tags / fissures
- Pubertal delay
- Unexplained fever
- Tiredness (usually with other red flags)
- Family history IBD / coeliac / peptic Ulcers

NO red flags symptoms / signs present
Appropriate to be managed in Primary Care

Primary Care Team

Confident that this is FAP but will 'add to reassurance' to 'rule out important causes': Explain that **EXPECT** test results to be normal. Test choice may depend on family concerns? e.g. no other red flags but FH of IBD so check faecal calprotectin

Consider if appropriate:

- Coeliac screen (if not done in last year and family adamant they wish to trail GFD
- FBC / ESR / U&E / Creat / CRP / LFT/ TFT
- Urine dipstix
- Consider faecal calprotectin if ≥5 years old and IBS-D or appropriate reason
- Consider stool HP antigen if dyspepsia, epigastric pain, +/- family history of HP
- Consider pelvic USS / pregnancy test in adolescent females as appropriate

Red flag signs / symptoms
PRESENT

Consider appropriate investigation before referring (if age appropriate).

If suspected IBD arrange:

 FBC / ESR / U&E / Creat / LFT / CRP / ferritin / albumin / faecal calprotectin

AND

 Stool for O&P / MC&S / C-Diff toxin (if loose) / Virology

If other red flags, consider other tests as appropriate

Primary Care Team confident this is FAP and no other reassurance needed:

No investigation needed

- Reassurance
- Signposting
- Worsening advice
- Safety Netting