

# GPs' quick prescribing reference guide

**Breastfeeding is best for baby & mother and is free. So support, encourage and promote at any opportunity**

Prescribe as first line	Should not routinely be commenced in primary care	Over the counter (OTC) products: Do not prescribe
Prescribe as second line	Should not routinely be prescribed	

➔ **Emphasize the need to strictly follow manufacturer's instructions when making up formula milk**

<b>Cow's Milk Protein Allergy (CMPA)</b>	Similac Alimentum <sup>®</sup>	<b>Extensively Hydrolysed formula (EHF)</b>	<ul style="list-style-type: none"> <li>• Take an allergy focused clinical history</li> <li>• Confirm diagnosis for mild-moderate symptoms by re-challenging</li> <li>• Diet sheets available for parents</li> </ul>	
	SMA Althéra <sup>®</sup>			
	Aptamil Pepti 1 & 2 <sup>®</sup>	<b>Amino Acid formula (AAF)</b>	First line for anaphylactic reaction/severe reactions / reaction to breastmilk. These should be referred to secondary care	
	Nutramigen LGG 1 & 2 <sup>®</sup>			
	<b>SMA Alfamino<sup>®</sup></b>			
	Nutramigen Puramino <sup>®</sup>	<b>Soya formula</b>	For >6 months only and if no allergy to Soy	
	Neocate LCP <sup>®</sup> and Syneo <sup>®</sup>			
SMA Wysoy <sup>®</sup>				
<b>Gastro-Oesophageal Reflux Disease (GORD)</b>	Enfamil AR <sup>®</sup>	<b>Thickening formula</b> (reacts with stomach acid)	<ul style="list-style-type: none"> <li>• Try non-medical intervention first (see flowchart), check especially for overfeeding</li> <li>• Follow preparation instructions carefully</li> <li>• Limited evidence of efficacy for GORD</li> <li>• Review regularly and consider CMPA</li> </ul>	
	SMA Pro Anti-reflux <sup>®</sup>			
	Aptamil Anti-reflux <sup>®</sup>	<b>Pre-thickened formula</b>		
	Cow&Gate Anti Reflux <sup>®</sup>			
	HiPP Organic Anti-Reflux <sup>®</sup>			
<i>Instant Carobel<sup>®</sup></i>	<b>Thickener</b>	If anti-reflux formula not practical/possible (e.g. using pre-term or specialised formula)		
<b>GORD if breastfed / anti-reflux formula not working</b>	<i>Infant Gaviscon</i>	<b>Alginate</b>	<ul style="list-style-type: none"> <li>• <b>Never use with anti-reflux formulae</b></li> <li>• Review regularly and consider CMPA</li> <li>• Limited evidence of efficacy for GORD</li> </ul>	
<b>Secondary lactose intolerance</b>	Enfamil O-Lac <sup>®</sup>	<b>Lactose-free formula</b>	<ul style="list-style-type: none"> <li>• Only if symptoms cause significant distress</li> <li>• Recommend for up to 8 weeks at a time</li> <li>• Lactose needs to be re-introduced slowly to build up tolerance</li> </ul>	
	SMA LF <sup>®</sup>			
	Aptamil LF <sup>®</sup>			
	SMA Wysoy <sup>®</sup>	<b>Soya formula</b>		For >6 months only
<b>Faltering growth</b>	Similac High Energy <sup>®</sup>	<b>Energy dense ready-to-use formula</b>	<ul style="list-style-type: none"> <li>• Ensure regular weight/length monitoring</li> <li>• Diet sheet available for parents</li> </ul>	
	Infatrini <sup>®</sup>			
	SMA Pro High Energy <sup>®</sup>			
<b>Faltering growth, Malabsorption, CMPA</b>	Infatrini Peptisorb <sup>®</sup>	<b>Energy dense EHF with Medium Chain Triglycerides (MCT)</b>	Under expert recommendation only	
	<b>Malabsorption +/- CMPA</b>	Aptamil Pepti-Junior <sup>®</sup>		<b>EHF with MCT</b>
<b>Pre-term or IUGR (post discharge from hospital)</b>	Nutriprem 2 Powder <sup>®</sup>	<b>Powdered formula</b>	<ul style="list-style-type: none"> <li>• Follow hospital discharge instruction</li> <li>• Ensure review at 6 months corrected age</li> </ul>	
	SMA Pro Gold Prem 2 <sup>®</sup>			
	Nutriprem 2 liquid <sup>®</sup>	<b>Ready to use formula</b>		Only for exceptional circumstances as expensive convenience product
	SMA Pro Gold Prem 2 liquid <sup>®</sup>			
<b>Infantile Colic</b>	Infacol <sup>®</sup> / Dentinox <sup>®</sup>	<b>Simeticone Lactase</b>	<ul style="list-style-type: none"> <li>• If parents not coping with crying, mostly for the placebo effect</li> </ul>	
	Colief / CareCo lactase drop			

➔ **Quantity to prescribe for 28 days (approximate guide)**

Birth to 6 months			> 6 months to 1 year		
Weight (kg)	400g tin	800g tin	Weight (kg)	400g tin	800g tin
3.5 - 5	7	3 <sup>1/2</sup>			
5.5 - 6.5	9	4 <sup>1/2</sup>			
7 - 7.5	11	5 <sup>1/2</sup>	Once food intake is established		
8 - 8.5	12	6	5-13	6-12	3-6
9 - 10	14	7			

Infant Formulae are for age 0-12 months unless advised by a Paediatrician/Paediatric Dietitian.  
**Review all prescriptions for children over 2 years**

➔ **Direct parents/carers towards websites, resources and support groups (see full guideline), especially the Wessex Healthier Together website: [www.what0-18.nhs.uk](http://www.what0-18.nhs.uk). Use "text page to patient" tab**

➔ **Promote the use of the allergy focused history sheet and formula request form (see full guideline)**

# Managing the unsettled baby

## 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)

<ul style="list-style-type: none"> <li>• Crying for more than 3 hours a day, 3 days a week for 3 weeks</li> <li>• Crying most often occurs in late pm / evening</li> <li>• Growing normally</li> <li>• No overt vomiting</li> <li>• No constipation/diarrhoea</li> <li>• No skin symptoms</li> <li>• No suspected underlying condition such as infection</li> </ul>	<ul style="list-style-type: none"> <li>• Family history of atopy</li> <li>• 1 or 2 systems involved:                             <ul style="list-style-type: none"> <li>– GI (usually present in 50-60% of CMPA)</li> <li>– Skin (50-70%)</li> <li>– Respiratory (20-30%)</li> </ul> </li> <li>• 2 or more symptoms (e.g. reflux AND constipation)</li> <li>• Symptoms started with infant formula use</li> </ul>	<ul style="list-style-type: none"> <li>• Lower GI symptoms <b>only:</b> <ul style="list-style-type: none"> <li>– Persistent diarrhoea (Occ. green)</li> <li>– Wind</li> </ul> </li> <li>• Recent gastroenteritis</li> <li>• No atopy / family history of atopy</li> </ul>	<ul style="list-style-type: none"> <li>• Upper GI symptoms <b>only</b> (vomiting)</li> <li>• Feeding-associated distress</li> <li>• Worse when lying down/at night</li> <li>• Happier upright</li> <li>• No lower GI symptoms</li> <li>• Recurrent otitis media or pneumonia</li> </ul>
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### Most likely diagnosis

**Infantile colic** 📄

### Most likely diagnosis

**Cow's Milk Protein Allergy (CMPA)** 📄

### Most likely diagnosis

**Transient lactose intolerance** 📄

### Most likely diagnosis

**Gastro-Oesophageal Reflux Disease (GORD)** 📄

Reassure and Support:  
Provide strategies that may help (see pathway)  
Safety netting advice  
Never shake a baby  
Only consider advising simeticone / lactase drops if parents not coping

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

<p><b>Breastfed</b></p> <p><b>Trial of Maternal strict milk free diet</b></p>	<p><b>Formula fed</b></p> <p><b>Trial of Extensively Hydrolysed Formula (EHF)</b> e.g. <b>Similac Alimentum</b> (should be prescribed)</p> <p>And milk free diet if started solids</p>	<p><b>Formula fed</b></p> <p><b>Trial of Lactose free formula (OTC)</b> e.g. <b>Aptamil LF, SMA LF</b> <b>Or Enfamil 0-Lac</b></p> <p>And lactose free diet if started solids</p>	<p><b>Breastfed</b></p> <p><b>Breastfeeding assessment by trained professional</b></p>	<p><b>Formula fed</b></p> <p>Review feeding history, making up of formula, positioning...</p> <p>Reduce feed volumes if excessive for weight (&gt;150mls/kg/day)</p> <p>Offer trial of smaller, more frequent feeds (6-7 feeds/24hrs is the norm)</p>
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➔ Follow clinical pathways from the Wessex Infant Feeding Guidelines

➔ Provide relevant literature / weblinks [www.what0-18.nhs.uk](http://www.what0-18.nhs.uk)

Trial of pre-thickened formula (Need large hole/fast flow teat):  
**Anti-reflux Cow&Gate/HiPP Organic/Aptamil** (carob bean gum)

Or thickening formula (Needs to be made up with cool water)  
**SMA Pro Anti-reflux** (potato starch) / **Enfamil AR** (rice starch)

Or Thickening agent to add to usual formula  
**Instant Carobel** (carob bean gum) (can be prescribed)

## Dos and Don'ts of Prescribing Specialist Infant Formulae

### Do:

- Promote & encourage breastfeeding if clinically safe / mother is in agreement.
- Refer where appropriate to secondary or specialist care - see advice for each condition.
- Seek prescribing advice if needed in primary care from the health professional involved in the child's care, or Paediatric Dietitians (see contacts page 4).**
- Prescribe only 2 tins initially until compliance/tolerance is established.
- Advise to follow the manufacturer's advice on safe storage once mixed or opened.
- Check any formula prescribed is appropriate for the age of the infant.
- Check the amount of formula prescribed is appropriate for the age of the infant and /or refer to the most recent correspondence from the Paediatric Dietitian.
- Review prescriptions regularly to ensure quantity is still age and weight appropriate.
- Review any prescription (and seek guidance from a Paediatric Dietitian if appropriate) where:
  - The child is over 2 years old
  - The formula has been prescribed for more than 1 year
  - Greater amounts of formula are being prescribed than would be expected
  - The patient is prescribed a formula for CMPA\* but able to drink cow's milk

### Don't:

- Recommend lactose free formula** (Aptamil LF<sup>®</sup>, SMA LF<sup>®</sup>, Enfamil O-Lac<sup>®</sup>) **for infants with CMPA\***.
- Recommend low lactose /lactose free formula in children with secondary lactose intolerance over 1 year who previously tolerated cow's milk (they can use Lactofree whole<sup>®</sup> or Alpro growing up drink<sup>®</sup> from supermarkets).
- Recommend soya formula (SMA Wysoy<sup>®</sup>) for those **under 6 months** with CMPA\* or secondary lactose intolerance due to high phyto-oestrogen content.
- Suggest other mammalian milks (goat's, sheep's...) for those with CMPA\* or secondary lactose intolerance.
- Suggest rice milk for those under 5 years due to high arsenic content.
- Prescribe Infant Gaviscon<sup>®</sup> if the infant is taking anti-reflux- formulae or separate thickeners.
- Suggest Infant Gaviscon<sup>®</sup> > 6 times/24 hours or if the infant has diarrhoea/fever, (due to Sodium content).
- Prescribe Nutriprem 2 Liquid<sup>®</sup> or SMA Pro Gold Prem 2 Liquid<sup>®</sup> unless there is a clinical need, and don't prescribe after 6 months of corrected age **unless** advised by a specialist.

**\*CMPA: Cow's Milk Protein Allergy**

# Common Specialised Infant formulae available

(Excluding non ACBS approved and highly specialised formulae)

Product	Presentation	Cost*	Cost per 100Kcal	Cost per 100mls
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## Formulae for some pre-term or Intra Uterine Growth Retardation baby post discharge from hospital

	Nutriprem 2 Powder <sup>®</sup>	800g tin	£10.37	£0.26	£ 0.20
	SMA Pro Gold Prem 2 <sup>®</sup>	400g tin	£4.92	£0.24	<b>£0.18</b>
	Nutriprem 2 liquid <sup>®</sup>	200mls	£1.74	£1.16	£0.87
	SMA Pro Gold Prem 2 liquid <sup>®</sup>	200mls	£1.64	£1.12	£0.82

## Energy dense Formulae – Indication: faltering growth

	Similac High Energy <sup>®</sup>	60mls	£0.71	£1.17	£1.18
		200mls	£2.38	£1.18	£1.19
	Infatrini <sup>®</sup>	200mls	£2.40	£1.20	£1.20
		125mls	£1.51	£1.21	£1.21
	SMA Pro High Energy	200mls	£1.96	£0.99	<b>£0.98</b>

## Extensively hydrolysed, energy dense formula – Indication: faltering growth, malabsorption, CMPA

	Infatrini Peptisorb <sup>®</sup>	200mls	£3.67	£1.84	£1.84
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## Extensively Hydrolysed Formulae (EHF) - Indication: Cow's Milk Protein Allergy (CMPA) 1<sup>st</sup> line

1 <sup>st</sup> line	Similac Alimentum <sup>®</sup>	400g tin	£9.10	£0.43	<b>£0.29</b>
	SMA Althéra <sup>®</sup>	450g tin	£10.68	£0.47	£0.31
	Aptamil Pepti 1 <sup>®</sup>	400g tin	£9.87	£0.50	£0.34
		800g tin	£19.73	£0.50	£0.34
	Aptamil Pepti 2 <sup>®</sup>	400g tin	£9.41	£0.50	£0.34
		800g tin	£18.82	£0.50	£0.34
	Nutramigen LGG 1 <sup>®</sup>	400g tin	£11.21	£0.56	£0.38
	NutramigenLGG 2 <sup>®</sup>	400g tin	£11.21	£0.58	£0.41

## Amino Acid Formulae – Indication: CMPA 2<sup>nd</sup> line unless anaphylactic reaction/reaction to breastmilk

2 <sup>nd</sup> Line	SMA Alfamino <sup>®</sup>	400g tin	£23.81	£1.18	<b>£0.82</b>
	Nutramigen Puramino <sup>®</sup>	400g tin	£27.63	£1.38	£0.94
	Neocate LCP <sup>®</sup> and Neocate Syneo	400g tin	£29.56	£1.56	£1.02

## EHF with Medium Chain Triglycerides (MCT)-Indication: CMPA + malabsorption

	Aptamil Pepti-Junior <sup>®</sup>	450g tin	£13.36	£0.57	£0.38
	Pregestimil Lipil <sup>®</sup>	400g tin	£12.43	£0.62	£0.42

## Lactose-free formulae – Indication: secondary lactose intolerance (1<sup>ary</sup> lactose intolerance rare)

Available OTC	Enfamil O-Lac <sup>®</sup>	400g tin	£5.08	Retail price may vary Do not prescribe <b>See special notes</b>
	SMA LF <sup>®</sup>	430g tin	≈£6.00	
	Aptamil LF <sup>®</sup>	400g tin	≈£6.00	
	SMA Wysoy <sup>®</sup>	860g tin	≈£12.00	

## Pre-thickened and Thickening formula – Indication: Gastro-Oesophageal Reflux Disease (GORD)

Available OTC	Enfamil AR <sup>®</sup>	400g tin	£3.80	Retail price may vary Do not prescribe
	SMA Pro Anti-Reflux <sup>®</sup>	800g tin	≈£10.00	
	Aptamil Anti-reflux <sup>®</sup>	900g tin	≈£13.00	
	Cow&Gate Anti Reflux <sup>®</sup>	900g tin	≈£11.50	
	HiPP Organic Anti-Reflux	800g tin	≈£11.00	

\*Prices correct as of MIMS July 2018

Prescribe as first line	Should not routinely be commenced in primary care	Over the counter (OTC) products – Do not prescribe
Prescribe as second line	Should not routinely be prescribed	