Crying and fussiness increases in the early weeks of life. It peaks around 6 to 8 weeks old and declines by 3 to 4 months old. It’s usually worse in the late afternoon and evening.

- **Inquire**
  - Sudden onset of irritability and crying
  - Excessive crying is a strong risk factor for abusive head trauma.
  - Irritable and...

- **Consolable** vs. **In-consolable**
  - An infant is inconsolable when soothing techniques agitate the patient more, which is concerning for sepsis, pain, meningitis, and NAT.

- **Identify**
  - Pathologic Based on clinical status
  - Non-pathologic Offer reassurance and discharge home

- **Intervene**
  - Obtain detailed history and examination
  - Differentiate pathologic vs non-pathologic
  - Causes of crying
  - Non-pathologic: cold, hot, tired, hungry, uncomfortable, soiled diaper
  - Consider reflux, milk protein allergy, lactose overload, malabsorption (non-pathologic)
  - Work up pathologic causes as necessary
  - If non-pathologic, give reassurance and educate the parent(s)

- **Prescribe** anti-reflux meds or simethicone, which are ineffective in reducing crying
- Prescribe anticholinergics, which have a risk of serious adverse events such as apneas and seizures
- Prescribe colic mixtures (gripe water), which have no proven benefit
- Use probiotics
- Change formula; it's not helpful unless there is proven cow milk allergy

- **Dispositional**
  - Pathologic Based on clinical status
  - Non-pathologic Offer reassurance and discharge home

- **Nuggets**
  - Crying and fussing are physiologic behavior in infants. With typical history and normal examination, no investigations are required.
  - Parental education and close follow-up are vital.
  - Excessive crying is associated with higher rates of parental post-natal depression.
  - “Colic” is an outdated term used to describe excessive crying.
  - Parents are often confused, distressed, exhausted, and have possibly received conflicting advice.