

COMPANION KIT · CHAPTER 7

My Reflux Toolkit

A 2-week plan, a practical checklist and a daily diary for reflux, with a night-time reflux setup page and a page to review how it went. Print it, or fill it in on screen.

Start
Read the safety notes on the first page.

Track
Follow the plan and fill in the diary each day.

Review
Use the last page to decide what to do next.

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My Reflux Toolkit

For adults. General information and diary pages to use alongside advice from your own doctor, nurse or pharmacist. Never stop or change a prescribed medicine without the prescriber's agreement. Read the safety page before using this workbook.

CHEST PAIN MAY BE AN EMERGENCY

Sudden or persistent chest pressure/pain, especially spreading to the arm, neck, jaw or back, or with sweating, breathlessness, sickness or light-headedness, needs emergency care. Do not assume heartburn or drive yourself.

GET MEDICAL ADVICE

Vomiting blood/coffee-ground material, black/tarry stool, swallowing difficulty, unexplained weight loss, repeated vomiting, anaemia, severe pain or persistent symptoms need prompt assessment. Heavy bleeding or collapse is an emergency.

DO NOT SELF-TAPER MEDICINES

Never stop a prescribed PPI or another medicine independently. OTC acid-reducing courses and clinician-led treatment have different limits. Follow your own leaflet, interaction advice and review date.

USE SYMPTOM-SPECIFIC ADVICE

Raise the bed head or use a suitable wedge, not extra pillows. Peppermint can worsen reflux. Gum may help some reflux but aggravate swallowed-air bloating. Throat symptoms alone do not confirm reflux.

My main question / professional already involved

A 2-week plan

HOW TO USE THIS PLAN

Choose the steps that suit you. You do not need to do all of them.

Days 1–3 · Record timing

Use the diary. Try smaller evening meals, finish about three hours before bed and remain upright after eating, as the chapter suggests.

Days 4–7 · Review the night-time setup

Consider a safely raised bed head or suitable wedge and left-side sleeping if comfortable. Do not substitute extra pillows. Gentle breathing is optional.

Days 8–14 · Test one suspected trigger

Observe one food or habit at a time, then bring it back rather than excluding many foods. Ask a pharmacist about suitable OTC remedies and interactions.

Day 15 · Review symptoms and medicine use

Heartburn on two or more days a week, or remedies most days, deserves a doctor’s review. Bring times, doses and night-symptom notes. Warning signs override this schedule.

The one step I choose first

Review date and who I will contact if needed

My practical checklist

Tick what you have done and note what to do next.

- [ ] I have checked the red flags, and none apply (or I have seen my doctor)
- [ ] I have asked whether any of my medicines could be making reflux worse
- [ ] I eat smaller meals and finish my evening meal 3 hours before bed
- [ ] I stay upright after meals and avoid tight waistbands
- [ ] The head of my bed is raised 10 to 20 cm (not with extra pillows)
- [ ] I fall asleep on my left side
- [ ] I practise belly breathing and have tried sugar-free gum after meals
- [ ] I have tested my own trigger foods one at a time
- [ ] I know how to take a PPI (before breakfast) and when to review it
- [ ] I keep a reflux diary and reviewed it on day 15

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Today

Date

Heartburn: times and strength (0 to 10)

Regurgitation or sour taste: times

Night-time symptoms (yes or no)

Throat symptoms or cough

Sleep position

Bed head raised (yes or no)

Notes: what helped, what made it worse, what to ask my doctor

What I ate and drank

Meals: what, how big, and when

Last meal before bed (time)

Suspected triggers

Coffee, alcohol and fizzy drinks

Steps practised

Stayed upright after meals

Belly breathing

Gum after meals

Antacid or alginate (dose and time)

PPI or other medicine (name and dose)

Activity (minutes)

Overview · days 1–14

A short summary of your diary. Leave a gap on days you do not record.

Scores are your own notes. A pattern here cannot show a food intolerance, a medicine effect or an IBS type.

Day / date	Heartburn 0–10	Night symptoms yes / no	Last meal / bedtime	Medicine / notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

What helped, what was difficult, and what else might explain a change?

My night-time reflux setup

Record your evening routine, bed setup and medicine questions.

Evening timing

My usual last-meal time, intended bedtime and what change is feasible.

Bed setup

Raised bed head or suitable wedge, comfort/safety and left-side position if comfortable.

One suspected trigger

What I observed, the one-week trial and when I brought it back.

My medicine questions

Name, prescribed/OTC, why taken, timing, interaction questions and review date.

What needs review

Night symptoms, symptom days per week and questions for the doctor.

Review and next steps

Warning signs always need earlier care.

What changed, if anything?

Compare similar days and note gaps; no improvement is also useful information.

What might explain it?

Food, stress, sleep, medicines, timing and natural variation may overlap.

What I will keep or stop recording

Choose a manageable routine; stop burdensome tracking or a practice that causes distress.

What needs a professional conversation?

Questions, care contact, agreed action and follow-up date.