

Inflammatory Bowel Disease Standardized Care Protocols

6. INITIATION AND MAINTENANCE OF CORTICOSTEROIDS

Nurse:

1. At the initiation of corticosteroid treatment, ensure that the patient is supplied with:
 - Patient information sheets for the corticosteroid he/she is prescribed ([#1](#), [#2](#), [#3](#) & [#4](#)) ([PACE QPI 22,23](#))
 - IBD Flare labs to complete at baseline and at 14 weeks ([#5](#))
 - Fecal Calprotectin ([#6](#)) or Fecal Calprotectin for patients on Humira ([#7](#)) to do at baseline and at 14 weeks
 - Instructions to take calcium 500 mg po BID and vitamin D 1000 po QD for the duration of corticosteroid therapy ([PACE QPI 27](#))
 - If the patient is 65 y.o. and older, consider bisphosphonate at commencement of corticosteroids
 - Consider using Prednisone tapering calendar ([#10](#)) or Budesonide tapering calendar ([#11](#)) to improve adherence and ensure well-timed completion of corticosteroids' course
2. Complete a telephone interview ([#6](#)) and HBI ([#7](#)) or Partial Mayo ([#8](#)) at 2-4 weeks to ensure response: ([PACE QPI 15](#))
 - If there is a significant subjective reduction of IBD symptoms and HBI <5 or Partial Mayo <1:
 - a. continue with steroids until tapered
 - b. send message to support staff to make follow-up appointment at 16 weeks
 - If there is no adequate response, then consult physician urgently

Support Staff:

1. Arrange clinic follow-up at 16 weeks.

Physician:

1. Issue one corticosteroid prescription of three months only. No repeats.
2. To be given in conjunction with a maintenance agent: azathioprine (immunosuppressant), mesalamine (5-ASA), anti-TNF (biologic). (CCFA QPI 3).
3. Initiate planning for post-corticosteroid therapy.
4. If planning to start biologics, send a message to the nurse to begin biologic work up and paper work. (CCFA QPI 3).
5. If there is not adequate response, then optimize therapy.

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