

Inflammatory Bowel Disease Patient Phone Consultation

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|--|--|---|--|---|--|---|--|
| Patient Name _____ | | ULI _____ | | Date _____ | | Time _____ | |
| Diagnosis: <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Undetermined Physician _____ | | | | | | | |
| Chief Complaint _____ | | | | Duration _____ | | | |
| Current Medications (including herbal): <input type="checkbox"/> 5-ASA <input type="checkbox"/> Steroid <input type="checkbox"/> Immunosuppressant <input type="checkbox"/> Biologic <input type="checkbox"/> Clinical Trial/Research Medication | | | | | | | |
| <input type="checkbox"/> Other _____ Notes: _____ | | | | | | | |
| Patient Symptoms – add comments as necessary | | | | | | | |
| Bowel Movement: usual # per day ____ current # per day ____ <input type="checkbox"/> percent with blood (history of hemorrhoids?) <input type="checkbox"/> mucous consistency _____ <input type="checkbox"/> odour | | | | | | | |
| <input type="checkbox"/> abdominal pain – constant, intermittent, location | | <input type="checkbox"/> fecal urgency | | <input type="checkbox"/> other | | | |
| <input type="checkbox"/> fever | | <input type="checkbox"/> up at night with diarrhea | | Extraintestinal Manifestations: <input type="checkbox"/> mouth ulcers <input type="checkbox"/> irritated or reddened eyes <input type="checkbox"/> joint pain <input type="checkbox"/> skin sores / rash on legs | | | |
| <input type="checkbox"/> nausea / vomiting | | <input type="checkbox"/> bloating | | | | | |
| <input type="checkbox"/> fistula draining – new or old site? | | <input type="checkbox"/> fatigue – compared to normal | | | | | |
| <input type="checkbox"/> fecal incontinence | | <input type="checkbox"/> change in daily activity (work, school) | | | | | |
| Patient History – add comments as necessary | | | | | | | |
| <input type="checkbox"/> change in diet | | <input type="checkbox"/> recent weight loss: _____ lbs/kgs | | <input type="checkbox"/> recent sick contact | | <input type="checkbox"/> other | |
| <input type="checkbox"/> recent travel | | <input type="checkbox"/> pregnancy | | <input type="checkbox"/> stressors (work, school, relationships) | | Harvey Bradshaw Index: | |
| <input type="checkbox"/> change in current therapy | | <input type="checkbox"/> menses | | <input type="checkbox"/> recent surgery | | Partial Mayo Score: | |
| Notes | | | | | | | |
| | | | | | | | |
| Plan with Physician Orders <input type="checkbox"/> verbal order <input type="checkbox"/> Electronic Medical Record (EMR) order | | | | | | | |
| Symptom | | Direction | | Testing | | Comments/Suggestions | |
| Fever | | <ul style="list-style-type: none"> refer to Family Physician or General Practitioner | | | | <ul style="list-style-type: none"> if patient unable to see Family Physician or General Practitioner, refer to Medicentre or Emergency | |
| Fever with GI symptoms | | <ul style="list-style-type: none"> IBD Urgent Clinic same day or refer to Emergency | | | | <ul style="list-style-type: none"> notify IBD Fellow or physician on call and GI Consult Service if patient is going to ER (UAH only) call ER phys on call and update information on patient send IBD flow sheets and last letter to ER | |
| Diarrhea | | <ul style="list-style-type: none"> IBD blood work and stool sampling within 24hrs | | <ul style="list-style-type: none"> "Flare" lab requisition Stool for C.Difficile, C&S (O&P indicated if patient was travelling/camping) | | <ul style="list-style-type: none"> FAX requisition to appropriate laboratory | |
| Nausea / Vomiting | | <ul style="list-style-type: none"> IBD blood work, abdominal xray (upright) to assess for bowel obstruction Same day IBD Urgent Clinic within 24hrs | | <ul style="list-style-type: none"> Xray abdomen blood work | | <ul style="list-style-type: none"> Symptoms due to diet: change diet, follow The Progressive Fibre Food Guide Symptoms due to new medication: change medication to night time, possible change in delivery of medication FAX blood work requisition to appropriate laboratory FAX xray requisition to MIC | |
| Bloating / Pain | | <ul style="list-style-type: none"> IBD blood work, abdominal xray (upright) to assess for bowel obstruction Same day IBD Urgent Clinic within 24hrs | | <ul style="list-style-type: none"> Xray: 3 views of abdomen "Flare" lab requisition | | <ul style="list-style-type: none"> FAX completed out-patient xray requisition to appropriate Lab leave completed xray requisition in physician's mailbox for signing within 24hrs notify IBD Fellow or physician on call with results of testing | |
| Bloating / Pain / Fever | | <ul style="list-style-type: none"> IBD Urgent Clinic same day or refer to Emergency | | | | <ul style="list-style-type: none"> notify IBD Fellow or physician on call and GI Consult Service if patient is going to ER (UAH only) call ER phys on call and update information on patient. send IBD flow sheets and last letter to ER. | |
| Notes | | | | | | | |
| | | | | | | | |

Print name

Signature

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| Requisition | Patient Symptoms / Criteria |
|--|--|
| <input type="checkbox"/> IBD Flare CBC, AST, ALT, Cr, Albumin, Alk Phos, Ferritin, CRP, Lytes | <ul style="list-style-type: none"> ○ change in stool frequency, consistency, urgency ○ passing blood with or without stool per rectum ○ drainage from opening or fistula ○ abdominal pain ○ rectal pain ○ fatigue ○ elevated or significant increase in HBI or Partial Mayo Score ○ extra manifestations: arthritis, fever, skin manifestations, athralgia, mouth ulcers |
| <input type="checkbox"/> IBD Follow-up CBCD, Ferritin, Iron, Phosphate, Lytes, Albumin, Calcium, Random glucose, Vitamin D, TSH, Vitamin B12, ALT, AST, Alk Phos, GGT, Cr, CRP, TBIL, Lipase, TIBC | <ul style="list-style-type: none"> ○ patient returning for follow-up clinic assessment ○ patient requiring repeat assessment following abnormal lab result |
| <input type="checkbox"/> Imuran CBC, AST, ALT, Alk Phos, TBIL, CRP | <ul style="list-style-type: none"> ○ patient requiring ongoing assessment of labs while on immunosuppressant therapy |
| <input type="checkbox"/> Fecal Calprotectin Fecal Calprotectin | <ul style="list-style-type: none"> ○ change in stool frequency, consistency, urgency ○ passing blood with or without stool per rectum ○ drainage from opening or fistula ○ abdominal pain ○ rectal pain ○ fatigue ○ extra manifestations: arthritis, fever, skin manifestations, athralgia, mouth ulcers |
| <input type="checkbox"/> Diarrhea Stool for C-Diff, Stool for C&S, Stool for O&P | <ul style="list-style-type: none"> ○ change in stool frequency, consistency, urgency ○ passing blood with or without stool per rectum ○ repeat testing following treatment for a previous infection ○ symptoms developing following recent travel |
| <input type="checkbox"/> Biologic Therapy (pre procedure) Hepatitis A, B, C & HIV | <ul style="list-style-type: none"> ○ hepatitis assessment prior to initiating biologic therapy |
| <input type="checkbox"/> Flat Plate of Abdomen Flat Plate of Abdomen with 3 views | <ul style="list-style-type: none"> ○ abdominal bloating ○ absence or significant reduced passing flatus per rectum ○ increased abdominal pain with oral intake |
| <input type="checkbox"/> Chest Xray | <ul style="list-style-type: none"> ○ productive cough while on immunosuppressant therapy ○ post chest infection to confirm resolution ○ assessment prior to initiating biologic therapy |
| <input type="checkbox"/> Mantoux Tuberculin PPD (Mantoux) test 0.1 mL intradermal Read in 48 hours. Exception: Read in 72 hours if patient is taking steroids. | <ul style="list-style-type: none"> ○ assessment prior to initiating biologic therapy |

Physician Signature

Print Name

Date