

Guidelines for Determining the Acuity of IBD Referrals

| Triage Category | Description | Process | Goal Wait Time |
|--------------------|--|--|----------------|
| Emergent | <ol style="list-style-type: none"> 1. Acute Severe Ulcerative Colitis >8 BM/day, AND CRP>45; <u>OR</u> Hb<105; <u>OR</u> temperature >37.8 2. Crohn's – rectal abscess – pt unable to sit due to painful rectum 3. Crohn's – obstruction – nausea, vomiting | <ol style="list-style-type: none"> 1. IBD physician notified; urgent assessment by IBD fellow arranged. 2. If no IBD physician available, contact C1/C2 physician for emergent assessment (<i>patient may be instructed to go to ER</i>) | < 2 days |
| Urgent | <ol style="list-style-type: none"> 1. Flare of known IBD (UofA follow-up <u>OR</u> not previously followed by a local GI) 2. Recent-onset bloody diarrhea, persisting >1 week 3. Recent-onset non-bloody diarrhea, persisting >3 weeks 4. Symptoms of IBD: Diarrhea, or abdominal pain or >5kg weight loss <u>with</u> anemia (Hb<110) or CRP>20 | <ol style="list-style-type: none"> 1. IBD Labs & stools ordered 2. If known to UofA, pt's MD is notified 3. If new referral, referral to be triaged by IBD physician and assigned to MD for assessment | < 2 weeks |
| Semi-Urgent | <p>Known History of IBD</p> <ol style="list-style-type: none"> 1. Complex IBD- Newly diagnosed IBD (not on maintenance therapy) requiring follow-up- Patients recently admitted to hospital, requiring follow-up 2. Pediatric Transition (may be triaged later if referral letter indicates this); pts on biologics need to be seen soon 3. Transition from outside Alberta – pts on biologic therapy 4. Referral <u>from another GI</u> requesting possible study medications or 2nd opinion | <ol style="list-style-type: none"> 1. IBD Labs & Stools ordered 2. Referral triaged by IBD physician | 2 – 8 weeks |

Version: February 2024

Disclaimer statement: The information provided in this document should never replace clinical judgement. The care outlined in this document must be altered if it is not clinically appropriate for the individual patient.

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| | Suspected IBD 1. Symptoms of IBD: diarrhea or abdominal pain <u>with</u> family history 2. Symptoms of IBD: diarrhea or abdominal pain with iron deficiency, CRP<20, Hb>110 | | |
| Routine | Known History of IBD 1. Stable known IBD requiring follow-up (UofA follow-up <u>OR</u> not previously followed by a local GI) Suspected IBD 1. Symptoms of IBD: diarrhea or abdominal pain with normal CBC, CRP and without weight loss | 1. IBD Labs & Stools ordered 2. Referral triaged by IBD physician | 2 – 6 months |