Flare pathway for **adults with known Crohn’s Disease** without a stoma or an individual care plan. Exclusions: age under 16, have a stoma or fistula, have had surgery or are on immunomodulators—azathioprine, mercaptopurine, methotrexate or a biological therapy (e.g. Humira).

Exclude intercurrent gastrointestinal infection. Ask about triggers. Check adherence to medication. Stop NSAIDs. Consider self-care for mild symptoms including dietary advice and reducing stress. See rcgp.org.uk/ibd and signpost to crohnsandcolitis.org.uk. Check inflammatory blood markers and faecal calprotectin, but **initiate treatment before results are available if clinical suspicion is high**.

**Where is the main site of disease?**

- **Perianal**
  - Is there a hot fluctuant swelling or is the patient vomiting? **Y**
  - Phone on-call Surgical SpR.

- **Ileal or ileo-colonic**
  - Are there obvious signs of obstruction (vomiting, post-prandial pain and weight loss) or fevers or a palpable mass? **Y**
  - In any flare arrange bloods and stool cultures. Patients with Crohn’s are at risk of abscess formation. If there are any concerns arrange USS.
  - Metronidazole or ciprofloxacin (unlicensed indications), alone or in combination, can improve symptoms of fistulating Crohn’s but complete healing occurs rarely. Metronidazole is usually given for 1 month, but no longer than 3 months because of peripheral neuropathy concerns. Discuss all cases of perianal Crohn’s with the IBD team.

- **Colonic**
  - Are there obvious signs of obstruction (vomiting, post-prandial pain and weight loss) or fever or a palpable mass? **Y**
  - May need admission, discuss with on-call Gastro team.

**Other sites?**

- **Abscess found**
  - Budesonide (Budenofalk or Entocort) 9mg/day for 8 weeks, consider tapering off for 2–4 weeks after. Inform the IBD team when oral steroids are given. Patients should not have more than one course of steroids in a year without considering escalating steroid sparing agents.

- **No evidence of penetration**
  - Oral prednisolone 40mg/day for 7 days then reducing by 5mg/week over 8 weeks = 252 x 5mg prednisolone tablets in total. Remember GI and bone protection. Counsel re: side effects

**Abscess found**

- Patients with Crohn’s are at risk of abscess formation. Ideally arrange US, bloods and stool cultures.

For more information on supporting patients with Crohn’s or Colitis see the RCGP and Crohn’s & Colitis UK IBD toolkit:

[www.rcgp.org.uk/ibd](http://www.rcgp.org.uk/ibd)

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