Ulcerative Colitis Flare Pathway
Pathway for adults with known uncomplicated Ulcerative Colitis who may be having a flare

Exclusions: age under 16, have a stoma or fistula, have had surgery, or on biological therapy (e.g. Humira).

Y

These patients should have access to an IBD specialist—please contact their team before making any medication changes.

N

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.

Tests: stool culture, U&E, FBC, ESR/CRP, faecal calprotectin. Stop NSAIDs. Consider self-care for mild symptoms including dietary advice and reducing stress. Seek advice from the IBD helpline, IBD team or on-call gastroenterologist.

Acute Severe colitis:
6 or more bowel movements plus two or more features of systemic upset:
Visible blood in stool
Pyrexia (temperature greater than 37.8°C)
Pulse rate greater than 90 bpm
Anemia (Hb <105g/L)
Erythrocyte sedimentation rate >30 mm/hr or CRP >40 mg/L

Y

Discuss with on-call gastroenterologist/medical team.

N

Pancolitis/extensive disease

Maximise oral 5-ASA (mesalazine):
Pentasa 4g, Mezavant XL 4.8g, Octasa 4.8g, Asacol 4.8g, Salofalk 3g

Still symptomatic – consider adding topical therapy:
Mesalazine Salofalk foam enema 2g nocte, Pentasa liquid enema 1g nocte, or Salofalk liquid enema 2g nocte
Or add Clipper 5mg (Beclomethasone) OD for 28 days, or Budesonide MMX (Cortiment) 8mg OD for 8 weeks.

Visit the NICE website for further information on doses:
bnf.nice.org.uk/drug/budesonide.html#indicationsAndDoses
bnf.nice.org.uk/drug/mesalazine.html#indicationsAndDoses

Assess response after 2 weeks

Detiorating

No better

Oral prednisolone 40mg od for 7 days then 35mg od for 7 days. Reducing by 5mg each week over 8 weeks = 252 x 5mg prednisolone tablets in total. Remember GI and bone protection. Counsel re: side effects
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.

crohnsandcolitis.org.uk/steroids

Assess response after 2 weeks

Detiorating

No better

Seek advice from the IBD team via the IBD hotline
crohnsandcolitis.org.uk/ibdnurse

Y

May need admission. Discuss with on-call Gastro team.

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Improving

Complete course

Proctitis or left-sided disease

Proctitis

Mesalazine Salofalk suppository 1g nocete, Pentasa 1g suppository nocete

Left sided disease

Mesalazine Salofalk foam enema 1-2g nocete, Pentasa liquid enema 1g nocete, or Salofalk liquid enema 2g nocete
Budesonide Budenofalk foam enema 2mg nocete, or Prednisolone Predsol liquid enema 20mg nocete

Already taking and still symptomatic – Add oral 5-ASA maximum dose (see left)

Encourage lifetime compliance
crohnsandcolitis.org.uk/aminosalicylates

Crohn’s or Colitis see the RCGP and Crohn’s & Colitis UK IBD toolkit:
www.rcgp.org.uk/ibd