## CROHN'S&COLITISUK

## Crohn's Disease Flare Pathway

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 Other sites? site of disease? Ileal or ileo-colonic Perianal Colonic Are there obvious Is there a hot Are there obvious signs of obstruction Phone on-call May need signs of obstruction fluctuant Surgical SpR. (vomiting, admission. swelling or is the (vomiting, post-prandial pain discuss with patient vomiting? post-prandial pain and weight loss) or on-call and weight loss) or <u>Gastro team.</u> fever or a palpable fevers or a palpable mass? mass? Metronidazole or ciprofloxacin [unlicensed indications], alone or in combination, can improve symptoms of fistulating Crohn's but In any flare arrange **Patients with** Needs complete healing occurs rarely. Crohn's are at risk of bloods and stool discussion Metronidazole is usually given for 1 month, with on-call abscess formation. cultures. but no longer than 3 months because of Abscess Abscess Ideally arrange US, Gastro team. Patients with Crohn's found found peripheral neuropathy concerns. bloods and stool **Steroids** are at risk of abscess Discuss all cases of perianal Crohn's with contracultures. formation. indicated. the IBD team. If there are any concerns arrange USS. No evidence of penetration No evidence of penetration 7 days then reducing by Budesonide For more information on (Budenofalk or



supporting patients with Crohn's or Colitis see the RCGP and Crohn's & Colitis UK IBD toolkit:

www.rcgp.org.uk/ibd

## **Endorsed by**







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

Entocort) 9mg/day

for 8 weeks, consider

tapering off for 2-4

weeks after.

crohnsandcolitis.org. uk/steroids

steroid sparing agents.

Oral prednisolone 40mg/day for 5mg/week over 8 weeks = 252 x5mg 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