



Treatment of Inflammatory Bowel Disease (IBD)

Clinical Guideline

This guideline supports initial treatment of patients with IBD and includes information for referral to the Children's Wisconsin Gastroenterology (GI) Clinic.

To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Symptoms/Diagnosis/Causes	Referring provider's initial evaluation and management:	When to initiate or consider referral to GI IBD Clinic:	What should referring provider send to GI IBD Clinic?	Specialist's workup will likely include:
Signs and symptoms: - Chronic abdominal pain concurrent symptoms with weight loss, Hematochezia/rectal bleeding, diarrhea, nocturnal stooling - Delayed linear growth (height) - Family history of IBD - Perianal fistulae/skin tags Diagnosis - Ulcerative colitis - Crohn's disease Causes - Ulcerative colitis - Crohn's disease	Stool testing: - Obtain fecal calprotectin - Obtain infectious stool studies: enteric pathogens + C Diff +/- viral pathogens - Occult blood in the stool with at least one specimen Blood work: CBC, CMP, ESR, CRP, iron studies (TIBC with iron saturation; Ferritin)	- Elevated inflammatory markers (consider "CRP", "ESR") - Recurrent c diff - Iron deficiency anemia with occult blood in the stool - Lack of expected weight gain or delayed linear growth - Perianal abnormalities: fistula/skin tags - Elevated fecal calprotectin - Hemoccult positive stools	How to refer: In Children's Epic: place an ambulatory referral to Gastroenterology and use the "Inflammatory Bowel Disease" button. External providers: - In your instance of Epic - Place an external referral order to GASTROENTEROLOGY CLINICS; indicate IBD notes / comments or - Fax (414-607-5288) or Online ambulatory referral	- Detailed history and physical examination - Planning for outpatient endoscopy: - EGD + colonoscopy - Teaching/education about pre-endoscopy bowel cleansing - Screening for risk of bleeding with GI endoscopy

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			For urgent requests: Contact the Physician Consultation Line (414-266-2460). In order to help triage our patients and maximize the visit It would also be helpful to include: • Urgency of the referral • What is the patient's chief complaint • All Growth Charts • Pertinent past medical history • Abnormal lab or imaging findings • What is the key question you want addressed	•

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References & Resources:

- Rosen MJ, Dhawan A, Saeed SA. Inflammatory Bowel Disease in Children and Adolescents. JAMA Pediatr. 2015 Nov;169(11):1053-60. doi: 10.1001/jamapediatrics.2015.1982. PMID: 26414706; PMCID: PMC4702263.
- https://www.crohnscolitisfoundation.org/sites/default/files/2023-06/Pediatric%20IBD%20-%20Making%20the%20Diagnosis_05312023.pdf
- <https://www.uptodate.com/contents/clinical-presentation-and-diagnosis-of-inflammatory-bowel-disease-in-children>

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Medical Disclaimer

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this CPG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.