

Inflammatory Bowel Disease (Ulcerative Colitis or Crohn's Disease)	Referral Guide: Page 1 of 1	Gastroenterology
Diagnosis/Definition: A disorder thought to be probably of auto-immune etiology characterized by transmural (Crohn's Disease) or mucosal lining inflammation (ulcerative colitis). Symptoms can include: abdominal pain, diarrhea (often bloody) nausea, vomiting, fevers, weight loss or extraintestinal manifestations such as episcleritis, erythema nodosum, arthritis, etc. Crohn's Disease can manifest anywhere from the mouth to the anus, but most often involves the terminal ileum (classically seen as a "string sign" on a small bowel follow through or an enteroclysis). Both Crohn's Disease and ulcerative colitis can be diagnosed with endoscopic procedures such as an EGD (Crohn's) or a colonoscopy (Crohn's and ulcerative colitis). The biopsies taken may show either mucosal involvement with(out) crypt abscess' (UC) or granulomas and skip or cobblestone lesions (Crohn's). Sometimes it is not possible to differentiate ulcerative colitis from Crohn's Disease and is given the diagnosis of "inflammatory bowel disease, not otherwise specified".		
Initial Diagnosis and Management: Patients with inflammatory bowel disease need to be seen by the GI service initially. Therefore, if you suspect a patient of having either of these diseases, please refer them to GI.		
Ongoing Management and Objectives: The GI service will continue to see the patient in follow-up and continue to do the necessary colon cancer screening colonoscopies on these patients.		
Indications for Specialty Care Referral: If the patient is suspected of having inflammatory bowel disease.		
Test(s) to Prepare for Consult: CBC with differential Metabolic panel	Test(s) Consultant May Need To Do: UGI Small bowel follow-through Barium enema EGD (endo-gastro-duodenoscopy) Colonoscopy LFTs ANA ASMA ANCA Plain film of the abdomen	
Criteria for Return to Primary Care: If the patient has been diagnosed with inflammatory bowel disease, the GI service will continue to see them, treat them, and follow them as long as they continue to have the active disease. Patients under good control on their medications can be followed by PCP with referral to GI for significant disease flares.		
Revision History: Created _____ Revised _____		

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.