

Inflammatory Bowel Disease Intake and Examination Form for Advanced Practice Providers

It is important to have a standardized approach when performing a history and physical exam on an IBD patient in order to assess for current inflammatory burden, extra-intestinal manifestations, potential drug reactions, and/or other etiologies for symptoms.

While the following is not meant to be a template, **consider this format when interviewing and examining a known or suspected IBD patient.**

Chief complaint	Patient's main reason for visit/symptoms?
Pertinent IBD history or history of present illness (HPI)	<ul style="list-style-type: none"> • IBD diagnosis and date: (UC, CD or Indeterminate) • Location of disease i.e. ileitis, ileocolitis, perianal disease, proctitis, left sided colitis, pancolitis...) • # ER visits • # Hospitalizations • Dysplasia or cancer • Required iron or blood transfusions
Current Symptoms (Including duration and change from baseline):	<ul style="list-style-type: none"> • Pain or discomfort: <ul style="list-style-type: none"> ○ Location ○ Describe pain ○ Precipitating factors ○ Alleviating factors • Fever, chills or night sweats: <ul style="list-style-type: none"> ○ When occur ○ How often ○ Associated with other symptoms? Pain, change in bowel pattern, perianal abscess or fistula draining or Joint pains ○ Alleviates/Precipitates • Bowel movements: <ul style="list-style-type: none"> ○ Frequency and consistency ○ Urgency and tenesmus ○ Nocturnal symptoms ○ BRBPR, melena ○ Incontinence of stool ○ Is there abdominal pain before, during or after passage of stool

- If ostomy: ileostomy or colostomy, how often do you empty, consistency, leak of appliance, peristomal skin condition?
- Perianal symptoms:
 - Pain and pressure, difficulty sitting
 - Drainage
 - Fistulae/Abscess
 - Skin tags
 - Hemorrhoids
- Appetite:
 - Anorexia
 - Sitophobia (fear of eating)
 - Early satiety
 - Nausea - when, how often, precipitates, alleviates?
 - Vomiting - when, how often, precipitates, alleviates?
 - Dysphagia/odynophagia (painful swallowing)
- Weight loss/gain:
 - How much and in what time period
 - Intentional/Unintentional
- Fatigue/energy level:
 - No energy
 - SOB
 - Tire easily, sleep often
- Quality of Life:
 - Does your disease or symptoms prevent you from doing the things in life you want to do?
 - Does your disease prevent you from socializing with friends or family?
 - Do you sometimes feel sad, depressed or anxious?

If yes to any of the above, are the symptoms similar to symptoms with prior IBD flares?

Extra-intestinal manifestations
(Specify if change noted with disease activity)

- Mouth – aphthous ulcers
- Eye – symptoms current/past dates, specific diagnosis (ex, iritis, uveitis, episcleritis...)
- Musculoskeletal - joint pain or swelling – location and current/past dates, specific diagnosis (ex. osteoporosis, peripheral arthritis, ankylosing spondylitis, sacroiliitis...)

	<ul style="list-style-type: none"> • Skin changes - type, current/past dates (ex, erythema nodosum, pyoderma gangrenosum, enterocutaneous fistula — perianal, anal fissures, skin tags) • Liver – type, date of dx. (primary sclerosing cholangitis (PSC) • Renal - Nephrolithiasis, stones, glomerulonephritis
<p>Current medications (Include all IBD meds, over-the-counter meds i.e. vitamins, herbs, supplements, and other complementary therapies):</p>	<ul style="list-style-type: none"> • Review all medications: name/form/dose/duration/response/adverse events and tolerance) • Assess adherence to medications: especially the IBD meds
<p>Medications that could be contributory to or aggravate IBD: (Assess use and reason)</p>	<ul style="list-style-type: none"> • NSAIDs • Recent antibiotic exposure • Narcotics (opioids) – which can minimize symptoms • Supplements that contain lactose, artificial colors, sugar alcohols or preservatives can aggravate especially when in a flare
<p>Previous IBD therapies & outcomes</p>	<ul style="list-style-type: none"> • Review all past IBD therapies: (5-ASA, steroids, immunosuppressants, biologics), dose, how long on the medication(s), reason for discontinuing treatment (allergic reactions, side effects, ineffective, developed antibodies ...)
<p>Pre-Immunologic/biologic workup</p>	<ul style="list-style-type: none"> • Thiopurine methyltransferase (TPMT) enzyme activity-Yes (normal, intermediate, deficient - Date)/No • Hepatitis Serologies - Yes (immune to hep B? - Date)/No • Tuberculosis screening - Yes (result and date)/No, PPD. T-Spot or QuantiFeron gold

<p>Recent imaging</p>	<ul style="list-style-type: none"> • MRE, CTE, MRI, CT, other imaging, and results
<p>Recent endoscopic examination</p>	<ul style="list-style-type: none"> • Colonoscopy/flexible sigmoidoscopy, pouchoscopy, EGD (if upper GI symptoms or upper GI Crohn's disease). <p style="text-align: right;">-Extent and severity of disease</p> <p style="text-align: right;">-Pathology results</p>
<p>Vaccines and preventative measures ***Remind patients to avoid live virus vaccines when on biologics or small molecule drugs*</p> <p>*health maintenance checklist</p>	<ul style="list-style-type: none"> • Influenza vaccine (Yes, date/No) • Pneumococcal vaccines (Yes, date/No) • Shingrix vaccine (Yes, date/No) • Tdap (Yes, date/No) • HPV Vaccine (Yes, date/No) • Zostavax (Yes, date/No) • MMR (Yes, date/No) • Hep A (Yes, date/No) • Hep B (Yes, date/No) • Varicella (Yes, date/No) • Meningococcal Meningitis (Yes, date/No) • Last pap smear (date, results) • Annual full body skin check (date, results) • Ophthalmologist (if pt was on steroids or if change in vision, date, results) • Colonoscopy (colonic disease > 8 years, date, results) • DEXA scan (history of prolonged corticosteroid use, 3 month cumulative, date, results) • Depression & anxiety assessment • PCP annual visit
<p>Medical history: comorbidities</p>	<ul style="list-style-type: none"> • Age - Elderly • Anemia • Cardiac; CHF, HTN etc. • Pulmonary: COPD, Asthma • Thromboembolism – DVT, PE • PSC • Sleep apnea • Pregnancy • Depression • Anxiety • PTSD

<p>Past surgical history</p>	<ul style="list-style-type: none"> • Abdominal surgical history (Date/type/complications, amount of resection) <ul style="list-style-type: none"> -For CD include cm estimate of small bowel resection and remaining small bowel (SB) • Other surgeries for complications with CD patients (ex. abscess I & D, fistula repair, seton, etc. • Ostomy, colostomy, J-Pouch (UC)
<p>Family history</p>	<ul style="list-style-type: none"> • Any 1st or 2nd degree relatives with IBD or colon cancer (Age at diagnosis)
<p>Social history</p>	<ul style="list-style-type: none"> • Tobacco use: Yes (how many cigarettes per day and for how many years)/No or former (quit date) • Vape Y/N • CBD oil • Alcohol use: Yes (type and # of drinks per week) or none • Recreational Drug use: Y/N, Type, Frequency: i.e. Marijuana • Sexual practices: Are you sexually active, does your condition impact your sexual activity • Family planning: Discuss with patient the need to have a preconception visit prior to planning
<p>Allergies</p>	<ul style="list-style-type: none"> • Medications: Ciprofloxacin, Metronidazole, sulfa.... • Food: Shellfish, milk products, eggs, gluten, peanuts • Environmental: Latex, hay fever, pollen
<p>Review of Systems</p>	<p>Extensive review of symptoms to assess for any past and current problems including:</p> <p>Weight loss or gain, h/o Cancer, lung and breathing issues, sleep apnea, SOB mouth sores, deviated septum, dental problems, DM, thyroid issues, cardiac issues, h/o blood clots (DVT, PE)</p> <p>Urinary: stones, pneumaturia, recurrent UTI, pregnancy, miscarriage</p> <p>Liver: PSC</p> <p>Skin: jaundice, rash, melanoma's</p> <p>Perianal: abscess or fistula</p>

	<p>Neurologic; numbness, weakness, tremors, headaches</p> <p>Bone and muscle: joint pains, arthritis, muscle or back pain</p> <p>Mental issues: anxiety, depression, PTSD, behavioral issues</p>
<p>Physical examination</p>	<p>Important to do a full head to toe physical exam</p> <ul style="list-style-type: none"> • Vitals (blood pressure, heart rate, respiratory rate, temperature) • Body height and weight with BMI <p>Consider the following when examining a patient with known or suspected IBD: extra intestinal manifestations (EIM), signs & symptoms of a flare, medication adverse events, comorbid conditions.</p> <ul style="list-style-type: none"> • General: general well-being, alert and oriented; acute distress • Eyes: icteric, Injected • Mouth: aphthous ulcerations, Dry mucosa, Candida? • CV: heart sounds, rate and rhythm • Lungs: lung sounds • Abdomen: bowel sounds, distention, tenderness, rebound, guarding, masses, Carnett's sign, surgical scars. Location of ostomy site, effluent and stoma color. Comment on wound location. CVA tenderness, Virchow's node. • Rectal exam: fissures, fistulas, skin tags, masses, external hemorrhoids, excoriation, pelvic floor descent, perianal sensation (i.e. anal wink); include DRE to assess for perianal mass, fistula, tenderness of the anal sphincters and sphincter strength • Musculoskeletal: assess joint swelling and tenderness, lower extremity edema, limping • Skin: Inspect for any abnormalities, icteric, skin lesions (rashes, pyoderma, erythema nodosum), moles, etc. • Neurologic: assess strength in upper and lower extremities as well as gait, neuropathy • Lymphadenopathy throughout: neck, axillae, groin • Psych: mood, affect, judgement

The work-up for a patient that presents with suspected IBD may include the following:

Stool tests:

- Stool cultures for C difficile, O&P, bacterial pathogens to rule out acute infection
- Stool sample for fecal calprotectin which is an additional test for inflammation (discriminates between IBS and IBD, but can be elevated for other reasons)

Laboratory tests

- Complete blood count
- Comprehensive metabolic panel (includes albumin)
- C-Reactive Protein (CRP), Erythrocyte sedimentation rate (ESR)
- Vitamin B12, Vit D, folate, ferritin, iron studies, TSH

Radiological/GI procedure studies

- Colonoscopy with biopsies
- CTE/MRE (Dependent upon age, pregnancy, and other factors) if CD is suspected

Differential diagnosis for IBD to consider

As you may have noticed, the common signs and symptoms of IBD can be easily mistaken for other gastrointestinal disorders. Here is a list of some other diseases that should be considered in patients presenting with similar signs and symptoms

• Infectious gastroenteritis/colitis

- o Presentation: varies depending on the pathogen, typically short duration of symptoms
- o Can be screened for by stool cultures
- o Always order a Clostridium difficile toxin analysis

• Ischemic colitis

- o Presentation: acute (abdominal pain, urgency, bright red blood in stool), chronic (transmural scarring, stricturing)
- o Should be considered in patients in a hypercoagulable state or with a severe cardiac/peripheral vascular disorder

• Irritable Bowel Syndrome

- o Presentation: Abdominal pain relieved with bowel movements associated with a change in bowel habits (diarrhea/constipation/alternating bowel patterns)
- o Increased visceral sensitivity to intestinal motility
- o Normal colonoscopy and normal histology

- **Diverticulitis**

- o Presentation: fever, abdominal pain/tenderness, leukocytosis, typically short duration of symptoms (i.e. days), may be recurrent

- **Radiation:**

- Proctitis:**

- o Present with rectal pain, urgency, diarrhea, hematochezia, incontinence, mucus
 - o May have symptoms within 1-2 weeks of starting radiation therapy and may last the duration or longer if chronic

- Small bowel:**

- o May result in adhesive disease, malabsorption which can lead to weight loss and abdominal pain.

- **Colorectal Cancer**

- o Presentation: Ill-defined abdominal pain, weight loss and occult bleeding, anemia.

- o Right colon - Altered bowel habits, decreased stool caliber and ±hematochezia
 - o Left colon - Vague symptoms or be asymptomatic and present with anemia and weight loss.

- o Risk is higher in older patients (>45 years), those with family history of colon cancer, family or personal history of polyps, certain genetic syndromes.

- **Microscopic colitis**

- o Presentation: moderate to severe watery diarrhea ± abdominal cramping

- **Bile acid diarrhea**

- o Presentation: Mild to moderate diarrhea without blood.
 - o Test with 48-hour stool collection or empiric trial of bile sequestering agents

- Fat Malabsorption:**

- Floating, foamy stool with oil droplets**

References:

- Dubinsky M, Friedman S. Pocket Guide to IBD, 2nd Edition. New Jersey, Slack Inc., 2011
- Farraye, Francis, Melmed, Gil, Lichtensten, Gary, et al. ACG Clinical Guideline: Preventative Care in Inflammatory Bowel Disease. American Journal of GASTROENTEROLOGY. 2017; 112:241-58.
- Hall, V (2014) IBD 1: Understanding the causes a symptoms of IBD. Nursing Times; 110, 46, 16-19.
- Hall, V (2014) IBD: Assessing and Supporting Patients who have IBD. Nursing Times; 110, 47, 22-24.
- Kilcoyne, A., Kaplan, J. L., & Gee, M. S. (2016). Inflammatory bowel disease imaging: Current practice and future directions. *World journal of gastroenterology*, 22(3), 917–932. doi:10.3748/wjg.v22.i3.917
- Murphy SJ, Kornbluth A. *Advanced Therapy in Inflammatory Bowel Disease*, 3rd ed. 2011:1,295-399
- CCFA *The Facts About IBD*. 2011 Peyrin-Biroulet L, et al. *Inflamm Bowel Dis*. 2011 Kornbluth A, et al. *Am J Gastroenterol* 2010; 105:501-523
- Steele, C., Rose, S. (2016). General Approach to Relevant History-Taking and Physical Examination. M. B. Wallace, B. A. Aqel, K. R. Divault (Eds.) Chapter 32. Wiley.. <https://doi.org/10.1002/9781119127437.ch32>.
- Tontini, G. E., Vecchi, M., Pastorelli, L., Neurath, M. F., & Neumann, H. (2015). Differential diagnosis in inflammatory bowel disease colitis: state of the art and future perspectives. *World journal of gastroenterology*, 21(1), 21–46. doi:10.3748/wjg.v21.i1.21

Acknowledgement: Developed by Nana Bernasko, DNP, Michele Kissous-Hunt, PA-C, Abigail Meyers, PA-C, Michele Rubin APN, CNS, and reviewed by the Crohn's & Colitis Foundation's Nurse & Advanced Practice Committee. August 2020.

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