

# Acute Severe Colitis

## Pathway

Does the patient have a previous diagnosis of IBD and/or the following symptoms?

>6 Bloody stools per day AND at least 1 of:

- ☐ Temperature >37.8
- ☐ Pulse >90
- ☐ Hb <105g/L
- ☐ CRP >30mg/L

Note Crohn's diseases patients MAY NOT HAVE BLOODY STOOL and may also suffer complications such as stricturing, obstruction and fistulation. Pain is not always a feature.

YES

**GIVE HYDROCORTISONE 100MG IV REGARDLESS OF POSSIBLE INFECTION OR ALTERNATIVE DIAGNOSIS**

Investigations required:

- ☐ CRP
- ☐ FBC
- ☐ U+E
- ☐ LFTS
- ☐ Magnesium
- ☐ Faeces PCR
- ☐ Clostridium difficile culture
- ☐ Plain abdominal XR

Acute severe colitis confirmed?

Management

- ☐ IV hydrocortisone 100mg QDS
- ☐ Low molecular weight heparin VTE prophylaxis
- ☐ Calcium supplementation Ad-Cal D3

Clinical history and judgement should be used to establish if an infective cause is likely. In this instance prescribe antibiotics according to Trust guidelines. **Antibiotics should not prevent steroid administration in patients with known/possible IBD.**

IBD NURSES ARE AVAILABLE IN HOURS 9AM-5PM MON-FRI ON 1417  
BUT MAY BE IN CLINIC