Patients with acute colitis who are shocked or systemically unwell should be discussed with your SENIOR immediately

Patients normally present with loose stools but can present with Bowel Obstruction due to acute inflammation or secondary to strictures

Patients with signs / symptoms of obstruction should be discussed with your SENIOR immediately

COMMON CAUSES

INFLAMMATORY
- Crohn's
- Ulcerative colitis (UC)
- Diverticulitis

INFECTIOUS
- Bacteria
- Viral
- Fungal (rare)
- Ova / Cysts / Parasites

OTHER
- Ischaemic
- Chemotherapy induced
- Radiation colitis

SIGNS AND SYMPTOMS

- **Diarrrhoea:**
  - Blood
  - Mucus
  - Increased frequency / Nocturnal frequency
- **Abdominal pain**
- **Nausea / Vomiting**
- **Weight loss**
- **Fevers:**
  - Inflammatory / Infectious
- **Extra-intestinal manifestations in Crohn's / UC:**
  - **Perianal disease**
  - **Joint pain**
  - **Rash:**
    - Erythema nodosum / Pyoderma gangrenosum / Psoriasis
  - **Eye problems:**
    - Episcleritis / Scleritis / Uveitis

BOWEL OBSTRUCTION

- **No bowel motions**
- **Not passing flatus**
- **Abdominal pain**
- **Nausea / Vomiting**

HISTORY FINDINGS

INFLAMMATORY
- **Known IBD:**
  - Crohn's / UC
  - Previous Diverticulitis
- **Family history:**
  - Inflammatory bowel disease
  - Other autoimmune conditions
- **Smoking history**:
  - Exacerbates Crohn's
  - +/- protective against UC
  - De novo presentations often seen after quitting smoking in UC

INFECTIOUS
- Foreign Travel
- Unwell contacts
- Unusual diet
- Recent antibiotic use

OTHER
- Vascular risk factors:
  - CVA / IHD / PVD / AF
  - Shock / Hypoperfusion
- Drug induced e.g. Chemotherapy
- Post radiotherapy

EXAMINATION

- **Physical observation:**
  - Febrile / High HR / Low BP
  - Evidence of shock
- **Abdominal exam:**
  - Generalised tenderness / Localised tenderness
  - Peritonitic
  - Hyperactive Bowel sounds
- **PR exam (Peri-anal disease in Crohn's):**
  - Fissures / Fistuale
  - Blood / Mucus
- **Skin:** Rash
- **Joints:** Swelling / Erythema / Warmth
- **Eyes:** Red eye / Photosensitivity

BOWEL OBSTRUCTION

- **Abdominal exam:**
  - Peritonitic
  - Absent / 'Tinkling' Bowel sounds
- **PR exam:**
  - Empty rectum

INVESTIGATION

- **Bloods:**
  - Raised CRP / WBC
  - Anaemia
  - Electrolyte abnormalities
  - Obstructive LFT's:
    - Consider Primary sclerosing cholangitis in UC
- **VBG:** raised lactate / Ischaemic / Shocked
- **AXR:** Toxic megacolon: UC / Infectious / Crohn's (rare)
- **Stool sample:**
  - +ve Culture / PCR (Infectious)
    - C. Difficile
    - Consider investigation for Ova / Cysts / Parasites if foreign travel
  - +ve Faecal calprotectin:
    - Not specific and will be elevated in many conditions including infective colitis and colorectal cancer but may be useful in flares of known IBD

BOWEL OBSTRUCTION

- **AXR:**
  - Dilated bowel loops
  - Rigler sign

SEVERITY SCORING

ULCERATIVE COLITIS

TRUELOVE & WITTS SEVERITY INDEX

MANAGEMENT

EARLY ESCALATION TO SENIOR IF PATIENT DEMONSTRATING ANY OF THE FOLLOWING FEATURES

- **Shocked**
- **Systemically unwell**
- **Bowel obstruction**
- **Before starting treatments for specific underlying cause**
- **Cross-sectional imaging (CT / MRI) / Angiogram required**

FLUID RESUSCITATION

- **IV Access:**
  - 2X large IV cannulas 18 gauge (GREEN) or larger
- **Catheter** for accurate fluid balance assessment
- **Fluid resuscitation**
- **Replace electrolytes / Blood**
  - As required

INITIAL TREATMENTS FOR UNDERLYING CAUSE

INFLAMMATORY

Steroids - Discuss with Senior first
- **Severe:**
  - IV Hydrocortisone 100mg QDS
- **Less Severe:**
  - PO Prednisolone 40mg OD
- + PPI / Bone protection

INFECTIOUS

Discuss with Microbiology / Senior
- **Antibiotics (Bacterial)**
- **Anthelmintic (Parasite)**
- **Anti-fungal**
- **Supportive (Viral)**

OTHER

Discuss with Senior
- **Ischaemic:**
  - Bowel rest
  - +/- NG tube if Ileus occurs
  - **Surgical review**
- **Radiotherapy colitis:**
  - Sucralfate enemas

VTE Prophylaxis

- **Low molecular weight heparin**
- Even if PR bleeding as at significant risk of VTE

SPECIALIST INPUT

- Early Gastroenterology / Surgical review as appropriate

Always consult BNF for dose / administration and contraindications for all above medications