Pathway for timely assessment and shared care of children presenting with symptoms suggestive of IBD

Child with symptoms suggestive of IBD first point of contact to complete initial investigations and refer to secondary care
FBC, U&Es,LFTs bone profile ,ESR,CRP.ferritin, IgATTG
Stool microbiology and virology and calprotectin

If blood tests abnormal or red flags GP to contact **Paediatric registrar**

If blood tests normal and no red flags GP to refer via choose and book to paediatric gastroenterology clinic.

Child seen in secondary care with symptoms suggestive of IBD.
Initial investigations completed.
FBC, U&Es,LFTs,ESR,CRP.bone profile, ferritin, IgATTG, TFTs.
Stool microbiology and virology, calprotectin

Patient seen by paediatrician with interest in gastroenterology.or
If child acutely unwell and needs inpatient assessment immediate referral to GNCH paediatric gastroenterology team may be appropriate.
Tertiary team to be contacted via switchboard on call paediatric. Gastroenterologist. 01912336161.
Copy referral to SPIN gastroenterology

IBD unlikely
Follow up as required locally

If after assessment IBD most likely second line tests completed

- TPMT
- Varicella, EBV
- Measles
- Feacal calprotectin

Any child presenting with acute surgical abdomen where Crohns disease is suspected to be contributing. Should be resuscitated at DGH and decision for surgery MUST be an MDT decision made between Paediatricians (SPIN if available), local surgeons and tertiary paediatric surgeons. And paediatric gastroenterologists

1. Patient acutely unwell needs inpatient referral IV access.
2. To be transferred as soon as bed available, bowel preparation started locally if requested
3. NECTAR to be contacted if signs of sepsis or toxic megacolon
4. Resuscitation to be commenced locally and patient stabilised for

Patient not acutely unwell, seen by local team and referral sent to GNCH via secure e mail and discussed by phone with on call consultant if urgent.

Date given for endoscopy at GNCH
Bowel preparation prescribed by paediatrician locally as per guidelines

Definitive investigation and MDT assessment of disease type and severity at tertiary unit.

Commencement of initial therapy
GNCH and local follow up to be decided and arranged at discharge depending on need
Discharge letter copied to local IBD nurse specialist and local Paediatrician with interest in gastroenterology with plan for follow up.
Patients to be made aware of contact details of local team
Referral sent to local team with requests for follow up arrangements
Requests for rapid follow up locally < 1 week or scans to be e mailed to local team via IBD minutes.

Investigations in diagnosis of suspected IBD
FBC U&Es LFTS CRP ESR Ferritin iron stores calprotectin, amylase.

Investigations in suspected IBD prior to transfer
TPMT
Varicella
Measles
EBV IgG

Definitive investigations to be undertaken at tertiary centre
OGD and colonoscopy including terminal ileum
MRE

Suggested follow up of newly diagnosed IBD with managed clinical network

Initial follow up after diagnosis

Child commenced on nutritional therapy or steroids +/- immunosuppression by tertiary centre

Local DGH Follow up
2 week follow up by dietitian and IBD nurse specialist locally to include clinical assessment, assessment of compliance, weight, side effects, bloods and calprotectin.
Output from follow up to be e mailed to IBD nurses GNCH for MDT minutes
Weekly contact with IBD nurse specialist locally

4-5 week Follow up
SPIN gastroenterology at DGH. Clinical assessment and bloods including drug monitoring, side effects.
Outcome from clinic review to be e mailed to GNCH for IBD MDT minutes

Tertiary hospital follow up GNCH
This is a guide as it will be dictated by how unwell the child has been and whether acute surgical input needed.in these circumstances all initial follow up may be tertiary.

8 weeks follow up MDT service local team
For those on exclusive enteral nutrition include clinical assessment and bloods and faecal calprotectin as baseline for end on induction of remission therapy

8-11 week follow local MDT
For those on weaning course of prednisolone – clinical assessment and bloods and faecal calprotectin as baseline for end on induction of remission therapy

Follow up after remission
3 monthly shared care to be decided at end of remission
Frequency of tertiary visits will be dependent on disease severity and response to treatment and surgical intervention.

Annual follow up
All CYP with IBD will have an annual review – Standardised annual review checklist needed

Transition

All children aged 13-16 years To be started on transition programme
Initial education based on Ready, steady, GO
Ensure no safeguarding concerns
Offer local adult transition at 16 years.
Transition clinics x3 at aged 16 years mixture of adult and adolescent environment prior to full transfer to adults. To be arranged locally

Please note this is a rough guide and transition may require more joint visits depending on disease control and development of young person.

Contact numbers

name	role	phone	E mail
Dr Rosemary Thwaites	Consultant paediatrician	07856771902 Ext 52713	Rosemary.thwaites@nhs.net
Dr Alison Morrison	Consultant paediatrician		Alison
Emma Woodhall	IBD nurse Teesside	07776160730	
Dr Elizabeth Renji	Paediatric gastroenterologist GNCH		
Christine Maville and clare Smith	IBD nurse specialists GNCH		
DR B McLain	Paediatric gastroenterologist North Tees patients		

References:

- Consensus guidelines of ECCO/ESPGHAN on medical management of paediatric Crohn's disease,.Journal of Crohn's and colitis 2014
- BSPGHAN IBD standards 2008
- Quality standards for paediatric gastroenterology, hepatology and nutrition. January 2017 BSPGHAN, RCPCH
- NICE IBD 2015
- NICE Crohns disease 2012
- BSPGHAN IBD working group Thiopurine (Azathioprine/Mercaptopurine) Blood Monitoring Guidelines April 2017.
- Guidelines for the Management of Inflammatory BowelDisease in Children in the United Kingdom, Bhupinder K. Sandhu,et al JPGN *Volume 50, Suppl 1, February 2010.*
- Management of Pediatric Ulcerative Colitis: Joint ECCO and ESPGHAN Evidence-based Consensus Guidelines , Dan Turner et a:JPGN 2012,
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