

Inflammatory Bowel Disease Resource Tool for Primary Care

Patient Name: _____

DOB: _____



Vaccine Preventable Illnesses	Date Reviewed	Cancer Surveillance	Date Reviewed	
Hepatitis A - Safe for at-risk patients * 2 doses per current ACIP guidelines		Colon Cancer - Initial colorectal cancer screening should begin 8-10 years after the onset of symptoms for extensive UC or Crohn's colitis involving > 50% of colon. Left-sided UC or Crohn's colitis involving one third to one half of the colon should begin screening at 15 years. Surveillance should begin every 1-2 years after initial screening. Cervical Cancer - women with IBD, especially CD are at a higher risk of developing cervical cancer. Women with IBD and those on immunosuppressive therapy need annual PAP smears. Skin Cancer - regular use of sunblock if on immunosuppressive therapy. Annual dermatology skin checks for skin cancer (melanoma and non-melanoma).		
Hepatitis B - If the patient is seronegative, or is unvaccinated a 3-dose series is recommended per current ACIP guidelines. Recommended to check titers after series completion to assess response				
HPV - Recommended for males and females ages 9 to 26 years per current ACIP guidelines				
Influenza - Annual vaccination with inactivated form (intramuscular form) regardless of immunosuppressive status. Patients with known or suspected influenza should receive antiviral medication.				
Meningococcal Meningitis - Safe and recommended for patients with high-risk conditions or at increased risk of disease per current ACIP guidelines.				
MMR (Live vaccine) - If vaccine history is unclear, check titers. Can vaccinate if lacking immunity and at least 6 weeks before immunosuppressive therapy begins. Household family members of immunocompromised patients may be vaccinated.		Bone Health	Date Reviewed	
Pertussis - Tdap may be given per current ACIP guidelines, ideally before immunomodulator therapy.				Patients with IBD are at increased risk for osteoporosis. Baseline DEXA in the following patients and repeat every 2 years. Higher risk patients should be repeated every 1 year. Bone Density Assessment - 1. Post menopausal women 2. Cumulative prior corticosteroid use >3 months 3. Low trauma or frailty fracture 4. Over 60 years of age 5. Ongoing steroid use > 3 months 6. Males > 50 years 7. Males with hypogonadism.
Pneumococcal Pneumonia - Safe for all patients regardless of immunosuppressive status, however literature has consistently shown those on TNF inhibitor therapy had a significantly blunted response to the vaccine. If possible, may want to consider vaccinating prior to receiving immunosuppressive therapy. PPSV23 should be administered to patients aged ≥ 2 years and a second dose should be given 5 years later.				Vitamin D 25-OH level - Measured in patients at risk and supplement with Vitamin D if deficient or insufficient.
TB Screen - TB history and CXR performed and interpreted prior to beginning first course of anti-TNF (tumor necrosis factor) therapy				Calcium - Supplement all patients receiving steroids, if not contraindicated.
Tetanus - Vaccinate with Td booster every 10 years per current adult ACIP guidelines. Substitute with Tdap one time if last Td ≥2 years.				
Varicella (chicken pox) - (Live vaccine) Varicella vaccine is contraindicated in patients receiving immunosuppressive therapy. If immunity is not clear or unknown, check titer. If patient lacks adequate immunity they should receive the varicella vaccine at least 4 weeks before onset of immunosuppressive therapy. (The wild-type varicella infection puts these patients at increased risk of complications, some of which can be severe.)		Other Screening	Date Reviewed	
Zoster (shingles) - (Live vaccine) - Consider in patients ≥50 years of age if given 4-12 weeks prior to starting immunosuppressive therapy.				Tobacco Cessation - Discuss at every visit if applicable. *Those with UC are at risk of a flare when they stop smoking tobacco. *Smoking has an adverse effect on Crohn's disease activity. Risks of smoking outweigh benefit to UC symptoms. Weight and nutrition - Discuss unintentional weight loss possibly due to diarrhea, loss of appetite due to abdominal pain, nausea, vomiting or worsening diarrhea. Assess BMI periodically. B-12 levels if ileal CD or resection. Refer to dietitian when necessary. Depression Screening — Depression affects 15-30% of IBD patients. Screening with the Patient Health Questionnaire (PHQ-9) is recommended, especially during active disease. Refer for evaluation as needed.

The above highlighted entries are a part of The Physician Quality Reporting System (PQRS). <http://www.gastro.org/practice/quality-initiatives/cms-physician-qualitative-report-initiative>, accessed January 27, 2016

Extraintestinal Manifestations of Inflammatory Bowel Disease

Sites	Extraintestinal manifestations
Musculoskeletal System (9% - 53% of IBD patients)	<ul style="list-style-type: none"> • Peripheral arthralgia, arthritis • Spondyloarthritis (ankylosing spondylitis, sacroiliitis) • Osteoporosis
Dermatologic System (2% - 34% of IBD patients)	<ul style="list-style-type: none"> • (Most common) Pyoderma gangrenosum, erythema nodosum • Psoriasis • (Perianal) Abscesses, fissures, fistulas, skin tags • Skin cancers (non-melanoma and melanoma)
Ocular System (0.3% to 5% of IBD patients)	<ul style="list-style-type: none"> • Uveitis, iritis, episcleritis, keratopathy, dry eyes
Hepatopancreatobiliary System (~5% of IBD patients)	<ul style="list-style-type: none"> • Fatty liver disease, hepatitis • Cholelithiasis, primary sclerosing cholangitis (PSC)
Metabolic System	<ul style="list-style-type: none"> • Growth retardation, delayed sexual maturation
Renal system	<ul style="list-style-type: none"> • Nephrolithiasis (calcium oxalate stones), hydronephrosis, fistulas, amyloidosis, glomerulonephritis
Oral System	<ul style="list-style-type: none"> • Aphthous stomatitis
Hematologic	<ul style="list-style-type: none"> • Anemia, venous thromboembolism, pulmonary embolism

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Crohn's & Colitis Foundation of America (January 2015) <http://www.ccf.org/science-and-professionals/programs-materials/patient-brochures/> Fact sheet news from the IBD help Center.