

Supplemental Figure 6

IBD Pre-Visit Assessment & Care P

Patient:

AGE: MRN: DOB: MD:

Next Visit: Wt(kg): Ht(cm): BMI: BSA: Disease Act:
Last Visit: TPMT: Diagnosis: Diagnosis Date:

How feeling today? Best felt in life? Confidence in managing disease:

Medications	Current Dose	mg/kg (last wt)	Guideline	Recommendations	No Change
5-ASA		*	Active: 80 (60-100) mg/kg/day up to 4.8g/day Quiescent/Inactive: 40 (30-100) mg/kg/day up to 4.8g/day * if > 4800 then 4800	Increase/Decrease to _____	<input type="checkbox"/>
Colazal			2.25 g TID or 750 mg TID	Increase/Decrease to _____	<input type="checkbox"/>
Azathioprine			Intermediate TPMT Activity: 1.5 - 2.5 mg/kg/day Normal to High TPMT Activity: 2.5 mg/kg/day	Increase/Decrease to _____	<input type="checkbox"/>
Methotrexate		*	15mg/m2, max of 25mg Maintenance - Adult 15-25mg, 12-16 wks * If > 25 then 25	Increase/Decrease to _____	<input type="checkbox"/>
Folic Acid			1mg/day PO	Increase/Decrease to _____	<input type="checkbox"/>
Sulfasalazine		*	Active: 70 (50-80) mg/kg/day up to 4g/day Quiescent/Inactive: (25-80) mg/kg/day up to 4g/day * if > 4000 then 4000	Increase/Decrease to _____	<input type="checkbox"/>
Ergocalciferol			Supplements based on intake (consult dietician) 500 mg or 1000 mg elemental Ca	Increase/Decrease to _____	<input type="checkbox"/>
Steroid			1 mg/kg, rounded to nearest 5mg, up to 40-60mg/day Taper: After 4 wks, reduce by 5mg weekly over at least 8 wks	Increase/Decrease to _____ <input type="checkbox"/> Start/Continue Taper <input type="checkbox"/> Corticosteroid sparing agent	<input type="checkbox"/>
Enteral Therapy				Increase/Decrease to _____ <input type="checkbox"/> Dietary Consult	<input type="checkbox"/>
Entocort				Increase/Decrease to _____	<input type="checkbox"/>
Humira					
Cimzia					
Remicade		Trough: Date:	5 mg/kg at 0,2,6 weeks, up to 10 mg/kg Moderate/Severe: check trough every 180 days	Increase/Decrease to _____ <input type="checkbox"/> If still mod/severe, consider checking trough	<input type="checkbox"/>
6MP		6TGN: Date:	Intermediate TPMT Activity: 0.75 - 1.0 mg/kg/day Normal to High TPMT Activity: 1.5 mg/kg/day If Active Disease: Check 6TGN level every 90 days	Increase/Decrease to _____ <input type="checkbox"/> If still active, consider 6TGN level	<input type="checkbox"/>

Guidelines:	Latest Lab Values:							
5-ASA: BUN, Creatinine, UA q 12 mo	BUN			Creatinine			S Folate	
6MP/AZA/MTX: CBC, LFT q 3-4 mo	U Blood			U WBC/HPF			U RBC/HPF	
Remicade: CBC, LFT q visit/q other visit	WBC			Hgb			Hct	
Prednisone > 3 months: bone density	Platelet			MCV			ALT	
Vitamin D q 6 months	AST			GGT			Alk Phos	
Vit B12, folate q 12 months	Bili Total			VitB12 Level			VTD25 Hydrx	
Thyroid q 12 months	Fecal Calpr			TSH			T4 Free	
If quiescent, fecal calprotectin (q 6 months)								

Lab Recommendations:

- ☐ Order Labs: _____
- ☐ Anemia: Supplements: ☐ Fe ☐ B12 ☐ Folate ☐ Other _____
- ☐ Bone Density Test ☐ Order Fecal Calprotectin _____

Additional Recommendations:

* Reassess Disease Activity - consists of imaging studies, upper endoscopic studies, and colonoscopy

- ☐ Dietary Consult ☐ Supplemental Calories ☐ Reassess Disease Activity* ☐ Bone Age ☐ MV (age appropriate) ☐ Endocrine Referral ☐ IGF1, IGFBP3

Nutritional Status: Last Date: _____

Growth Status: Last Date: _____

(Continued)

MRN: _____

Research Studies:

Active: _____

Potential: _____

Other Care Recommendation:

PRE-PLANNING TEAM ONLY:

	FAILURE		
	Not in DocSite	Not Up-To-Date	Not Captured
Disease Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications 5ASA,6MP,AZA,remicade,steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optimal Dose (guidelines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TPMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6TGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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