



Inflammatory Bowel Disease (IBD) Clinic Visit Flow

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IBD RN CARE COORDINATOR



Components of an IBD Clinic Visit



TEAM MEMBERS / ROLES

MEDICAL ASSESSMENT AND TREATMENT PLAN

TRANSITION PROGRAM

IBD Clinic Visit Team Members

Patient and Family

Patient Access Representative

Physician

Nurse and Medical Assistant

Psychology and Registered Dietician

Surgical Team



MyChart Activation / Usage

MyChart App on an iOS or Android device.

to your child's health

MAGNET RECOGNIZED
AMERICAN MEDICAL ASSOCIATION

BEST CHILDREN'S HOSPITALS
US News
RANKED & RE-SPECIALLY
2020-21

Click "SIGN UP NOW" to start activating your account the first time.

MyChart Username
Password
SIGN IN

Forgot Username? Forgot Password?

New User?
SIGN UP NOW

Request Access Online
NEW ACCOUNT REQUEST

Pay as Guest
PAY A BILL on behalf of a patient at Rady Children's Hospital

Go Mobile
Download on the App Store GET IT ON Google Play

Stay Connected
Helping kids and their families thrive. Every day, our care team works to ensure that each child gets the finest medical care and that every family receives the compassion and support they deserve.
JOIN US

For urgent medical matters, contact your physician's office or dial 911 for emergencies.



Questionnaires

Close

Pediatric Ulcerative Colitis Screening (PUCAI)

Please review your responses. To finish, click **Submit**. Or, click any question to modify an answer.

How much abdominal pain do you have?

Pain cannot be ignored

How much rectal bleeding do you have?

Small amount with most stools

How formed are your stools?

Partially formed

Number of stools per 24 hours

6-8

Do you wake up at night to pass stool?

Yes

Activity level

Occasional limitation of activity

0 - 9: Remission (Disease not active)

10 - 34: Mild

35 - 64: Moderate

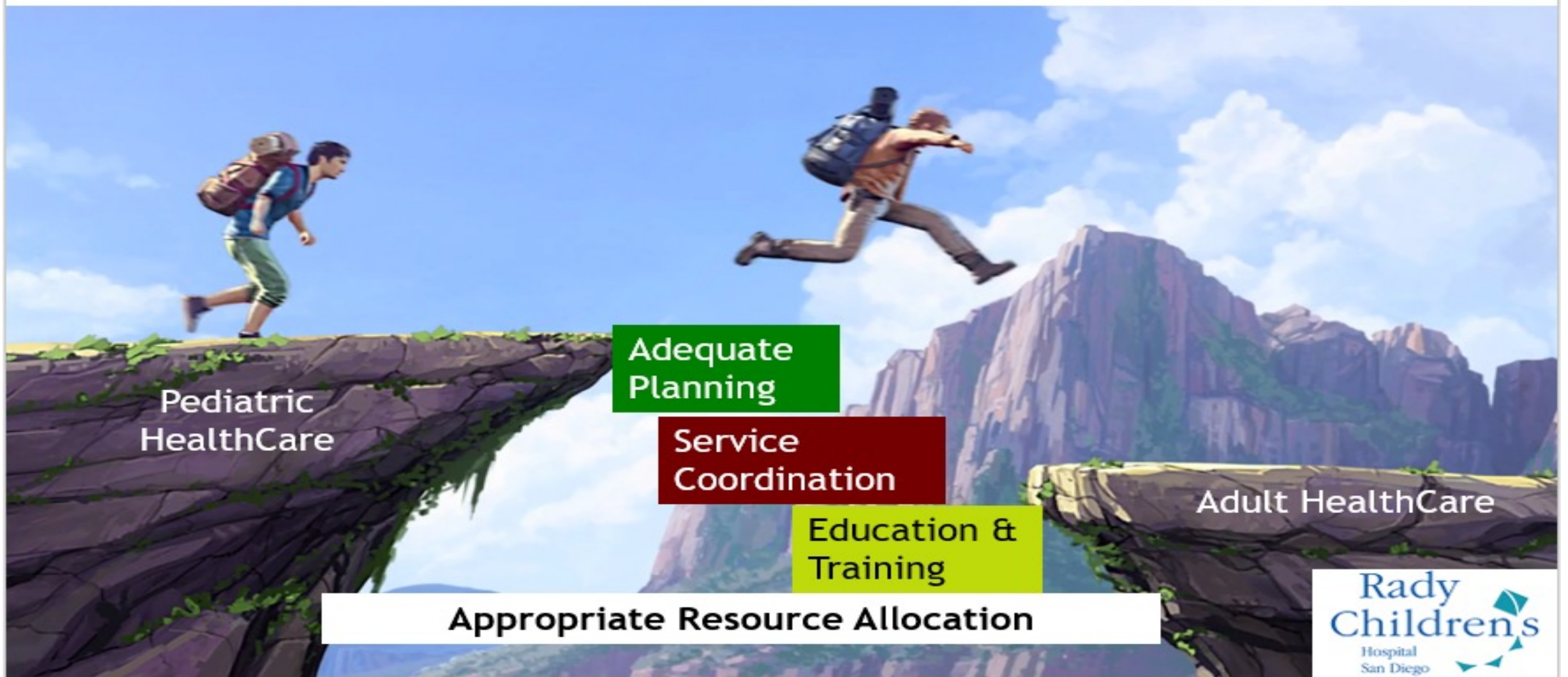
> 65: Severe



Pre-Visit Questionnaires & Surveys

- PUCAI
- GAD 7
- PROMIS
- Depression Screening

Transition Program



Pediatric
HealthCare

Adequate
Planning

Service
Coordination

Education &
Training

Appropriate Resource Allocation

Adult HealthCare



Skills Practicum

Transition Skill Acquisition Practicum

- Evaluation of Practical Skills – i.e. Reading Rx labels

SELECT ONE ANSWER

9. Read the prescription label below:

	Random Pharmacy, Inc. (858) 555-5555 Your Town, Your State 99999
	Rx# 1037659 Refills left: 3 For: Your Name Until 6-30-20
Instructions: YOUR IBD MEDICINE Take 2 pills every 8 hours	Dr. Your Doctor Discard after: 12-31-21
 42000 06200	

TRANSITION ASSESSMENT SCREENSHOT

IBD Assessment

How confident do you feel about your ability to prepare for/change to an adult doctor with 1 being not confident and 10 being extremely confident

1 2 3 4 5 6 7 8 9 10

12 - 14

I can describe my medical condition(s)

Yes No I would like to know more Selected Goal

I can name my medications and know what they are for and the amount and times I need to take them

Yes No I would like to know more

I know my allergies to medications and medicines I should not take

Yes No I would like to know more

I know my doctor's and nurses' names and roles

Yes No I would like to know more Selected Goal

I can use and read a thermometer

Yes No I would like to know more Selected Goal

I can ask and answer at least 1 question during my health care visit

Yes No I would like to know more

I can managed my medical issues at school

Yes No I would like to know more

I know my doctor's phone number and can call my doctor's office to make or change an appointment

Yes No I would like to know more Selected Goal

Before my doctor's visit, I think about questions to ask

Yes No I would like to know more

I have access to my own MyChart account and have checked MyChart

Yes No I would like to know more

Transition Goal Setting

Physician-patient discussion

- Selection of transition readiness goals



▼ 15 - 17 Years

I know the names and purposes of the medical tests that are done

Yes No Needs Improvement Selected Goal

I know what can make my medical condition or health worse

Yes No Needs Improvement Selected Goal

I know my medical history

Yes No Needs Improvement Selected Goal

I answer most of the questions during a health care visit

Yes No Needs Improvement Selected Goal

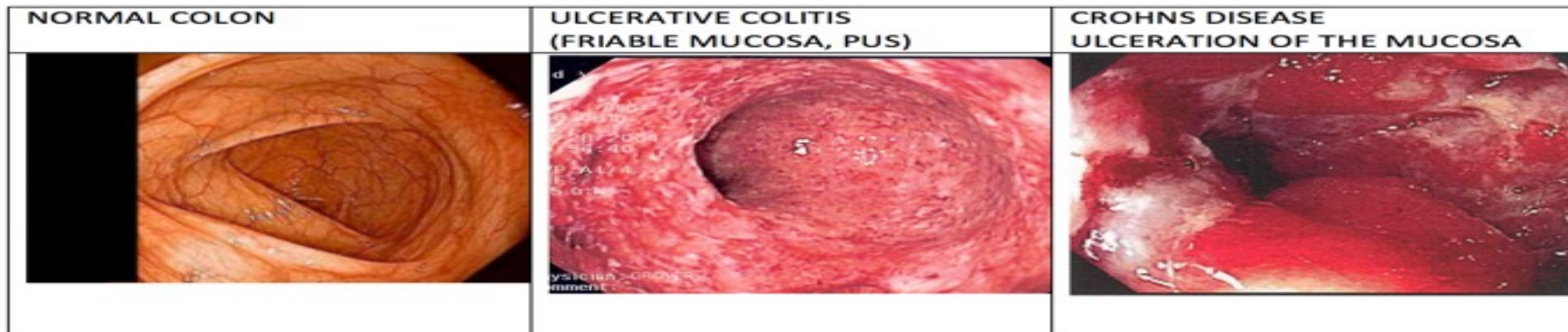
Transition Resources

Print materials to help achieve knowledge/skill acquisition

INFLAMMATORY BOWEL DISEASE 101

1. What is inflammatory bowel disease?

Inflammatory bowel disease is the inflammation of your intestines, where your intestines appear red, raw and irritated (see pictures below). There are 3 types of inflammatory bowel disease: ulcerative colitis, Crohn's disease, and indeterminate inflammatory bowel disease. In **Ulcerative colitis**, the inflammation is only at your colon or large intestine. When the inflammation is limited to the last part of your colon (the rectum), it is called **proctitis**. In **Crohn's disease**, the inflammation can occur anywhere along your gastrointestinal tract from your mouth to your anus. In indeterminate inflammatory bowel disease (sometimes called **indeterminate colitis**), you may have symptoms or test results that make it difficult for doctors to put you in the Crohn's disease or Ulcerative colitis category.



MEDICAL HISTORY

IBD Medical Summary

MY MEDICAL INFORMATION WORKSHEET

What Do I need to Know about Myself and My Health?

If I don't know, I will ask my doctor and find out! **KNOWLEDGE IS POWER!**

I will have this information at all times and make sure to update it every year.

Diagnosis: Crohn's Disease

How was I diagnosed?

9/2015 via endoscopy.

Endoscopy demonstrated erythema, inflammation, and purulence at the terminal ileum, cecum, and ascending colon with aphthous ulcers in the ascending colon. Patchy erythema of the rectum and stomach.

Histopathology:

- moderate chronic active inflammation of TI
- severe chronic active inflammation of cecum with granulomas
- mild chronic active inflammation of ascending colon and stomach
- moderate lymphocytic inflammation of mid-esophagus

Also had Magnetic Resonance Imaging 9/2015

Inflammatory process centered in the right lower quadrant. This is seen primarily as wall thickening of the cecum and terminal ileum.

Who is my medical team

Gastroenterologist: Jeannie S Huang, MD
Nurse: Robin Kruth, RN

P: 858 966 4003

What other medical conditions do I have?

What medications and treatments am I taking?

Pharmacy?

CHILDREN'S MEDICAL CENTER PHARMACY - SAN DIEGO, CA - 3030 CHILDREN'S WAY SUITE 108
3030 CHILDREN'S WAY SUITE 108
SAN DIEGO CA 92123
Phone: 858-966-4060 Fax: 858-966-5995

Goals of Transition Program

Enable a standardized mechanism to provide transition services to adolescents/young adults



Start services at age 12 years

Service delivery on an annual basis to prepare for transfer to adult services





Contact Information

Nurse Line: (858) 966-4003 #3

AFTER HOURS, WEEKENDS & HOLIDAYS:

(858) 966-1700

ASK TO SPEAK TO GI MD ON-CALL