

# My Crohn's Disease (CD) Management Plan



Name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_\_

Patient number: \_\_\_\_\_ Date of diagnosis: \_\_\_/\_\_\_/\_\_\_\_

Gastroenterologist to tick

## Montreal Classification (at worst disease state)

| Age at diagnosis:                             | Location  | Behaviour   |
|---|---|---|
| <input type="radio"/> A1 – Below 16y          | <input type="radio"/> L1 – Ileal                  | <input type="radio"/> B1 – Non-stricturing, non-penetrating |
| <input type="radio"/> A2 – Between 17 and 40y | <input type="radio"/> L2 – Colonic                | <input type="radio"/> B2 – Stricturing                      |
| <input type="radio"/> A3 – Above 40 y         | <input type="radio"/> L3 – Ileocolonic            | <input type="radio"/> B3 – Penetrating                      |
|   | <input type="radio"/> L4 – Isolated upper disease | <input type="radio"/> p – Perianal disease                  |

## My health

Previous procedures/treatment history highlights (e.g. date of last colonoscopy or blood test, surgery, dilatation, endoscopy, imaging, failed medications):

Allergies (including medication):

Considerations (e.g. family history of colorectal cancer or osteoporosis, comorbidities, or extra-intestinal manifestations):

## My healthcare professional team

|                                       |   |
|---------------------------------------|---|
| <b>GP:</b><br>Ph:<br>Email:           | <b>Gastroenterologist:</b><br>Ph:<br>Email: |
| <b>Nurse:</b><br>Ph:<br>Email:        | <b>Dietitian:</b><br>Ph:<br>Email:          |
| <b>Psychologist:</b><br>Ph:<br>Email: | <b>Pharmacist:</b><br>Ph:<br>Email:         |
| <b>Other:</b><br>Ph:<br>Email:        | <b>Other:</b><br>Ph:<br>Email:              |

Complete with gastroenterologist

## My CD medication plan

| Name of medication | Dose | How often |
|--------------------|------|-----------|
|                    |      |           |
|                    |      |           |
|                    |      |           |
|                    |      |           |
|                    |      |           |

## My symptom management

### When I am feeling my best

|                                   |  |   |  |
|-----------------------------------|--|---|--|
| My stool frequency is ___ per day | I usually do / don't have stomach pain | I usually do / don't need to use antidiarrheal medicine | I usually do / don't feel generally well |
|-----------------------------------|--|---|--|

### When my symptoms are changing... keep a diary for 7 days

|   | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|---|-------|-------|-------|-------|-------|-------|-------|
| Number of liquid or very soft stools  |       |       |       |       |       |       |       |
| Stomach pain<br>0=none<br>1=mild<br>2=moderate<br>3=severe  |       |       |       |       |       |       |       |
| General well-being<br>0=generally well<br>1=slightly under par<br>2=poor<br>3=very poor<br>4=terrible |       |       |       |       |       |       |       |
| Used anti-diarrheal (yes/no)  |       |       |       |       |       |       |       |

### What should I do?

If you experience the following **RED FLAG** symptoms:

- 1.
- 2.
- 3.
- 4.

then you should contact:

**Go to hospital if you feel very unwell or develop fever, lots of bleeding and/or severe abdominal pain.**

### What I do to keep myself well

|                             |                         |                             |
|-----------------------------|-------------------------|-----------------------------|
| <b>Smoking</b>              | Do you currently smoke? | Have you previously smoked? |
| <b>Diet</b>                 |                         |                             |
| <b>Supplements</b>          |                         |                             |
| <b>Emotional well-being</b> |                         |                             |
| <b>Exercise</b>             |                         |                             |

**Note:** Any big changes to your lifestyle should be talked about with your GP, gastroenterologist or IBD nurse.

### My health checks

|                         | Tick if required      | Year of last | Year of next |
|-------------------------|-----------------------|--------------|--------------|
| Cervical screening test | <input type="radio"/> |              |              |
| Skin check              | <input type="radio"/> |              |              |
| Influenza vaccine       | <input type="radio"/> |              |              |

Complete with gastroenterologist

Complete with your GP

## Additional support

CCA Helpline & NurseLine: [call 1800 138 029](tel:1800138029)

Crohn's & Colitis Australia: [crohnsandcolitis.org.au](http://crohnsandcolitis.org.au)

Gastroenterological Society of Australia: [gesa.org.au/education/patient-resources](http://gesa.org.au/education/patient-resources)

Developed in 2023 as part of the GP Aware Project

