## My Ulcerative Colitis (UC) Management Plan



| Name:   | Date of birth:   |
|---|--|
| Patient number:                               | Date of diagnosis:   |
| Montreal classification (at worst disease sta | te)  |
| Extent:                                       | Severity:  |
|   |  |
|   |  |
|   |  |
|   |  |
| My health                                     |  |
| endoscopy, imaging, failed medications):      | ights (e.g. date of last colonoscopy or blood test, surgery, dilatation, |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Allergies (including medication):             |  |
|   |  |
|   |  |
|   | tal cancer or osteoporosis, comorbidities, or extra-intestinal           |
| manifestations):                              |  |
|   |  |
|   |  |
| My healthcare professional team               |  |
| GP:   | Gastroenterologist:  |
| Ph:   | Ph:  |
| Email: Nurse:                                 | Dietitian:   |
| Ph:   | Ph:  |
| Email:  | Email:   |
| Mental health:                                | Pharmacist:  |
| Ph:   | Ph:  |
| Email:  | Email:   |
| Other:  | Other:   |
| Ph:   | Ph:  |
| Email:  | Email:   |
| My UC medication plan                         |  |
| Name of medication                            | Dose How often   |
|   | Dose Tiew order  |
|   | Desc How electr  |
|   | The verters  |
|   |  |
|   |  |
|   |  |

| My symptom management     |                           |                          |                              |
|---------------------------|---------------------------|--------------------------|------------------------------|
| When I am feeling my best |                           |                          |                              |
| My stool frequency is     | I usually do / don't have | I usually do / don't see | I usually do / don't need to |
| per day                   | night-time stools         | blood in my stools       | rush to the toilet           |
|                           |                           |                          |                              |

Note: 'stools' includes incomplete bowel movements when you only pass mucus and/or blood.

| When my symptoms are changing keep a diary for 3-4 days |                 |                      |                  |  |
|---|-----------------|----------------------|------------------|--|
|   | Stool frequency | Night-time frequency | Blood in stools  |  |
| Date  | 0-3 4-6 6+      | 0 1 2+               | None Trace Large |  |
|   |                 |                      |                  |  |
|   |                 |                      |                  |  |
|   |                 |                      |                  |  |

## What should I do?

Mostly GREEN: continue taking medications as recorded in your UC medication plan.

Mostly ORANGE: take these actions (e.g. medication or contact):

- 1
- 2.
- 3.
- 4.

If you ticked ANY **RED**: then you should contact:

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

| What I do to keep myself well |                         |                             |  |
|-------------------------------|-------------------------|-----------------------------|--|
| Smoking                       | Do you currently smoke? | Have you previously smoked? |  |
| Diet                          |                         |                             |  |
| Supplements                   |                         |                             |  |
| Emotional<br>well-being       |                         |                             |  |
| Exercise                      |                         |                             |  |
|                               |                         |                             |  |

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 |              |              |
| Skin check              |              |              |
| Influenza vaccine       |              |              |

**Additional support** 

Complete with your GP

CCA Helpline & NurseLine: call 1800 138 029 Crohn's & Colitis Australia: crohnsandcolitis.org.au

Gastroenterological Society of Australia: <a href="mailto:gesa.org.au/education/patient-resources">gesa.org.au/education/patient-resources</a>

Developed in 2023 as part of the GP Aware Project





atory bowel disease GP Aware consortium

