My Ulcerative Colitis (UC) Management Plan



Name:	Date of birth://					
Patient number:	Date of diagnosis://					
Mantanal Classification (at words discuss at at a)						
Montreal Classification (at worst disease state) Extent:	Severity:					
E1 – Ulcerative proctitis	SO – Clinical remission					
E2 – Left sided UC (distal UC)	S1 – Mild UC					
E3 – Extensive UC (pancolitis)	S2 – Moderate UC					
Es - Extensive oc (puncontis)	S3 – Severe UC					
	33 - Severe OC					
My health	late of last colonia constitution					
Previous procedures/treatment history highlights (e.g. date of last colonoscopy or blood test, surgery, dilatation, endoscopy, imaging, failed medications):						
Allergies (including medication):						
Aller gres (including medication).						
Considerations (e.g. family history of colorectal cancer of manifestations):	or osteoporosis, comorbialties, or extra-intestinal					
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M. haulthaus nucleasianul taum						
My healthcare professional team GP:	Gastroenterologist:					
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TEN:						
	Ph:					
Email:	Ph: Email:					
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Email: Nurse: Ph: Email: Psychologist: Ph: Email: Other: Ph: Email: My UC medication plan	Ph: Email: Dietitian: Ph: Email: Pharmacist: Ph: Email: Other: Ph: Email:					

My symptom management							
When I am feeling	my best						
My stool frequency	y is I usually do /	don't have	sually do / don't	see	I usually do / don't need to		
per day	night-time st	ools bl	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 f	requency	Night-time frequency	uency	Blood in stools		
Date	0-3 4	-6 6+	0 1	2+	None Trace Large		
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What should I do?							
Mostly GREEN: co	ntinue taking medicatior	ıs as recorded in yo	ur UC medication	n 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							
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	Skin check						
Influenza vaccine							

Developed in 2023 as part of the GP Aware Project

Additional support

Complete with your GP

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

Gastroenterological Society of Australia: gesa.org.au/education/patient-resources





