



Objectives: Inflammatory Bowel Disease and Colitis

1. In patients with evidence of a GI bleed, consider colitis or inflammatory bowel disease as a possible diagnosis, given the appropriate clinical context.
2. In patients with chronic or recurrent diarrhea, look for both gastrointestinal and non-gastrointestinal symptoms and signs suggestive of inflammatory bowel disease or other types of colitis (e.g. celiac disease).
3. Given a patient with a diagnosis of inflammatory bowel disease (IBD), recognize extra-intestinal manifestations.
4. In patients with evidence of infectious colitis, consider *Clostridium difficile* as the causative agent given the appropriate clinical context.
5. In patients with suspected viral gastroenteritis, do not prescribe antibiotics and advise conservative management.
6. In patients in whom you suspect has IBD or a non-infectious colitis, refer promptly for consideration of endoscopy.
7. In patients with a flare of otherwise stable non-infectious colitis, consider steroids as a bridge to disease modifying agents.
8. In patients with diagnosed IBD or non-infectious colitis, consider non-pharmacologic management as appropriate (e.g. nutritional support, vaccinations, osteoporosis screening, cancer screening in ulcerative colitis patients).