

IBD Nurse Triage Form: This form can be used by nurses and medical assistants when triaging phone calls from IBD patients.

Patient Name _____ DOB _____ MR# _____ GI Provider _____

Patient's Phone Number _____

Complaint: _____

Is this a new symptom for you? YES/NO

How long has this been going on? _____ Hours _____ Days _____ Weeks

IBD type if known: _____ UC _____ CD

Date diagnosed ____/____/____

Current IBD medications _____

Stools: # stools in past 24 hours _____ Consistency of stools _____

nocturnal stools _____ Fecal urgency _____ Tenesmus _____

Blood in stool? YES/NO _____ Hematochezia _____ Melena _____

Abdominal pain- constant or intermittent; severity _____; location of pain _____

Nausea and/or vomiting? YES/NO _____ Frequency of vomiting _____

Fever? YES/NO _____ Degree _____ F/C

Recent change in medications? YES/NO _____ Specify _____ Travel YES-location _____

Recent antibiotics, if so, the reason: _____

New medications or supplements: _____

Recent labs/imaging/procedures? YES/NO _____ Specify: _____

Medication Allergies: _____

Name of provider notified _____ Time: _____

Recommendations: ___ ER ___ Appointment ___ Other _____

Medication changes? YES/NO Specify if yes: _____

Provided reassurance and clarification of current treatment Yes/No

Nurse		Date/Time	
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Reviewed by the Crohn's and Colitis Foundation's Nurse & Advanced Practice Committee.

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