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

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB</th>
<th>MR#</th>
<th>GI Provider</th>
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<tbody>
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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 ____________________________

Acknowledgement: Updated by Machelle McDowell, RN, FNP and reviewed by the Crohn’s & Colitis Foundation’s Nurse & Advanced Practice Committee. September 2019

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