Fecal Calprotectin Use

Patient presenting with lower GI symptoms suggestive of IBD*

Known IBD?

Bloods abnormal and/or FCALP >200

Pt under ‘active’ FU in 2º care?

Refer for ‘urgent’ OPA – if severe call gastro SpR

Contact encouraged to inform 2º care of episode

Rx and review in 1-2 weeks

Symptoms controlled?

NO

Pt or GP to contact IBD helpline for Rx advice

Return to 1º care FU

YES

GP comfortable with IBD management?*

NO

le. Seen in OPD in last 12 months?

NO

YES

Pt or GP to contact IBD helpline for Rx advice

Refer to IBD clinic – Miles Parkes, Arthur Kaser, Andrew Metz

Refer urgently for flexible sig – if BO>6x/24 hr => call gastro SpR

IBS pathway in 1º care

NO

YES

Bloods normal and/or FCALP 60-200

Repeat FCALP in 4 weeks from first test; Consider IBS advice in meantime (with proviso of re-test)

Equivocal FCALP results can be monitored eg every 4-6w

NB – the presence of other ‘clues’ such as FHx of IBD, florid mouth ulcers etc increases the likelihood of IBD

NB – obesity as cause of mildly raised CRP / ESR with normal FCALP

NO

YES

FBC, CRP, Calprotectin, Coeliac screen, stool MCS

FBALP rising >200?

Repeat FCALP in 4 weeks from first test; Consider IBS advice in meantime (with proviso of re-test)

Contact encouraged to inform 2º care of episode

Referrals may be Declined unless above results received with request

If 2 cycles of advice fail then refer for urgent OPA

Return to 1º care FU

YES

Only use oral steroids for severe disease

NO