Inflammatory Bowel Disease and Nutrition Pathway for Gastroenterologists

1. Diagnosis of Inflammatory Bowel Disease
- Gastroenterologist identifies patient with IBD diagnosis

2. Gastroenterology clinic visit
- Screen for malnutrition
- Direct to appropriate nutrition care

Canadian Nutrition Screening Tool
www.ahs.ca/frm-21101.pdf

3. Complete Malnutrition Risk Screening Tool

Triage based on Canadian Nutrition Screening Tool to identify patients at risk of malnutrition

3a. Nutrition Risk (NO) – No intervention required at this time

3b. Nutrition Risk (YES) – Refer to a Registered Dietician

4. Assess for History of Stricturing or Obstructive Disease

No

Yes

4a. Reduce Insoluble Fiber (roughage)

3a. Nutrition Risk (NO)

Consider Inactive vs Active Disease

Inactive disease/Remission (IBD)

5. My IBD Diet: Self-Managed Tools

Direct patient to ahs.ca/IBD for more information on the following resources:
- Under 'IBD Toolkit'
  - Patient pathway
  - Nutrition resources

6. Special Considerations
- Bloating/gas
- Diarrhea or High Output Ostomy
- Constipation

Ineffective

Active Disease (Crohn's)

7. Therapeutic Diets* - Consider as adjunct to medical therapy

The following therapeutic diets have been cited in the American Gastroenterology Association's Practice Guideline for IBD Nutrition to induce clinical and endoscopic remission in active Crohn's disease:

A. Crohn's Disease Exclusion Diet (CDED)
   a. Partial Enteral Nutrition and Modified Oral Diet

B. Exclusive Enteral Nutrition**
   a. 100% Liquid Diet

* Therapeutic diets may increase risk of malnutrition and require guidance from a Registered Dietitian

** To be considered in select Crohn's disease patients only

3b. Nutrition Risk (YES)

Remission achieved

Refer to a Registered Dietician

Malnutrition resolved

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