

Management Plan for Crohn's Disease Exacerbation.....

Diagnosis: Crohn's disease exacerbation

Diagnostic Tests and Expected Results:

1. Laboratory Tests:

- **CBC:** Anemia (low hemoglobin/hematocrit) and leukocytosis (Cockburn et al., 2023).
- **CRP/ESR:** Elevated, indicating active inflammation (Cockburn et al., 2023).
- **Fecal Calprotectin:** Elevated, confirming intestinal inflammation (Cockburn et al., 2023).

2. Imaging:

- **MR Enterography or CT Enterography:** Bowel wall thickening, possible strictures, or fistula formation (Cockburn et al., 2023).

3. Testing:

- **Colonoscopy:** Mucosal ulcerations, cobble stoning, and skip lesions with biopsy confirming chronic transmural inflammation (Cockburn et al., 2023).

Medications and Nonpharmacologic Treatments:

1. Pharmacologic Treatment:

- **Corticosteroids:** Prednisone 40 mg/day for 7–14 days to control acute inflammation (Cockburn et al., 2023).
- **Monoclonal antibody:** Resume adalimumab dosing 40 mg weekly if applicable (Cockburn et al., 2023).
- **Immunomodulators:** Consider adding azathioprine or methotrexate for maintenance therapy if adherence to biologics remains an issue (Cockburn et al., 2023).
- **Iron Supplementation:** Oral ferrous sulfate or intravenous iron for anemia based on severity (Cockburn et al., 2023).

2. Nonpharmacologic Treatment:

- **Dietary Modifications:** Low-residue diet to minimize mechanical irritation during a flare. Gradual transition to a balanced diet after symptoms improve.
- **Hydration:** Ensure adequate fluid intake to prevent dehydration from diarrhea.
- **Smoking Cessation:** Strongly advised to reduce disease activity and prevent complications.