

GASTROINTESTINAL CLINIC (GC)

PATIENTS WHO SHOULD BE ENROLLED:

- Inflammatory bowel disease such as Crohn's Disease or ulcerative colitis
- Complicated peptic ulcer disease (e.g. Zollinger-Ellison syndrome or refractory dyspepsia)
- Chronic liver disease
- Other gastrointestinal disorders requiring treatment/monitoring.

This clinic is not intended to follow inmates with simple dyspepsia, constipation, food intolerances, or uncomplicated peptic ulcer disease. If the clinician is undecided as to whether to enroll an inmate in this clinic the Regional Medical Director may be consulted.

BASELINE HISTORY AND PROCEDURES:

Document data on the following forms:

- DC4-770GG, *Gastrointestinal Baseline History and Procedures*
- DC4-701F, *Chronic Illness Clinic*
- DC4-770G, *Gastrointestinal Clinic Flow Sheet*
- DC4-730, *Problem List*

Documentation shall include a diagnosis and statement as to the control of the disease (Good, Fair, or Poor).

Baseline history will include an assessment of risk factors:

- Relevant to the diagnosis
- Age at onset
- Frequency of symptoms
- Aggravating and alleviating factors
- Previous treatment including medication(s)
- Complications
- Consultations
- Pertinent medical and surgical history

Physical examination will include evaluation and documentation:

- Description of the inmate's general condition
- Vital signs, including weight
- Skin
- Sclera
- Heart
- Lungs
- Abdomen for:
 - Organomegaly
 - Masses
 - Ascites and determination of abdominal girth in inmates with advanced liver disease

- Extremities (noting edema if present)

Baseline Procedures will include:

- CBC with platelets
- Basic Metabolic Profile (Glucose, BUN, Creatinine, Na⁺, K⁺, Cl⁻)
- Liver Function Tests (AST, ALT, Alkaline Phosphatase, Total and Direct Bilirubin, Total Protein, Albumin)
- Hepatitis Profile
- Urinalysis.

TREATMENT RECOMMENDATIONS:

- Therapeutic lifestyle changes (Dietary education, Exercise, Weight Loss if BMI is greater than 25)
- Pharmacotherapy: According to current national guidelines
- If the inmate is diagnosed with hepatitis C then consideration will be given to initiate treatment if the inmate meets standard treatment criteria as outlined in health services bulletin "Management of Viral Hepatitis," 15.03.09.

EDUCATION:

Education will include:

- Disease process
- Diet if applicable
- Smoking Cessation if applicable
- Medication(s)

FOLLOW-UP VISITS:

Schedule patient based on clinical need but no more than 365 days from last clinic visit.

At each Chronic Clinic visit the clinician shall document:

- Review of the record (labs, treatment records, MARs, etc...)
- Evaluate the control of the disease (Good, Fair, or Poor)
- Current status of the patient compared with the previous Chronic Clinic visit (Improved, Unchanged, or Worsened).
- Provide education as outlined above

Document follow-up visits on forms:

- DC4-770G, *Gastrointestinal Clinic Flow Sheet*
- DC4-701F, *Chronic Illness Clinic*
- DC4-730, *Problem List*, if there are changes or additional diagnoses

Physical examination at every Chronic Illness visit will include at a minimum an evaluation and documentation of:

- Description of the inmate's general condition
- Vital signs, including weight

- Skin
- Sclera
- Heart
- Lungs
- Abdomen for:
 - Organomegaly
 - Masses
 - Ascites and determination of abdominal girth in inmates with advanced liver disease
- Extremities (noting edema if present)

Procedures:

Labs will be collected prior to the CIC and results available for review by the clinician during the Chronic Illness Clinic encounter with the patient.

Procedures as needed and at a minimum annually:

- CBC with platelets
- Comprehensive Metabolic Profile (Glucose, BUN, Creatinine, Na⁺, K⁺, Cl⁻, CO₂, Ca⁺², Total Protein, Albumin, Total Bilirubin, Alkaline Phosphatase, AST, ALT)
- Urinalysis

If clinically indicated:

- LFTs
- Screen for HCC

GOALS:

- Prevent complications
- Control condition
- Diagnose cirrhosis early
- Determine complications, if present
- Delay decompensation