Fulminant Colitis

A 12 year old boy presents to the Emergency Department of ANYWHERE, USA Hospital with a 5 day history of bloody stools. He had been well until about a week ago when he developed low grade fever, nausea, and mild abdominal pain. The next day he developed diarrhea which then turned bloody. About one month previously he had a sinus infection treated with amoxicillin. His mother states that he is having 10-12 stools daily including 2 at night, his stools are mostly bloody, and he is having moderate to severe cramps. His physical examination is remarkable for mild left lower quadrant abdominal tenderness. He weighs 40 kg.

Labs: Hb 8 g/dl, wbc 15,600 with 79% neutrophils, platelet count 190,000, Na 132, K 3.1, BUN 20, Cr 0.9, albumin 2.9, AST 90, ALT 120, GGT 220, bili 0.2/0.5. C. difficile is positive

He is admitted to the hospital after getting bolus IV fluids.

1. What would you do now? Are there more laboratory tests you would obtain in the first 24 hours?
2. How would you treat the C. difficile infection? For how long? When is it no longer C. difficile?
3. Would you do a colonoscopy on the first hospital day? Would you wait?
4. Do you feel compelled to get to the terminal ileum? How do you visualize the small bowel? When do you visualize the small bowel?
5. When it is time to start therapy with steroids what dose and administration schedule would you use?
6. Do you use the PUCAI to help gauge response to therapy?
7. At what time do you declare that CS are not working?
8. What is your preferred rescue therapy?
9. How do you use your rescue therapy, ie., dose, route, etc?
10. Are there special precautions you take before using your rescue therapy?
11. Are there special steps you use to maximize the likelihood your rescue therapy will work?
12. What do you do for pain control?
13. If one rescue therapy doesn’t work do you try a second one?
14. When do you decide it is time for surgery?
15. What do you tell the family about prognosis? Post-surgical complications? Risk of Crohn’s disease?