

Transitioning a Patient With IBD From Pediatric to Adult Care

## Transitioning to adulthood with IBD

The majority of adolescents with inflammatory bowel disease (IBD) will transition from a pediatric to an adult specialist. This transition can be challenging if they are not prepared to take ownership of their healthcare. Even those who remain with their pediatric specialist should be transitioning from dependence on their parents to independent self-management. A successful transition to an adult specialist requires collaboration among the patient, family and healthcare team.

It is critically important to educate the patient as much as possible about their disease and healthcare needs. In addition, it is important to encourage the patient do to as much as they can on their own. The patient should be encouraged to ask questions and participate actively in their care. Some key areas for successful transition are listed below.

# Key areas for successful self-management and transition:

### **KNOWLEDGE**

Disease

Medications (name, dose, purpose, side effects, interactions)

Tests

## **INDEPENDENCE AND ASSERTIVENESS**

Independent health behaviors

Responsible for medications, doctor's visits (scheduling and self-reporting at visit)

Self-advocacy

School, work

Insurance issues

#### **HEALTH AND LIFESTYLE**

Effect of drugs, smoking Consequences of nonadherence Fertility/sexuality

The precise age at which children and adolescents assume these tasks and responsibilities will vary based on their psychological, emotional and social maturity as well as their disease activity, environment and support systems. This is a dynamic process and is not the same for everyone.

The checklist on the reverse side will help as a reminder of what and when to encourage the patient in taking on more responsibility.

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# **Healthcare Provider Transitioning Checklist**

AGE	PATIENT	HEALTH CARE TEAM
12-14	EARLY ADOLESCENCE New knowledge and responsibilities    I can describe my GI condition   I can name my medications, the amount and times I take them   I can describe the common side effects of my medications   I know my doctors' and nurses' names and roles   I can use and read a thermometer   I can answer at least I question during my health care visit   I can manage my regular medical tasks at school   I can call my doctor's office to make or change an appointment   I can describe how my GI condition affects me on a daily basis	<ul> <li>Discuss the idea of visiting the office without parents or guardians in the future</li> <li>Encourage independence by performing part of the exam with the parents or guardians out of the examining room</li> <li>Begin to provide information about drugs, alcohol, sexuality and fitness</li> <li>Establish specific self-management goals during office visit</li> </ul>
14-17	MID ADOLESCENCE  Building knowledge and practicing independence  I know the names and purposes of the tests that are done I know what can trigger a flare of my disease I know my medical history I know if I need to transition to an adult gastroenterologist I reorder my medications and call my doctor for refills I answer many questions during a health care visit I spend most of my time alone with the doctor during visit I understand the risk of medical nonadherence I understand the impact of drugs and alcohol on my condition I understand the impact of my GI condition on my sexuality	<ul> <li>□ Always focus on the patient instead of the parents or guardians when providing any explanations and</li> <li>□ Allow the patient to select when the parent or guardian is in the room for the exam</li> <li>□ Inform the patient of what the parent or guardian must legally be informed about with regards to the patient condition</li> <li>□ Discuss the importance of preparing the patient for independent status with the parents or guardian and address any anxiety they may have</li> <li>□ Continue to set specific goals which should include:         <ul> <li>Filling prescriptions and scheduling appointments</li> <li>Keeping a list of medications and medical team</li> </ul> </li> </ul>
17+	LATE ADOLESCENCE  Taking charge  ☐ I can describe what medications I should not take because they might interact with the medications I am taking for my health condition ☐ I am alone with the doctor or choose who is with me during a health care visit ☐ I can tell someone what new legal rights and responsibilities I gained when I turned 18 ☐ I manage all my medical tasks outside the home	contact information in wallet and backpack  DISCUSS IN MORE DEPTH:  The impact of drugs, alcohol and non adherence on their disease  The impact of their disease on sexuality, fertility  Future plans for school/work and impact on health care including insurance coverage.  How eventual transfer of care to an adult gastroenterologist will coordinate with future school or employment plans
	<ul> <li>(school, work)</li> <li>I know how to get more information about IBD</li> <li>I can book my own appointments, refill prescriptions and contact medical team</li> <li>I can tell someone how long I can be covered under my parents' health insurance plan and what I need to do to maintain coverage for the next 2 years .</li> <li>I carry insurance information (card) with me in my wallet/purse/backpack.</li> </ul>	<ul> <li>Remind patient and family that at age 18 the patient has the right to make his or her own health choices</li> <li>Develop specific plans for self-management outside the home (work/school)</li> <li>Provide the patient with a medical summary for work, school or transition</li> <li>Discuss plans for insurance coverage</li> <li>If transitioning to an adult subspecialist, provide a list of potential providers and encourage/facilitate an initial visit.</li> </ul>

This checklist was based on faculty expertise, review of existing publications and adaptations of "Transition Planning Checklist" by the Children's & Women's Health Centre of British Columbia.





