PATIENT HANDOUT

The IBD Flare Survival Guide

What to do when symptoms get worse, practical steps for the first 48 hours

VANCE HEALTH HUB · PATIENT HANDOUT

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What to do when symptoms get worse, practical steps for the first 48 hours

Already worked out this is a flare, not something else? This is the practical follow-on: what to do about it in the next two days, while you wait to hear back from your team. Use the "Is It a Flare?" handout first if you're still unsure which this is.

CHECK THIS FIRST

Red Flags First

> **Call 999 or go to A&E if you have:**
>
> Severe or rapidly worsening abdominal pain · large amounts of blood, or black, tarry stool · a fever alongside your other symptoms · signs of dehydration such as dizziness, a fast heartbeat or confusion · a swollen, hard or very painful abdomen.[1]

None of these apply? Good, the rest of this guide is for you. They apply, or you're not sure? Stop reading and get help now; everything below can wait.

DO THIS FIRST

Hour 0: Contact Your Team

IBD services should provide access to specialist advice with a response by the end of the next working day.[2] Call it as soon as you recognise a flare; don't wait to see how the next day or two goes first. Getting in the queue early is the single most useful thing you can do, because it's often the step with the longest lag.

1. **Call your IBD helpline or nurse specialist.** Describe what changed, when, and how it compares to your last flare.
2. **Have your baseline ready.** Your usual bowel frequency, current medication and doses: the Health Record on VanceHealthHub keeps this in one place.
3. **Ask what they need from you.** A stool sample, a calprotectin test or bloods are common next steps, and getting them started early avoids a second delay later.[1]
4. **No answer yet?** Contact your GP practice in the meantime rather than waiting on the helpline alone.

MEDICATION

Don't Change Your Medication Alone

Keep taking your current IBD medication as prescribed unless your team tells you otherwise: stopping isn't a safe way to "rest" your gut during a flare. If you're already on steroids, stopping or reducing the dose abruptly can be dangerous rather than just ineffective, because the adrenal glands need time to resume their own output; any change to a steroid course should be agreed with your team, not made on your own.[3]

> **Avoid NSAIDs**
> Ibuprofen and other NSAID painkillers are commonly linked with triggering or worsening flares in people with IBD. Paracetamol is generally the safer choice for pain relief; check with your team or pharmacist if you're unsure what else is safe to take alongside your current medication.[3]

EATING & DRINKING

Food and Fluids During a Flare

There's no single diet that suits every flare, and a dietitian's advice for your specific situation always overrides general guidance. That said, some practical patterns help most people get through the first couple of days.

Often helps	Often makes it worse
– Small, frequent meals rather than large ones – Plenty of fluids, more if diarrhoea is frequent – Oral rehydration sachets if you're losing a lot of fluid – Low-fibre, low-residue foods if usual meals feel too much	– High-fibre foods (raw vegetables, wholegrains, skins/seeds) – Alcohol and caffeine – Very fatty or spicy food – Skipping fluids because eating feels difficult

There isn't high-quality evidence that a low-residue diet treats a flare, though some people find it reduces symptoms during the worst days. This is a short-term pattern for the flare itself, not a long-term diet: most people can return to their usual varied diet once symptoms settle, and a dietitian referral is the right next step if flares keep affecting what you can eat.[4]

STAY AHEAD OF IT

Watching for Dehydration

Frequent, loose stools can dehydrate you faster than feels obvious, especially if drinking also feels unpleasant. Dark urine, passing less than usual, a dry mouth, or feeling light-headed on standing are early signs; oral rehydration sachets (available from any pharmacy) replace lost salts as well as fluid, which plain water alone doesn't.[1]

- Sip fluids regularly rather than large amounts at once, which can be harder to keep down
- Oral rehydration sachets if stools are frequent or watery
- Dizziness, confusion or a fast heartbeat means you've moved into red-flag territory: see the box above

THE PRACTICAL SIDE

Rest, Work and Daily Life

A flare is a legitimate reason to scale back, not something to push through. Fatigue during a flare is common and separate from simply feeling unwell: expecting a normal day's output while your gut is inflamed usually just extends the recovery. Practical steps that help:

- Ask for a fit note from your GP if you need time off work: you don't need to wait until you're at your worst to ask
- Know where the nearest toilets are for any journey you do need to make
- Tell one person close to you what's happening, so you're not managing it entirely alone
- Cancel or move anything non-essential for the next 48 hours rather than trying to keep to a normal schedule

WHAT TO EXPECT

What Your Team May Do Next

Knowing what's coming can make the next few days feel less unpredictable. Depending on how the flare is assessed, your team may:

They may	Because
Ask for a stool sample and bloods	to rule out infection and check inflammation markers before deciding treatment.[1]
Start or adjust treatment	depending on the type and severity of the flare, this may include corticosteroids or changes to other IBD medicines.[3]
Ask you to come in urgently, or admit you	a severe flare (frequent bloody stools with fever or a fast heart rate) needs same-day specialist assessment, sometimes in hospital.[3]
Review your longer-term treatment	a flare while already on treatment can mean a dose or medication change is needed going forward.

KEEP A RECORD

Tracking Through the Flare

A short daily note of bowel frequency, blood, pain and anything you've eaten or taken makes the call with your team faster and more useful, and gives you something concrete to compare against if things change again. Your VanceHealthHub Health Record keeps this in one private place.

IF YOU'RE STILL UNSURE

More Support From VanceHealthHub

- **Health Record**: log symptoms, bowel pattern and dates in one private place
- **Is It a Flare, or Something Else?**: the handout to check first if you're not sure this is a flare
- **Malnutrition Calculator**: track unintentional weight change to raise with a dietitian or GP
- **VANCE-Ai**: a starting point for questions between appointments, not a substitute for your care team
- **Gastro Health Explained & Clinical Data Reviews**: condition pages and referenced research summaries

None of these replace your GP, gastroenterologist or dietitian, and nothing on VanceHealthHub should be used to diagnose or treat a condition.

FURTHER SUPPORT

Other Organisations & References

Crohn's & Colitis UK · Guts UK · IBD UK (IBD Standards) · NHS 111 (non-emergency advice)

1. Crohn's & Colitis UK. Flare-ups, ed 2, 2023.

2. IBD UK. IBD Standards, 2026.

3. Lamb CA, et al. British Society of Gastroenterology consensus guidelines on the management of inflammatory bowel disease in adults. Gut, 2019;68(Suppl 3):s1-s106.

4. British Dietetic Association. Inflammatory Bowel Disease (IBD) and diet, food fact sheet.

> **Medical disclaimer:** general information only, not a substitute for advice from your own healthcare team. For a life-threatening emergency, call 999 or go to A&E. If you need urgent medical advice and it isn't an emergency, contact NHS 111.