Exacerbation or disease onset
Teach coping skills by support programs

Induction of remission

Mild disease (PUCAI 10-35)

- Oral 5-ASA at maximal dose
- Enemas should be offered and may be sufficient in proctitis

Moderate disease (PUCAI 40-60)

- Prednisone 1 mg/kg once daily up to 40 mg + 5-ASA

Severe disease (PUCAI 65-85)

- Systemically ill
  - Not systemically ill

  - Taper corticosteroids over 10 weeks

No sufficient response in 7-14 days

- Add enemas and/or probiotics

Sufficient response

In very selected cases consider infliximab or tacrolimus induction treatment instead of admission

Maintenance of remission

5-ASA for all patients; Probiotics may be added. Rectal therapy may be sufficient in proctitis

Stepping down

- If disease is chronically active, or X2-3 annual flares, or severe attack while on 5-ASA, add thiopurines (azathioprine 2-2.5 mg/kg once daily or mercaptopurine 1.5 mg/kg once daily)

Stepping down

- If disease is still chronically active or frequent flares despite adequate thiopurine treatment, consider infliximab therapy (or adalimumab in cases of failure with infliximab)

If biologic therapy fails (including dose intensification) and other diagnosis ruled out consider colectomy. Apheresis may be attempted in very selected children when applicable