

Kerndokumentation rheumakranker Kinder- und Jugendlicher 2023

Hier bitte „Einrichtungsetikett“ aufkleben!

ID-Nr.:

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Bitte ID-Nummer eintragen, unter welcher Pat. geführt wird!

Hier Etikett für neue / erstmalig dokumentierte Patientinnen und Patienten aufkleben!

Ärztlicher Bogen – Idiopathische inflammatorische Myopathie

Erhebungsdatum

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 | 2 | 3 | (TT/MM/JJ)
 Geburtsmonat/-jahr

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 (MM/JJJJ) Geschlecht ₁ weiblich ₂ männlich
 Körpergröße

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 cm Körpergewicht

--	--	--	--

 kg
 Erkrankungsbeginn

--	--	--	--	--	--

 (MM/JJJJ) unbekannt
 Diagnosestellung

--	--	--	--	--	--

 (MM/JJJJ) Betreuungsbeginn

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 (MM/JJJJ)

Rheumatologische Hauptdiagnose
 Dermatomyositis

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 andere Myositis

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₁ gesichert ₂ Verdacht
 Weitere rheumatologische Diagnosen _____

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Bitte beachten: aktuell = Therapie zum jetzigen Zeitpunkt einschl. Neuverordnungen am Tag der Dokumentation, ausschl. heute abgesetzt

Allgemeine Therapie	aktuell	letzte 12 Mon.		DMARD-Therapie	aktuell	Beginn: Monat/Jahr		letzte 12 Mon.									
		<input type="radio"/>	<input type="checkbox"/>			<input type="radio"/>	<input type="checkbox"/>										
NSAR	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCQ/CQ	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<input type="checkbox"/>				
Glukokortikoide, systemisch:	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> mg/Tag					<input type="checkbox"/>	MTX <i>aktuell:</i> <input type="radio"/> oral <input type="radio"/> s.c.	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<input type="checkbox"/>
< 0,2 mg pro kg Körpergewicht			<input type="checkbox"/>	Azathioprin	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<input type="checkbox"/>				
≥ 0,2 mg pro kg Körpergewicht			<input type="checkbox"/>	Cyclosporin A	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<input type="checkbox"/>				
i.v. Pulstherapie		<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> *			Mycophenolat-Mofetil	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<input type="checkbox"/>		
[mittlere Dosis <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> mg/kg KG/Tag, Anzahl Tage/Puls <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>]							Rituximab#:	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<input type="checkbox"/>	
i.v. Immunglobuline	<input type="radio"/>	<input type="checkbox"/>		andere#:	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<input type="checkbox"/>				
Vitamin D	<input type="radio"/>	<input type="checkbox"/>			<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<input type="checkbox"/>				
Bisphosphonate	<input type="radio"/>	<input type="checkbox"/>		keine DMARD-Therapie	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<input type="checkbox"/>				
keine Therapie	<input type="radio"/>	<input type="checkbox"/>															

#Bitte Handelsname angeben. Bei bisher nicht zugelassenen Therapien, bitte „off label use“ dokumentieren.

Wie aktiv ist die Krankheit im Augenblick?

inaktiv
hoch aktiv

0 0.5 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10

Labor	jemals im Verlauf				aktuell			jemals		
	positiv	negativ	n.b.		ja	nein	n.b.	ja	nein	n.b.
ANA	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	CK erhöht	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Anti-NXP2	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	GOT erhöht	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Anti-TIF1γ	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	GPT erhöht	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Anti-Mi2	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	LDH erhöht	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Anti-MDA5	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	Aldolase erhöht	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Anti-Jo-1	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	vWF-Ag erhöht	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Anti-Ku	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃					<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Anti-PM/Scl	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃					<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Andere: _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃					<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃					<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Diagnostik (bei Wiederdokumentation keine Angaben erforderlich)				Klinik	aktuell	jemals	nie
Muskelenzyme	<input type="radio"/> ₁ pathol.	<input type="radio"/> ₂ o.B.	<input type="radio"/> ₃ n.d.	typische Hautveränderungen	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
MRT	<input type="radio"/> ₁ pathol.	<input type="radio"/> ₂ o.B.	<input type="radio"/> ₃ n.d.	Muskelschwäche	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
EMG	<input type="radio"/> ₁ pathol.	<input type="radio"/> ₂ o.B.	<input type="radio"/> ₃ n.d.	Dysphagie	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
Histologie	<input type="radio"/> ₁ pathol.	<input type="radio"/> ₂ o.B.	<input type="radio"/> ₃ n.d.	Arthritis/Gelenkkontrakturen	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
				Herzbeteiligung	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
				Lungenbeteiligung (interstitiell)	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
				Verkalkungen	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>

n.b.=nicht bestimmt, o.B.=ohne Befund, n.d.=nicht durchgeführt

Bitte beantworten Sie auch die Fragen auf der Rückseite!

Manuelle Muskelkraftmessung (MMT-8, Kendall) (siehe Erklärung)**Muskelgruppen****Muskelkraft - Skala 0-10**

nur rechte Seite (gegen Widerstand) untersuchen

	0	1	2	3	4	5	6	7	8	9	10
1. Halsbeuger (Kopfbeugen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. M. deltoideus (Armheben seitlich)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. M. biceps brachii (Armbeugung)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Handstrecker (Dorsalflexion Hand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. M. gluteus maximus (Beinheben in Bauchlage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. M. gluteus medius (Beinabduktion in Seitlage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. M. quadriceps (Beinstrecken im Sitzen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Fußstrecker (Dorsalflexion Fuß)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Krankheitsheitaktivität (Disease Activity Score)

Bode R, Klein-Gitelman M, Miller M, Lechman T, Pachman L. Disease activity score for children with juvenile dermatomyositis: reliability and validity evidence. Arthritis Rheum 2003;49:7-15.

Functional Status (choose one category)

- Normal function, able to attend school, keeps up with friends 0
- Mild limitations, tires after walking few blocks, general fatigue 1
- Moderate limitations, requires assistance with stair-climbing, activity of daily living 2
- Severe limits, wheelchair-bound, unable to attend school, climb stairs, etc. 3

Weakness (Score "1" point for each area of weakness noted; circle all that apply)

- a) Neck flexor weakness 0 no 1 yes
- b) Difficulty clearing scapula (abdominal weakness): 0 no 1 yes
can do sit-up with arms: 1.out 2.crossed 3.behind head 4.1/3 cleared
- c) Upper proximal muscle weakness 0 no 1 yes
- d) Lower proximal muscle weakness 0 no 1 yes
- e) Gower's sign (assisted/unassisted) 0 no 1 yes
- f) Abnormal gait 0 no 1 yes
- g) Difficulty swallowing 0 no 1 yes
- h) Nasal speech 0 no 1 yes

Skin Involvement Type (choose one category)

- absent or resolved completely 0
- atrophic changes only (including Gottron's papules) 1
- erythema-mild 2
- erythema-moderate 3
- erythema-severe 4

Skin Involvement Distribution (choose one category)

- none 0
- focal (including area of joint-related skin) 1
- diffuse (including extensor surfaces of limbs shawl area) 2
- generalised (including trunk involvement) 3

Vasculitis (if none of the categories below are present then score "0" point for this section, if ANY of the categories below are present, then score "1" point for this section)

- a) Eyelid erythema 0 absent 1 present
- b) Eyelid vessel dilation 0 absent 1 present
- c) Eyelid thrombosis 0 absent 1 present
- d) Nailfold erythema 0 absent 1 present
- e) Nail bed telangiectasia 0 absent 1 present
- f) Palate dilation 0 absent 1 present
- g) Other 0 absent 1 present

Gottron's Papules (if no papules are present then score is "0" point, if any papules are present (mild, moderate or severe) then score is "1" point)

- Absent 0
- Mild 1
- Moderate 2
- Severe 3

Falls vorhanden, bitte den aktuellen CMAS-Score eintragen: Falls Erstdokumentation, CMAS-Score bei Diagnose: