

Kerndokumentation 2016 - Myositis

Hier bitte „Einrichtungsetikett“ aufkleben!

ID-Nr.:

Bitte ID-Nummer eintragen unter welcher Pat. geführt wird - nur Nummern ab 2000!

Etikett für Patienten ohne ID-Nummer!
(Neue /erstmalig dokumentierte Patienten)

Arztbogen für rheumakranke Kinder und Jugendliche

Erhebungsdatum | 1 | 6 |
Tag Monat

Geburtsjahr des Patienten **Geschlecht** ₁ weiblich ₂ männlich

Körpergröße cm **Körpergewicht** kg

Erkrankungsbeginn **Betreuungsbeginn**
Monat Jahr Monat Jahr

Rheumatologische Hauptdiagnose

Dermatomyositis 0 | 0 | 9 | Polymyositis 0 | 1 | 1 | ₁ gesichert ₂ Verdacht

Weitere rheumatologische Diagnosen

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

Allgemeine Therapie	letzte 12 Mon.		Basistherapie	Beginn: Monat/Jahr		letzte 12 Mon.
	aktuell			aktuell		
NSAR	<input type="radio"/>	<input type="checkbox"/>	HCC/CQ	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Glukokortikoide, systemisch:			MTX			
< 0,2 mg pro kg Körpergewicht	<input type="radio"/>	<input type="checkbox"/>	Oral	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
≥ 0,2 mg pro kg Körpergewicht	<input type="radio"/>	<input type="checkbox"/>	s.c. / i.m.	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
i.v. Pulstherapie	<input type="radio"/>	<input type="checkbox"/> <input type="text"/> *	Azathioprin	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
[mittlere Dosis <input type="text"/> mg/kg KG/Tag, Anzahl Tage/Puls <input type="text"/>]			Cyclosporin A	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
i.v. Immunglobuline	<input type="radio"/>	<input type="checkbox"/>	Etanercept	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Kalzium / Vitamin D	<input type="radio"/>	<input type="checkbox"/>	Rituximab	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
Bisphosphonate	<input type="radio"/>	<input type="checkbox"/>	andere	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
keine Therapie	<input type="radio"/>	<input type="checkbox"/>	keine Basistherapie	<input type="radio"/>		<input type="checkbox"/>

* Bitte *kumulative* Anzahl der i.v. Stöße in den letzten 12 Monaten angeben.

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.		erhöht	normal	n.b.	erhöht	nein
ANA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CK	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myositisassoziierte Ak: Anti-U1-RNP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-PM/Scl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GPT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
andere (z.B. Ku)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LDH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myositisspezifische Ak: Jo1-Ak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aldolase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mi2-Ak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vWF-Ag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
andere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

(bitte angeben)

Diagnostik (bei Wiederdokumentation keine Angaben erforderlich)				Klinik	aktuell	jemals	nie
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Histologie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	typische Hautveränderungen	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
EMG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muskelschwäche/-schmerz	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
MRT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Arthritis/Gelenkkontrakturen	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
Muskelenzyme	<input type="radio"/>	<input type="radio"/>	<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, n.d.=nicht durchgeführt

Bitte beantworten Sie auch die Fragen auf der Rückseite!

Manuelle Muskelkraftmessung (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"/>

Krankheitsheiktätigkeit (Disease Activity Score)**Functional Status** (choose 1 category and report value in the score column; range for this section is 0 to 3)

- 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; range score for this section 0 is to 8)

- a) Neck flexor weakness ₀ no ₁ yes
- b) Difficulty clearing scapula (abdominal weakness): can do sit-up with arms: ₀ no ₁ yes
- Circle** the type(s) of sit-up the child is able to perform
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 and report value in the score column; range for this section is 0 to 4)

- 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 and report value in the score column; range for this section is 0 to 3)

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

Vaskulitis (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; range is 0 to 1)

- 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; range for this section is 0 to 1)

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