

Wie sollen wir Hautprobleme mit Sensor / Katheter dokumentieren?

a) Aktuelle Dokumentation in DPV

Spritzstellen Normal nicht normal entzündet
 Lipohypertrophie Lipoatrophie

Vielleicht erweitern um
Kontaktekzem / Allergie?

B) Vorschläge für die Dokumentation von Hautproblemen in DPV

(Dr. Thekla von dem Berge; Dr. Jessica Bokelmann / Pumpen-AG 2023)

- **Spritzstellen ICT:**

- Normal
- Lipohypertrophie
- Lipoathrophie
- Entzündet
- Narbe
- Abszess/Z.n. Abszess

- **CSII / Katheter-assoziierte Hautbefunde:**

- Normal
- Lipohypertrophie
- Lipoathrophie
- Entzündet
- Ekzem
- allergisches Ekzem
- Narben
- Juckreiz/Exkorationen
- Abszess/Z.n. Abszess

- **Sensor-assoziierte Hautbefunde:**

- Normal
- Ekzem
- allergisches Ekzem
- Narben
- Juckreiz/Exkorationen
- Abszess/Z.n. Abszess

+ **Button: Beendigung der aktuellen Sensortherapie bei allerg. Kontaktekzem Sensor und Katheter.**

+ *Eventuell:* Hautschutz an den Injektionsstellen

Trockene Haut/Xerosis cutis

C: Fragebogen der AGDT: Freckmann et al: Skin Reaktion

Please fill in if the skin reaction is evident for longer than 30 minutes after removal of the medical device.

REPORT FORM

A

1. Name _____

2. Gender female male diverse

3. Age _____ years

4. System involved CGM: _____ (system name)
In use since: _____

Insulin pump: _____ (system name)
In use since: _____

5. Previous skin reaction(s) First skin reaction(s) ever recorded after using _____ (number) different systems.

_____ (system name(s))

several skin reactions have already occurred
 with increasing severity with changing severity

B

6. Skin appearances (efflorescences)

Erythema (redness)
Papules
Desquamation
Crust formation
Pustules/vesicles
Weeping
Pressure mark
Hematoma
Induration
Injury
Atrophy (can only be caused by indolentable sensors)

Localization

Please enter number(s) between 1-5 by using the diagram below

Additional information (optional)

7. Size of skin appearance _____ mm x _____ mm

8. Itching Please tick the severity of itching (0 = no itching, 10 = intense itching)

0 1 2 3 4 5 6 7 8 9 10

9. Temporal progression

System application	Start symptoms	System removal	Symptoms subsided
↓	↓	↓	↓
_____	_____	_____	_____
Date	Date	Date	Date

10. Severity of skin reaction mild moderate severe

C

11. Further actions (e.g. premature system removal, further therapy)

D

12. Suspected diagnosis Irritative contact dermatitis (ICD) Allergic contact dermatitis (ACD)

Infection other _____

**D: Möglichkeit der Dokumentation von Spritzstellen –
Sonographie / Katheterstellen-Sonographie (Vorschlag Dr.
Sandig)**