CHRONIC INFLAMMATORY BOWEL DISEASE (IBD) OF CHILDS AND ADOLESCENTS

INITIAL REPORTING FORM

Patient's identification number

Patient

Sex | Date of birth (MM/YYYY) | Date of investigation (DD/MM/YYYY)

Country of birth | Postal code

Basis data

Type of Presentation	Reason visit	Diagnosis	other chronic diseases ○ no ○ yes	
○ outpatient	○ planned	○ Crohn's disease	☐ allergy ☐ autoimmune disease	height
○ day ward	○ acute	○ Ulcerative colitis	☐ proven immunodeficiency ☐ further malignant disease	weight
○ inpatient		○ unspecific CED	☐ other serious disease	

Diagnosis & symptoms

Diagnosis by:	Diagnosis in:	Symptoms until diagnosis ○ no ○ yes
○ pediatric gastroenterologist	○ own clinic/hospital	☐ fever ☐ reduced performance ☐ lip-/mouthinvolvement ☐ nausea/vomiting
○ gastroenterologist	○ other hospital	☐ anemia ☐ other fistula ☐ visible blood in stool ☐ abdominal pain
○ pediatric surgeon/surgeon	○ other clinic	☐ diarrhea ☐ loss of appetite ☐ weightstagnancy/-loss ☐ perianal lesion
		☐ disturbance of growth ☐ other:

date of diagnosis (DD/MM/YYYY) | date of first symptoms (DD/MM/YYYY)

Family history

mother's height (measured in ambulance: ○ no ○ yes)

mother's country of birth

mother's date of birth (MM/YYYY)

father's height (measured in ambulance: ○ no ○ yes)

father's country pf birth

Vaccination suitable STIKO:	Number of siblings:		IBD in family: ○ no ○ yes	
○ complete	(half)sisters		IBD mother	○ CD ○ UC ○ IBD-U ○ no IBD
○ not complete	(half)brothers		IBD father	○ CD ○ UC ○ IBD-U ○ no IBD
○ not applicable			IBD siblings	○ CD ○ UC ○ IBD-U ○ no IBD
			IBD relatives	○ CD ○ UC ○ IBD-U ○ no IBD

Anamnesis until diagnosis

Condition	Appetite	Restrictions daily life	Fever	Defecation			Abdominal pain
				Consistence	Blood in stool	Count	
○ very good	○ good	○ no	○ no	○ shaped	○ no	by day	○ none
○ good	○ moderate	○ mild	○ yes	○ mushy	○ occasionally, little	by night	○ lightly
○ medium	○ bad	○ obvious		○ liquid	○ mostly, little		○ moderately
○ bad					○ much		○ severe
○ very bad							☐ by night

Examination

Abdonimal finding	Anal finding	Perianal eczema	Oral aphtae ulcers	cheilitis	extraintestinal Symptoms ○ no ○ yes	
○ inconspicuous	☐ inconspicuous/irritation-free skin-tags	○ no	○ no	○ no	☐ eye	☐ skin
○ conspicuous	☐ rhagade/fissure	○ yes	○ yes	○ yes	☐ liver/biliary tract/pancreas	☐ PSC/overlap
☐ pressure pain	☐ inactive fistula				☐ acute pancreatitis	☐ nephritis
☐ resistance	☐ secreting fistula/abcess inflam-matory induration				☐ joint: inflammation peripheral	☐ spinal column
☐ defense	☐ multiple/inflammatory skin-tags				☐ joint: pain peripheral	☐ others

Tanner's stages PH(1-5) | B(1-5) | testicular volume (ml) | menarche: ○ no ○ yes (year)

laboratory

hemoglobin		○mmol/l ○g/dl	CRP		○mg/dl ○mg/l	albumin		○g/dl ○g/l
hematocrit		○% ○l/l	ESR		mm/h	creatinine		○mg/dl ○µmol/l
MCV		○µm³ ○fl	ALAT (GPT)		○U/l ○µmol/(l*s)	calprotectin		○mg/l ○mg/kg
thrombocytes		○1/µl ○Gpt/l	Gamma-GT		○U/l ○µmol/(l*s)			
leucocytes		○1/µl ○Gpt/l	lipase		○U/l ○µmol/(l*s)			

rare laboratory:

○ no

○ yes **(see additional sheet)**

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INITIAL REPORTING FORM

Patient's identification number

apparative diagnostics

apparative diagnostics ○ not performed ○ performed

- ☐ esophagogastroduodenoscopy
- ☐ MRT-enterography
- ☐ ileocoloscopy
- ☐ colonoscopy
- ☐ rectosigmoidoscopy
- ☐ histology lower gastrointestinal tract
- ☐ X-ray small intestine
- ☐ ultrasound
- ☐ bone densitometry
- ☐ others:
- ☐ histology upper gastrointestinal tract
- ☐ CT abdomen
- ☐ video capsule endoscopy
- ☐ liver biopsy

localization

localization

○ inconspicuous

- ☐ mouth
- ☐ esophagus
- ☐ stomach
- ☐ duodenum
- ☐ remaining small intestine
- ☐ term. ileum
- ☐ caecum
- ☐ colon asc.
- ☐ colon trans.
- ☐ colon desc.
- ☐ sigmoid colon
- ☐ rectum
- ☐ anus

overall assessment:

Comp.

complications ○ no ○ yes ○ unknown

- ☐ perianal abscess
- ☐ stenosis
- ☐ perianal fistula
- ☐ other type of fistula
- ☐ other type of abscess

Surgery

Surgery ○ no ○ yes ○ planned surgery date of surgery:

Indication

- ☐ conglomerate tumor
- ☐ abscess (except perianal)
- ☐ stenosis °
- ☐ megacolon
- ☐ perforation
- ☐ fistula (expect perianal) *
- ☐ suture dehiscence
- ☐ bleeding
- ☐ perianal complications (fistula, abscess)
- ☐ others:

Type of surgery

- ☐ ileocecal resection
- ☐ colectomy
- ☐ hemicolectomy right
- ☐ hemicolectomy left
- ☐ partial colon resection
- ☐ rectal resection
- ☐ gastrojejunostomy
- ☐ partial small intestine resection
- ☐ fistula drainage
- ☐ exploration
- ☐ stricturoplasty
- ☐ fistula/abscess cleavage
- ☐ balloon dilatation
- ☐ PEG-insertion with jejunal extension
- ☐ PEG-insertion
- ☐ polypectomy
- ☐ stoma insertion
- ☐ others:

Type of fistula * (referring to surgery fistula)

- ☐ rectovaginal
- ☐ enterovesical
- ☐ enterocutaneous
- ☐ enteroenteral
- ☐ enterocolistic
- ☐ ending blindly

Localization ° (referring to surgery stenosis)

- ☐ esophagus
- ☐ stomach
- ☐ duodenum
- ☐ prox. ileum, Jejunum
- ☐ term. ileum
- ☐ colon
- ☐ rectum

Induction therapy

Induction therapy ○ no ○ yes

1st month	2nd month weight: height:	3rd month weight: height:
☐ antibiotics * ☐ corticoids (not budesonide)	☐ antibiotics * ☐ corticoids (not budesonide)	☐ antibiotics * ☐ corticoids (not budesonide)
☐ tacrolimus ☐ 6-mercaptopurine	☐ tacrolimus ☐ 6-mercaptopurine	☐ tacrolimus ☐ 6-mercaptopurine
☐ budesonide ☐ methotrexate	☐ budesonide ☐ methotrexate	☐ budesonide ☐ methotrexate
☐ vitamin D ☐ adalimumab	☐ vitamin D ☐ adalimumab	☐ vitamin D ☐ adalimumab
☐ azathioprine ☐ other biologicals ○ allopurinol name:	☐ azathioprine ☐ other biologicals ○ allopurinol name:	☐ azathioprine ☐ other biologicals ○ allopurinol name:
☐ iron ○ ☐ Cyclosporin A p.o Oi.v. On.s.	☐ iron ○ ☐ Cyclosporin A p.o Oi.v. On.s.	☐ iron ○ ☐ Cyclosporin A p.o Oi.v. On.s.
☐ calcium ☐ steroid pulse therapy	☐ calcium ☐ steroid pulse therapy	☐ calcium ☐ steroid pulse therapy
☐ nutritional therapy ☐ complentary medicine Oexclusively Opartially ☐incense ☐fish-oil ☐lecithin Osupplementary ☐probiotics	☐ nutritional therapy ☐ complentary medicine Oexclusively Opartially ☐incense ☐fish-oil ☐lecithin Osupplementary ☐probiotics	☐ nutritional therapy ☐ complentary medicine Oexclusively Opartially ☐incense ☐fish-oil ☐lecithin Osupplementary ☐probiotics
☐ sulfasalazine ☐ vedolizumab [1] ☐ mesalazine ☐ ustekinumab [1]	☐ sulfasalazine ☐ vedolizumab [1] ☐ mesalazine ☐ ustekinumab [1]	☐ sulfasalazine ☐ vedolizumab [1] ☐ mesalazine ☐ ustekinumab [1]
☐ golimumab [1] ☐ special diet ☐ tofacitinib [1]	☐ golimumab [1] ☐ special diet ☐ tofacitinib [1]	☐ golimumab [1] ☐ special diet ☐ tofacitinib [1]
☐ rectal therapy O5-ASA mesalazine ○ corticoids ○ budesonide	☐ rectal therapy O5-ASA mesalazine ○ corticoids ○ budesonide	☐ rectal therapy O5-ASA mesalazine ○ corticoids ○ budesonide

* see additional sheet **1 cave:** off-label use

side effects

Side effects ○ no ○ yes

- ☐ acne
- ☐ depressiveness
- ☐ alopecia
- ☐ increased levels of lipases
- ☐ increased levels of transaminases
- ☐ abdominal pain
- ☐ diarrhea
- ☐ hypertrichosis
- ☐ acute allergic reaction
- ☐ hypertension
- ☐ vomiting/nausea
- ☐ headaches
- ☐ pancreatitis
- ☐ personality changes
- ☐ Cushing's disease
- ☐ glaucoma
- ☐ leukopenia
- ☐ thrombocytopenia
- ☐ skin changes
- ☐ nephritis/increased levels of creatinine

conclusion

Medical overall assessment

- ○ remission
- ○ mild activity
- ○ moderate activity
- ○ severe activity

CHRONIC INFLAMMATORY BOWEL DISEASE (IBD) OF CHILDS AND ADOLESCENTS

DOCUMENTATIONFORM

Patient's identification number

Basis data

Date of presentation (DD/MM/YYYY) | Date of last presentation(DD/MM/YYYY) | Number of undocumented presentations

Type of presentation	Reason	Diagnosis	Other chronic diseases ○ no ○ yes	
○ outpatient	○ planned	○ Crohn's disease	☐ allergy	☐ autoimmune disease
○ day ward	○ acute	○ Ulcerative colitis	☐ proven immunodeficiency	☐ further malignant disease
○ inpatient		○ unspecific IBD	☐ other serious disease	

height

weight

Anamnesis

Condition	Appetite	Restrictions daily life	Fever	Defecation			Abdominal pain	vaccination since last inves-
○ very good	○ good	○ no	○ no	consistence	blood in stool	Count	○ none	○ yes
○ good	○ moderate	○ mild	○ yes	○ shaped	○ no	by day	○ lightly	○ no
○ medium	○ bad	○ obvious		○ mushy	○ occationally, little	by night	○ moderately	Which?
○ bad		school absence days		○ liquid	○ mostly, little		○ severe	
○ very bad					○ much		☐ by night	

Examination

Abdominal finding	Anal finding	Perianal eczema	Oral aphtae ulcers	Cheilitis	extraintestinal symtoms ○ no ○ yes	
○ inconspicuous ○ conspicuous	☐ inconspicuous/irritation-free skin-tags	○ no	○ no	○ no	☐ eye	☐ skin
☐ pressure pain	☐ rhagade/fissure	○ yes	○ yes	○ yes	☐ liver/biliary tract/pancreas	☐ PSC/overlap
☐ resistance	☐ inactive fistula				☐ acute pancreatitis	☐ nephritis
☐ defense	☐ secreting fistula/abscess inflam-matory induration				☐ joint: inflammation peripheral	☐ spinal column
☐ stoma	☐ multiple/inflammatory skin-tags				☐ joint: pain peripheral	☐ others

Tanner' stages PH(1-5) ☐ B(1-5) ☐ testicular volume (ml) ☐ menarche: ○ no ○ yes ☐ (year)

laboratory

hemoglobin	○mmol/l ○g/dl	CRP	○mg/dl ○mg/l	albumin	○g/dl ○g/l	seldom laboratory:		
hematocrit	○% ○l/l	ESR	mm/h	creatinine	○mg/dl ○µmol/l	○ no		
MCV	○µm³ ○fl	ALAT (GPT)	○U/l ○µmol/(l*s)	calprotectin	○mg/l ○mg/kg	○ yes		
thrombocytes	○1/µl ○Gpt/l	gamma-GT	○U/l ○µmol/(l*s)			**(see additi-onal sheet)**		
leucocytes	○1/µl ○Gpt/l	lipase	○U/l ○µmol/(l*s)					

apparative diagnostics

apparative diagnostics ○ not performed ○ performed

☐ esophagogastroduodenoscopy	☐ MRT-enterography	☐ ileokoloscopy	☐ colonoscopy	☐ rectosigmoidoscopy
☐ histology lower gastrointestinal tract	☐ X-ray small intestine	☐ ultrasound	☐ bone densitometry	☐ liver biopsy
☐ histology upper gastrointestinal tract	☐ CT abdomen	☐ video capsule endoscopy	☐ ERCP	☐ MRCP

☐ others:

Localization

Localization ○ inconspicuous

☐ mouth	☐ esophagus	☐ stomach	☐ duodenum	☐ remaining small intesine	☐ term. ileum	☐ pouch	
☐ caecum	☐ colon asc.	☐ colon trans.	☐ colon desc.	☐ sigmoid colon	☐ rectum	☐ anus	

☐ overall assessment:

Complications

Complications ○ no ○ yes

☐ CMV infection	☐ vomiting	☐ osteoporosis	☐ perianal fistula	☐ other type of fistula	☐ perianal abscess
☐ other type of abscess	☐ biliary calculi	☐ stenosis	☐ unreliable medication intake		

CHRONIC INFLAMMATORY BOWEL DISEASE (IBD) OF CHILDS AND ADOLESCENTS

DOCUMENTATIONFORM

Patient's identification number

Surgery

Surgery ○ no ○ yes ○ planned surgery date of surgery:

Indication		Type of surgery		
☐ conglomerate tumor	☐ perforation	☐ ileocecal resection	☐ colectomy	☐ polypectomy
☐ stenosis (**see additional sheet**)	☐ megacolon	☐ hemicolectomy right	☐ pouch revision	☐ PEG-insertion
☐ fistula (not perianal) (**see additional sheet**)	☐ suture dehiscence	☐ hemicolectomy left	☐ rectal resection	☐ stoma insertion
☐ perianal complications (fistula, abscess)	☐ bleeding	☐ partial colon resektion	☐ adhesiolysis	☐ stoma revision
☐ refractory inflammation (therapy-resistant, chronic course)		☐ partial small intestine resection	☐ fistula drainage	☐ exploration
☐ colon carcinoma	☐ abscess (except perianal)	☐ gastrojejunostomy	☐ balloon dilatation	☐ stricturoplasty
☐ dysplasia/other malignancies: which?		☐ fistula/abscess cleavage	☐ PEG-insertion with jejunal extension	
☐ others:		others:		

Therapy

Therapy ○ no ○ yes

☐ sulfasalazine	start:		end:		dosis:	mg/day	☐ trace elements:	☐ folic acid ☐ vitamin D ☐ vitamin B_{12} ☐ calcium ☐ zinc ☐ selenium
☐ mesalazine	start:		end:		dosis:	mg/day		
☐ azathioprine ○ Allopurinol	start:		end:		dosis:	mg/day		
☐ 6-mercaptopurine	start:		end:		dosis:	mg/day	☐ comple-mentary medicine	☐ incense ☐ fish oil ☐ lecithin
☐ mycophenolate mofetil	start:		end:		dosis:	mg/day		
☐ acid blockers	start:		end:		dosis:	mg/day	☐ nuritional therapy	○ exclusively ○ partially ○ supplementary
☐ ursodeoxycholic acid	start:		end:		dosis:	mg/day		
☐ loperamide	start:		end:		dosis:	mg/day	☐ probiotics:	○ no ○ yes
☐ steroid pulse therapy	start:		end:		dosis:	mg/day	☐ antibiotics:	○ no ○ yes (**s. add. sheet**)
☐ methotrexate	start:		end:		dosis:	mg/week ○ s.c ○ p.o	○ no folic acid ○ 5mg folic acid single dosis ○ 1mg folic acid for 5 days	
☐ infliximab	start:		end:		dosis:	mg	○ every _____week(s)	
☐ adalimumab	start:		end:		dosis:	mg	○ every _____week(s)	
☐ other biologicals	start:		end:		dosis:	mg	○ every _____week(s) name:	
☐ vedolizumab [1]	start:		end:		dosis:	mg	○ every _____week(s)	[1] cave: off-label use
☐ ustekinumab [1]	start:		end:		dosis:	mg	○ every _____week(s)	
☐ golimumab [1]	start:		end:		dosis:	mg	○ every _____week(s)	
☐ tofacitinib [1]	start:		end:		dosis:	mg	○ every _____week(s)	
☐ cyclosporine A	start:		end:		dosis:	mg/day	○ p.o ○ i.v. ○ n.s.	
☐ iron	start:		end:		dosis:	mg/dosis	○ p.o ○ i.v. ○ n.s.	
☐ special diet	start:		end:		name:			
☐ rectal therapy	☐ 5-ASA mesalazine		☐ corticoids		☐ budesonide		☐ tacrolimus	

sys. coticoide ○ no ○ yes

☐ budesonide	start:		end:		dosis:	mg/day	
☐ (methyl-)prednisolone	start:		end:		dosis:	mg/day	maximum dose:
☐ hydrocortisone	start:		end:		dosis:	mg/day	

Side effects

Side effects ○ no ○ yes

☐ depressiveness	☐ acne	☐ Cushing's disease	☐ increased levels of lipases	☐ increased levels of transaminases		☐ glaucoma
☐ abdominal pain	☐ diarrhea	☐ hypertrichosis	☐ acute allergic reaction	☐ hypertension	☐ alopecia	☐ leukopenia
☐ vomiting/nausea	☐ headaches	☐ thrombocytopenia	☐ personality changes	☐ nephritis/increased levels of creatinine		☐ pancreatitis

conclusion

Medical overall assessment	Psychosocial therapy	Ophthalmologist appointment
○ remission ○ mild activity ○ moderate activity ○ severe activity	○ no ○ yes	○ no ○ yes

CHRONIC INFLAMMATORY BOWEL DISEASE (IBD) OF CHILDS AND ADOLESCENTS

ADDITIONAL SHEET

Date of investigation (DD/MM/YYYY)

Patient's identification number

Seldom laboratory

Immunodeficiency	TPMT Aktivity	6TG	MMP	Anti-HBS
○ no ○ yes	○ no ○ yes _____ ○nmol/gHg*h ○mU/L ○nmol/ml x RBC*h	○ no ○ yes _____ ○pmol/0,2 ml ○ pmol/8*10^{8}RBC	○ no ○ yes _____○pmol/8x10^{8}Eryth ○nmol/gHg*h ○pmol/0,2 ml	○ no ○ yes U/ml
Infliximab-level	**Infliximab-antibody-level**	**Adalimumab-level**	**Adalimumab-antibody-level**	**Hepatitis B serology**
○ no ○ yes µg/ml date of sampeling:	○ no ○ yes AU/ml date of sampeling:	○ no ○ yes µg/ml date of sampeling:	○ no ○ yes AU/ml date of sampeling:	○ positive ○ negative ○ unknown
Hepatitis C serology	**HBV-DNA-PCR**	**EBV**	**Tuberculosis skin test**	**Tuberculosis blood test**
○ positive ○ negative	○ positive ○ negative	○ positive ○ negative	○ positive ○ negative	○ positive ○ negative

Antibiotic therapy

Antibiotic therapy ○ yes ○ no

☐ amoxicillin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ ampicillin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ cefotaxime	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ cefpodoxime	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ ceftazolin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ ceftriaxone	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ cefuroxime	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ ciprofloxacin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ clarithromycin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ clindamycin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ cotrimoxazole	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ daptomycin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ doxycycline	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ erythromycin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ imipenem	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ linezolid	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ meropenem	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ metronidazole	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ paromomycin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ piperacillin/sulbactan	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ piperacillin/tazobactam	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ penicillin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ rifaximin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.
☐ vancomycin	start:		end:		reason:		○ p.o	○ i.v.	○ n.s.

CHRONIC INFLAMMATORY BOWEL DISEASE (IBD) OF CHILDS AND ADOLESCENTS

ADDITIONAL SHEET

Date of investigation (DD/MM/YYYY)

Patient's identification number

Indication for surgery

Localization (referring to stenosis as indication for surgery):

○ esophagus	○ duodenum	○ term. ileum	○ rectum	○ stoma
○ stomach	○ prox. ileum, jejunum	○ colon	○ pouch	

Type of fistula (referring to fistula as indication for surgery):

○ rectovaginal	○ enterovesical	○ enterocolistic
○ enterocutaneous	○ enteroenteral	○ ending blindly