REPORT FORM

Date

Name

SKIN REACTIONS DUE TO MEDICAL DEVICES FOR DIABETES MANAGEMENT

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

	1. Name	
	2. Gender	female male diverse
	3. Age	years
	4. System involved	CGM: (system name)
	•	In use since:
Α		Insulin pump:(system name)
		In use since:
	5. Previous skin reaction(s)	
	5. Frevious skiii 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
	6. Skin appearances (effloresc	ences) Localization ————Please enter number(s) between 1–5 by using the diagram below
	Erythema (redness)	<u> </u>
	Papules	
	Desquamation	2 Casing of medical device 3 Adhesive
	Crust formation	
	Pustules/vesicles	4 Overtape
	Weeping	1 Insertion site
	Pressure mark	5 Outside the borders of the adhesive
	Hematoma	
	Induration	
	Injury	
	Atrophy (can only be caused by imp	lantable sensors)
	Additional information (optional	1)
В		
	7. Size of skin appearance	mm xmm
	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 Start System Symptoms application symptoms removal subsided
		application symptoms removal subsided
		+ + + *
		Date Date Date
	10. Severity of skin reaction	mild moderate severe
	11. Further actions (e.g. prema	ture system removal, further therapy)
c		
	12. Suspected diagnosis	☐ Irritative contact dermatitis (ICD) ☐ Allergic contact dermatitis (ACD)
D	, 	Infection other

Signature

GENERAL INFORMATION

1.-3. Name, Gender, Age Please enter patient name/subject ID (1), gender (2) and age (3).

4. System involved Please tick which system (CGM/FGM or insulin pump) caused the skin reaction and enter the system's name. Additionally enter the first use of this system. (If necessary, previous system used can be documented as well.)

5. Previous skin reaction(s)

Please enter if skin reactions due to CGM/FGM systems or insulin pumps have occured previously. Please enter how many systems were used until the first skin reaction appeared and enter the name(s) of the system(s). Please tick if several skin reactions already occured and differ if the severity was steadily increasing or changing.

FINDINGS

6. Skin appearances (efflorescences)

Localization: If one of the listed skin appearances exists, please enter number(s) between 1-5 by using the diagram to differentiate between (1) insertion site, (2) casing of the medical device (if available), (3) adhesive, (4) overtape and (5) outside the borders of the adhesive.

Definitions of the listed skin appearances are:

Erythema	Redness of skin without skin level change.	
Papules	Efflorescence, mostly spherical above the skin.	
Desquamation	Increased accumulation of horn blades of the skin.	
Crust formation	Dried secretion, exsudates or blood on skin surface or wounds.	
Pustules	Vesicles in which the fluid has become infected by pathogens.	
Vesicles	Small sacs filled with fluid (content either clear, serous or haemorrhagic).	
Weeping	Secretion of fluid out of a wound or another efflorescence.	
Pressure mark	Compressd tissue of mostly reddish/bluish colour with intact skin surface, not able	
Pressure mark	to press away.	
	Skin discoloration due to blood leakage into tissue/deep and mostly bulging blood	
Hematoma	accumulation in the tissue.	
Induration	Palpable superficial or deep, flat or knotty tissue consolidation.	
Injury	Skin injury due to a catheter or sensor.	
Athropy	Loss of skin substance. This can be evidenced by cigarette paper like pleating or by trough-shaped, smooth hollows and greater transparency of the skin. (Note: as a tissue related appearance atrophy can only be caused by implantable sensors).	

7. Size of skin appearance

Please enter the size of the skin appearances in mm.

8. Itching

Please ask your patient/subject whether itching is present and tick the severity of itching as classified by the patient/subject (0=no itching, 10=intense itching).

9. Temporal progression

Please enter dates when: current system was applied, when first symptoms (also itching) started, the date when system was removed and when all symptoms subsided. Note: The dates do not have to differ (e.g. if symptoms are only recognized after adhesive removal).

10. Severity of skin reaction Please tick the severity of the skin reaction.

Definitions of the severity categories (mild, moderate, severe) are:

mild	asymptomatic or mild symptoms; clinical or diagnostic observations only; no intervention indicated.
moderate	minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental ADL*.
severe	Severe or medically significant but not immediately life- threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care ADL**.

*Instrumental Activities of daily life (ADL) refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.**Self care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.

FURTHER ACTIONS

11. Further actions

In this free text space more details, e.g. regarding treatment, change to another system, use of a protective adhesive under the system as well as information about whether actions were effective.

SUSPECTED DIAGNOSIS

12. Suspected diagnosis

In this section a suspected diagnosis can be made. Definitions for the listed suspected diagnoses are:

Irritative contact dermatitis (ICD)	Very common. Caused by irritation, e.g. from being covered (occlusion), sweating and heat accumulation under the device, tearing of the adhesive, etc. Symptoms: erythema with desquamation of varied extent, do not necessarily always occur (intermittent). Usually heals within a few days.
Allergic contact dermatitis (ACD)	Seldom (<5%). Symptoms: erythema, desquamation, papules and vesicles, crusts. Usually stronger and of longer duration than ICD, also often bacteria superinfection with weeping. Cause: Type 4 allergy due to one or more allergens (most acrylaters, especially Isobornylacrylate), after sensibilisation, I long immunological memory - thus, symptoms occur with repeated contact.
Infection	For example infection of the insertion site, or a super infection of a severe IC common at ACD. Fostered by scratching.

D