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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tumorkonferenz**  **vom Interdisziplinäre** | | | | | |  | | | | | Klinikum Südstadt Rostock  Station: | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Titel:** |  |  |  | | **Name:** |  | **Vorname** |  | | **Geb. Datum:** |  |  |  | | **Straße:** |  |  |  | | **PLZ** |  | **Ort:** |  | | | | | | | | | | | | Alter: | | **78 Jahre** | | | | | | | |
| Größe: | | **cm** | | | | | | | |
| Gewicht: | | **kg** | | | | | | | |
| ECOG/Karnofsky | |  | | | | | | | |
| **Hausarzt:** | | |  | | | | | | **Geriatrisches Assessment ab 75 Jahren durchgeführt:** | | | | | | | | | | | |
| **Einweisender Onkologe:** | | |  | | | | | | ja |  | Punktzahl: | | | | | | nein | |  | |
| **Vorstellender Arzt:** | | |  | | | | | | **Ernährungsscreening (NRS 2002)** | | | | | | | | | | | |
|  | | |  | | | | | | ja |  | Punktzahl: | | | | | nein | | |  | |
|  |  | **Vorherige digitale Übermittlung radiologischer Befunde an die Strahlenklinik notwendig** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Vorstellung:** | | | |  | prätherapeutisch | |  | postoperativ | | | Primärfall |  | | ja |  | | | nein | | |
|  | | | |  | auf Grund von Therapieabweichung | | | | | | | | | | | | | | | |
| **Diagnose:** | | | |  | | | | | | | | | | | | | | | | |
| **Tumorformel:** | | | |  | | | | | | | | | | | | | | | | |
| **Wichtige Nebendiagnosen:** | | | |  | | | | | | | | | | | | | | | | |
| **Bisherige Therapie:** | | | |  | | | | | | | | | | | | | | | | |
| **Zu demonstrierende Bildgebung:** | | | |  | | | | | | | | | | | | | | | | |
| **aktuelle relevante Befunde:** | | | |  | | | | | | | | | | | | | | | | |

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| **Fragestellung:** |  | | | | | |
| **Studie:** |  | ja |  | nein | wenn ja, welche: |  |
| **M&M-Konferenz** |  |  |  |  |  |  |
| **Vorkonsil** |  | ja |  | nein |  |  |
| **Therapieabweichung mit Begründung:** |  | | | | | |
| **Entscheidung des**  **Onkologischen Konsils:** |  | | | | | |

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| ChÄ Dr. med. B. Krammer-Steiner  Klinik für Innere Medizin III  Leiterin des Onkologischen Zentrums |  |

|  |  |
| --- | --- |
| **Patientengespräch am:** | |
| Patient stimmt der Empfehlung: □ zu | □ nicht zu |
| **Begründung bei Ablehnung:** | |