

Screenshots for Documentation of Bronchoscopy Procedures in CORI3

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

B: History	<p>Current Medications</p> <input type="checkbox"/> ASA/NSAID <input type="checkbox"/> COX-2 <input type="checkbox"/> Insulin <input type="checkbox"/> Anticoagulant (AC) AC Plan: <input type="text"/> <input type="checkbox"/> Antibiotic Prophylaxis <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Med</th> <th>Dose</th> <th>sig</th> <th>Start</th> <th>End</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type	Med	Dose	sig	Start	End																															<p>Allergies</p> <input type="checkbox"/> No known allergies Allergic to: <input type="text"/>	<p>Patient Habits</p> Patient Smokes? Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Ex-smoker? <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe # / Day: <input type="text"/> Drinking Status: <input type="text" value="binge drinker"/> Drinks / Day: <input type="text"/> Comments: <input type="text"/>
Type	Med	Dose	sig	Start	End																																		
J: Staging	<p>Past Medical / Surgical History</p> History must be within 30 days or updated today <input type="checkbox"/> No Co-Morbidities <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>System</th> <th>Disease / Disorder</th> <th>Comments</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	System	Disease / Disorder	Comments																																			
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Q: Post Exam	<p>History Comments: <input type="text"/></p>		Expand																																				

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F12 Pathways

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B: History

Current Medications

ASA/NSAID COX-2 Insulin

Anticoagulant (AC) AC Plan: [dropdown]

Antibiotic Prophylaxis

Type	Med	Dose
	Continue Coumadin	
	Heparin	
	LMWH	
	Stop Coumadin, measure PT	
	Stop Coumadin, no blood work	

Allergies

No known allergies

Allergic to:

Patient Habits

Patient Smokes? Y N

Ex-smoker?

Cigarettes

Cigars

Pipe

/ Day: [dropdown]

Drinking Status: binge drinker

Drinks / Day: [dropdown]

Comments: [text area]

Past Medical / Surgical History

History must be within 30 days or updated today

No Co-Morbidities

System	Disease / Disorder	Comments

History Comments: [text area] Expand

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Current Medications

ASA/NSAID COX-2 Insulin

Anticoagulant (AC) AC Plan: [dropdown]

Antibiotic Prophylaxis

Type	Med	Dose	sig	Start	End

Allergies

No known allergies

Allergic to:

Patient Habits

Patient Smokes? Y N

Ex-smoker?

Cigarettes

Cigars

Pipe

/ Day: [dropdown]

Drinking Status: binge drinker

Drinks / Day: binge drinker

Comments: currently drinking
not currently drinking
occasional
social
unknown

Past Medical / Surgical History

History must be within 30 days or updated today

No Co-Morbidities

System	Disease / Disorder	Comments

History Comments: [text area] Expand

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<p>A: Home</p> <p>B: History</p> <p>C: PE / Labs</p> <p>D: Proc. Info.</p> <p>E: SX / Eval</p> <p>E: Surv/Tx</p> <p>G: Exam Info</p> <p>H: Visualization</p> <p>I: Finding/Therapy</p> <p>J: Staging</p> <p>K: Intervent/Events</p> <p>L: Assess/Diag</p> <p>M: Treatment Plan</p> <p>N: Scheduling</p> <p>Q: Post Exam</p>	<p>Procedures Performed</p> <p><input type="checkbox"/> Bronchoscopy</p> <p><input type="checkbox"/> Rigid Bronchoscopy</p> <p><input type="checkbox"/> Other</p>	<p>Exam Personnel</p> <p><input type="checkbox"/> Attending Present</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name</th> <th>LoS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Title	Name	LoS																																		<p>Patient Consent</p> <p>Consent Obtained <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Obtained from: <input type="text"/></p> <p>Obtained By: <input type="text"/></p> <p>Consent to be Contacted Obtained? Not Asked <input type="checkbox"/> Y <input type="checkbox"/> N</p>
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	Symptoms	Evaluation of	Evaluation of
<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Wheezing	CHEST XRAY ABNORMALITY	<input type="checkbox"/> Recurrent Laryngeal Nerve Paralysis
<input type="checkbox"/> Cough	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Mass	EXTENT OF RESPIRATORY TRACT INJURY
<input type="checkbox"/> Fever	<input type="checkbox"/> Purulent phlegm	<input type="checkbox"/> Infiltrate	<input type="checkbox"/> Noxious Fume Injury
<input type="checkbox"/> Stridor	<input type="checkbox"/> Stridor	<input type="checkbox"/> Abscess	<input type="checkbox"/> Gastric Aspiration
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Atelectasis	<input type="checkbox"/> Burn
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Local Hyperlucency	Date of Injury: / /
<input type="checkbox"/> Platypnea	<input type="checkbox"/> Platypnea	<input type="checkbox"/> Pleural Effusion	IMMUNOCOMPROMISED
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Pulmonary Nodule	INFECTION
		<input type="checkbox"/> Diaphragm Paralysis	<input type="checkbox"/> AIDS <input type="checkbox"/> Lung Tx
		<input type="checkbox"/> Poorly Resolving Pneumonia	<input type="checkbox"/> Other
		<input type="checkbox"/> Other	ENDOTRACHEAL TUBE PROBLEMS
		SPUTUM CULTURE	<input type="checkbox"/> Airway Obstruction
		<input type="checkbox"/> Positive <input type="checkbox"/> Suspicious	<input type="checkbox"/> Intubation of R Main Bronchus
		<input type="checkbox"/> Other	<input type="checkbox"/> Tracheal Damage

Indications Comments: Expand

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Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

	Symptoms	Evaluation of	Evaluation of
<input type="checkbox"/> Dyspnea	<input checked="" type="checkbox"/> Wheezing	CHEST XRAY ABNORMALITY	<input type="checkbox"/> Recurrent Laryngeal Nerve Paralysis
Duration: <input type="text"/>	Frequency: <input type="text"/>	<input type="checkbox"/> Mass	EXTENT OF RESPIRATORY TRACT INJURY
<input type="checkbox"/> Localized <input type="checkbox"/> Generalized	<input type="checkbox"/> Cough	<input type="checkbox"/> Infiltrate	<input type="checkbox"/> Noxious Fume Injury
<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Abscess	<input type="checkbox"/> Gastric Aspiration
<input type="checkbox"/> Fever	<input type="checkbox"/> Fever	<input type="checkbox"/> Atelectasis	<input type="checkbox"/> Burn
<input type="checkbox"/> Purulent phlegm	<input type="checkbox"/> Purulent phlegm	<input type="checkbox"/> Local Hyperlucency	Date of Injury: / /
<input type="checkbox"/> Stridor	<input type="checkbox"/> Stridor	<input type="checkbox"/> Pleural Effusion	IMMUNOCOMPROMISED
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Pulmonary Nodule	INFECTION
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Diaphragm Paralysis	<input type="checkbox"/> AIDS <input type="checkbox"/> Lung Tx
<input type="checkbox"/> Platypnea	<input type="checkbox"/> Platypnea	<input type="checkbox"/> Poorly Resolving Pneumonia	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	ENDOTRACHEAL TUBE PROBLEMS
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C: PE / Labs	<input type="checkbox"/> Dyspnea <input checked="" type="checkbox"/> Wheezing Duration: [dropdown] Frequency: [dropdown]		<input type="checkbox"/> Mass <input type="checkbox"/> Infiltrate <input type="checkbox"/> Abscess <input type="checkbox"/> Atelectasis <input type="checkbox"/> Local Hyperlucency <input type="checkbox"/> Pleural Effusion <input type="checkbox"/> Pulmonary Nodule <input type="checkbox"/> Diaphragm Paralysis <input type="checkbox"/> Poorly Resolving Pneumonia <input type="checkbox"/> Other SPUTUM CULTURE <input type="checkbox"/> Positive <input type="checkbox"/> Suspicious <input type="checkbox"/> Other		<input type="checkbox"/> Recurrent Laryngeal Nerve Paralysis EXTENT OF RESPIRATORY TRACT INJURY <input type="checkbox"/> Noxious Fume Injury <input type="checkbox"/> Gastric Aspiration <input type="checkbox"/> Burn Date of Injury [/ /] IMMUNOCOMPROMISED INFECTION <input type="checkbox"/> AIDS <input type="checkbox"/> Lung Tx <input type="checkbox"/> Other ENDOTRACHEAL TUBE PROBLEMS <input type="checkbox"/> Airway Obstruction <input type="checkbox"/> Intubation of R Main Bronchus <input type="checkbox"/> Tracheal Damage
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D: Proc. Info.	<input type="checkbox"/> Cough <input type="checkbox"/> Hemo with unknown frequency <input type="checkbox"/> Fever <input type="checkbox"/> Purulent phlegm <input type="checkbox"/> Stridor <input type="checkbox"/> Weight Loss <input type="checkbox"/> Chest Pain <input type="checkbox"/> Platypnea <input type="checkbox"/> Other				
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A: Home	Patient: Patient, Fake	Prior exams	New	Date: 01/01/2000	Time: 12:00 PM						
B: History	Surveillance of		Therapeutic Interventions		Suspicion of						
C: PE / Labs	<input type="checkbox"/> Lung Transplant <input type="checkbox"/> Lung Cancer <input type="checkbox"/> Other Last Surveillance Exam: Mo: Year:		<input type="checkbox"/> Stent Placement <input type="checkbox"/> Removal of Retained Secretions <input type="checkbox"/> Removal of Foreign Body <input type="checkbox"/> Laser Resection <input type="checkbox"/> Foreign Body Retrieval <input type="checkbox"/> Loosen/Remove Mucous Plugs <input type="checkbox"/> Expand Atelectatic Lung <input type="checkbox"/> Intubation <input type="checkbox"/> Other		<input type="checkbox"/> Bronchogenic Ca <input type="checkbox"/> TB <input type="checkbox"/> Bronchial Tear <input type="checkbox"/> Tracheoesophageal Fistula						
D: Proc. Info.	Indications Comments:				Expand						
E: SX / Eval											
E: Surv/Tx											
G: Exam Info											
H: Visualization											
I: Finding/Therapy											
J: Staging											
K: Intervent/Events											
L: Assess/Diag											
M: Treatment Plan											
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Q: Post Exam											
F1 Help	F2 Schedule	F3 New	F4 Study	F5 Exam	F6 Reports	F7 Lock	F8 Patient	F9 Staff	F10 Utilities	F11 Path Rpt	F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

Surveillance of	Therapeutic Interventions	Suspicion of
<input type="checkbox"/> Lung Transplant <input type="checkbox"/> Lung Cancer <input type="checkbox"/> Other Last Surveillance Exam: Mo: <input type="text"/> Year: <input type="text"/>	<input type="checkbox"/> Stent Placement <input type="checkbox"/> Removal of Retained Secretions <input type="checkbox"/> Removal of Foreign Body <input type="checkbox"/> Laser Resection <input type="checkbox"/> Foreign Body Retrieval <input type="checkbox"/> Loosen/Remove Mucous Plugs <input type="checkbox"/> Expand Atelectatic Lung <input type="checkbox"/> Intubation <input type="checkbox"/> Other	<input type="checkbox"/> Bronchogenic Ca <input checked="" type="checkbox"/> TB <input type="checkbox"/> PPD Positive <input type="checkbox"/> Chest Xray Positive <input type="checkbox"/> Bronchial Tear <input type="checkbox"/> Tracheoesophageal Fistula

Indications Comments: Expand

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

Exam Information	Procedure Medications Used	Monitoring																																	
Duration (mins): <input type="text"/> Vocal Cords Viewed Y <input type="checkbox"/> N <input type="checkbox"/> Incomplete due to: <input type="text"/> Fluoro Used Y <input type="checkbox"/> N <input type="checkbox"/> Exam Complete Y <input type="checkbox"/> N <input type="checkbox"/> Other Reason Incomplete: <input type="text"/>	Appropriate for: <input type="text"/> Managed By: <input type="text"/> <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Pre-existing Sedation <input type="checkbox"/> No sedation given Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>	ECG Rhythm Monitoring Y <input type="checkbox"/> N <input type="checkbox"/> BP/Pulse Monitoring Y <input type="checkbox"/> N <input type="checkbox"/> Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>																																	
Instrument(s) Used	Medication	Patient Information																																	
Route of Passage <input type="checkbox"/> R Nasal <input type="checkbox"/> L Nasal <input type="checkbox"/> Oral <input type="checkbox"/> Trach <input type="checkbox"/> ET Tube	<table border="1"> <thead> <tr> <th>Medication</th> <th>Dosage</th> <th>Route</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage	Route																															ASA Class: <input type="text"/> Patient Tolerance: <input type="text"/>
Medication	Dosage	Route																																	

Exam Information Comments: Expand

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

<p>A: Home</p> <p>B: History</p> <p>C: PE / Labs</p> <p>D: Proc. Info.</p> <p>E: SX / Eval</p> <p>F: Surv/Tx</p> <p>G: Exam Info</p> <p>H: Visualization</p> <p>I: Finding/Therapy</p> <p>J: Staging</p> <p>K: Intervent/Events</p> <p>L: Assess/Diag</p> <p>M: Treatment Plan</p> <p>N: Scheduling</p> <p>O: Post Exam</p>	<p>Exam Information</p> <p>Duration (mins): <input type="text"/></p> <p>Vocal Cords Viewed <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Incomplete due to: <input type="text"/></p> <p>Fluoro Used <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Exam Complete <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Other Reason Incomplete: <input type="text"/></p>	<p>Procedure Medications Used</p> <p>Appropriate for: <input type="text"/></p> <p>Managed By: <input type="text"/></p> <p><input type="checkbox"/> anxiolytic sedation</p> <p><input type="checkbox"/> deep sedation</p> <p><input type="checkbox"/> general anesthesia</p> <p><input type="checkbox"/> moderate (conscious) sedation</p> <p><input type="checkbox"/> Naso-laryngeal Insufflation</p> <p><input type="checkbox"/> no sedation</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Medication</th> <th>Dosage</th> <th>Route</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage	Route																															<p>Monitoring</p> <p>ECG Rhythm Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>BP/Pulse Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Oximetry <input type="checkbox"/> Y <input type="checkbox"/> N</p>
Medication	Dosage	Route																																		
		<p>Patient Information</p> <p>ASA Class: <input type="text"/></p> <p>Patient Tolerance: <input type="text"/></p>																																		
		<p>Instrument(s) Used</p> <p>Route of Passage</p> <p><input type="checkbox"/> R Nasal <input type="checkbox"/> L Nasal</p> <p><input type="checkbox"/> Oral <input type="checkbox"/> Trach</p> <p><input type="checkbox"/> ET Tube</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Instrument</th> <th>Serial#</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Instrument	Serial#																															
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		<p>Exam Information Comments: Expand</p>																																		

F1 Help
F2 Schedule
F3 New
F4 Study
F5 Exam
F6 Reports
F7 Lock
F8 Patient
F9 Staff
F10 Utilities
F11 Path Rpt
F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

<p>A: Home</p> <p>B: History</p> <p>C: PE / Labs</p> <p>D: Proc. Info.</p> <p>E: SX / Eval</p> <p>F: Surv/Tx</p> <p>G: Exam Info</p> <p>H: Visualization</p> <p>I: Finding/Therapy</p> <p>J: Staging</p> <p>K: Intervent/Events</p> <p>L: Assess/Diag</p> <p>M: Treatment Plan</p> <p>N: Scheduling</p> <p>O: Post Exam</p>	<p>Exam Information</p> <p>Duration (mins): <input type="text"/></p> <p>Vocal Cords Viewed <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Incomplete due to: <input type="text"/></p> <p>Fluoro Used <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Exam Complete <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Other Reason Incomplete: <input type="text"/></p>	<p>Procedure Medications Used</p> <p>Appropriate for: <input type="text"/></p> <p>Managed By: <input type="text"/></p> <p><input type="checkbox"/> General An</p> <p><input type="checkbox"/> Pre-existin</p> <p><input type="checkbox"/> No sedatio</p> <p>Patient Intub</p> <p>Medicatio</p>	<p>Monitoring</p> <p>ECG Rhythm Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>BP/Pulse Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Oximetry <input type="checkbox"/> Y <input type="checkbox"/> N</p>																						
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F1 Help
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F5 Exam
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F10 Utilities
F11 Path Rpt
F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

	Visualization Above Carina	Visualization Below Carina
	Not Seen Seen Normal	
Vocal Cords	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal
Trachea	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal
Main Carina	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal
		Right Upper Lobe: <input type="text"/>
		Right Middle Lobe: <input type="text"/>
		Right Lower Lobe: <input type="text"/>
		Left Upper Lobe: <input type="text"/>
		Left Lower Lobe: <input type="text"/>

Visualization Comments: Expand

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

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	Visualization Above Carina	Visualization Below Carina
	Not Seen Seen Normal	
Vocal Cords	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal
Trachea	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal
Main Carina	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Normal
		Right Upper Lobe: <input type="text"/>
		Right Middle Lobe: <input type="text"/>
		Right Lower Lobe: <input type="text"/>
		Left Upper Lobe: <input type="text"/>
		Left Lower Lobe: <input type="text"/>

Visualization Comments: Expand

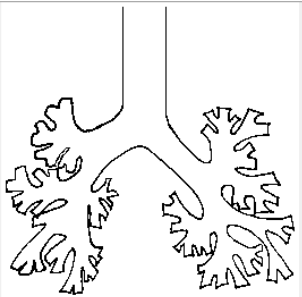
F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

Item for Multiple Selection: Center Print on Report Erase

A: Home
B: History
C: PE / Labs
D: Proc. Info.
E: SX / Eval
E: Surv/Tx
G: Exam Info
H: Visualization
I: Finding/Therapy
J: Staging
K: Intervent/Events
L: Assess/Diag
M: Treatment Plan
N: Scheduling
Q: Post Exam



Findings/Therapy Comments: Expand

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways




Finding Description

Blood
Collapse
Diagnostic Test
Endobronchial Mass
Endobronchial Stenosis / Stricture
Erosion
Erythema
Foreign Body / Retained Food
Image Taken
Mucous Plug
Narrowing
Normal Exam
Other Finding
Pit
Polyp
Prior Surgery
Submucosal Edema
Tear / Perforation
Therapeutic Procedure
Tracheomalacia

Therapy/
Dx Test-F9




Save - F10
✓




Delete - Esc
✗




Finding Description	
<input type="text" value="Blood"/>	
<input type="checkbox"/> Fresh <input type="checkbox"/> Old	
Location:	<input type="text"/>
Description:	<input type="text"/>
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/> <input type="checkbox"/> Brushing Path #: <input type="text"/> <input type="checkbox"/> Lavage Path #: <input type="text"/>	
Therapy:	<input type="text"/>
Outcome:	<input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments:	<input type="text"/>
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 




Finding Description	
Collapse	
Location: <input type="text"/>	Therapy/ Dx Test-F9 +
Description: <input type="text"/>	
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	Save - F10 ✓
Treatment: <input type="checkbox"/> Stent Placed	
ICD9: <input type="text"/> ICD9	Delete - Esc ✗
Comments: <input type="text"/>	




Finding Description	
<input type="text" value="Diagnostic Test"/>	
Diagnostics: Location: <input type="text"/>	Therapy/ Dx Test-F9 +
<input type="checkbox"/> Biopsy taken Path #: <input type="text"/> <input type="checkbox"/> Random Biopsies Path #: <input type="text"/>	
From Location: <input type="text"/> (to) End Location: <input type="text" value="Trachea"/>	
<input type="checkbox"/> Brushing done Path #: <input type="text"/>	Save - F10 ✓
Brushing Tests <input type="checkbox"/> Cytology <input type="checkbox"/> Quant. Culture	
BAL Tests <input type="checkbox"/> C and S <input type="checkbox"/> Mycobacteria <input type="checkbox"/> Viral <input type="checkbox"/> Fungi <input type="checkbox"/> PCP <input type="checkbox"/> Cytology <input type="checkbox"/> Flow Cytometry <input type="checkbox"/> Quantitative Culture <input type="checkbox"/> Cell Counts _Differential <input type="checkbox"/> Other	Delete - Esc ✗
Reason for test: <input type="text"/>	
Comments: <input type="text"/>	

Finding Description	
Endobronchial Mass	
Estab / Susp: <input type="text"/> Benign / Malignant: <input type="text"/> Location: <input type="text"/> Length (cm): <input type="text"/> Description: <input type="checkbox"/> Circumferential <input type="checkbox"/> Mucosal <input type="checkbox"/> Fungating <input type="checkbox"/> Submucosal Obstruction: <input type="text"/> Therapy: <input type="text"/> Outcome: <input type="text"/> Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/> ICD9: <input type="text"/> ICD9 Comments: <input type="text"/>	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 

Finding Description	
<input type="text" value="Erythema"/>	
Location:	<input type="text"/>
Description:	<input type="text"/>
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
<input type="checkbox"/> BAL done	Path #: <input type="text"/>
<input type="checkbox"/> Brushing Done	Path #: <input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments: <input type="text"/>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




Finding Description	
Foreign Body / Retained Food	
<input type="checkbox"/> Foreign Body <input type="checkbox"/> Retained food	
Description:	<input type="text"/>
Location:	<input type="text" value=""/>
Treatment Results:	
<input type="checkbox"/> Removed by Basket <input type="checkbox"/> Removed by Biopsy <input type="checkbox"/> Removed by Suction <input type="checkbox"/> Not removed	
Diagnostics:	
<input type="checkbox"/> Culture Taken <input type="text" value=""/> Path #: <input type="text" value=""/>	
ICD9: <input type="text" value=""/>	<input type="text" value=""/> ICD9
Comments:	
<input type="text" value=""/>	
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 




Finding Description		
<input type="text" value="Image Taken"/>		
Location:	<input type="text"/>	
Image #:	<input type="text"/>	
Comments:	<input type="text"/>	
		Therapy/ Dx Test-F9 
		Save - F10 
Delete - Esc 		

Finding Description	
<input type="text" value="Mucous Plug"/>	
Location: <input type="text"/>	Therapy/ Dx Test-F9 
Description: <input type="text"/>	
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	Save - F10 
Treatment: <input type="checkbox"/> Lavage <input type="checkbox"/> Acetylcysteine	
Outcome: <input type="text"/>	
ICD9: <input type="text"/> ICD9	Delete - Esc 
Comments: <input type="text"/>	




Finding Description		
<input type="text" value="Narrowing"/>		
Location: <input type="text" value=""/>	Therapy/ Dx Test-F9 +	
Edema Present? Y <input type="checkbox"/> N <input type="checkbox"/>		
Diagnostics: Path #: <input type="text"/>		
ICD9: <input type="text"/> ICD9 <input type="text"/>		
Comments: <input type="text"/>		
		Save - F10 ✓
		Delete - Esc ✗




Finding Description	
<input type="text" value="Normal Exam"/>	
Location: <input type="text"/>	
Not Found: <input type="text"/>	
Diagnostics: <input type="text"/>	Therapy/ Dx Test-F9 +
Path #: <input type="text"/>	
Comments: <input type="text"/>	
	Save - F10 ✓
	Delete - Esc ✗

Finding Description	
Other Finding	
Description:	<input type="text"/>
Location:	<input type="text"/>
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
<input type="checkbox"/> Brushing done	Path #: <input type="text"/>
<input type="checkbox"/> Lavage done	Path #: <input type="text"/>
<input type="checkbox"/> Other Test	
ICD9:	<input type="text"/> ICD9
Comments:	
<input type="text"/>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




Finding Description	
<input type="text" value="Pit"/>	
Location: <input type="text"/>	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 

Finding Description										
<input type="text" value="Polyp"/>										
Location: <input type="text"/>	Therapy/ Dx Test-F9 +									
Size (mms): <input type="text"/>										
<input type="checkbox"/> Diminutive Attachment: <input type="text"/>										
Procedure: <input type="text"/>										
Procedure Results: <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Removed?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Retrieved?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Yes	No	Removed?	<input type="checkbox"/>	<input type="checkbox"/>	Retrieved?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No								
Removed?	<input type="checkbox"/>	<input type="checkbox"/>								
Retrieved?	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/> Polyp sent to path Path #: <input type="text"/>	Save - F10 ✓									
ICD9: <input type="text"/> ICD9										
Comments: <input type="text"/>										
Delete - Esc X										




Finding Description	
<input type="text" value="Prior Surgery"/>	
Location: <input type="text"/>	
Description: <input type="text"/>	
Comments: <input type="text"/>	
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 




Finding Description	
<input type="text" value="Submucosal Edema"/>	
Location: <input type="text"/>	Therapy/ Dx Test-F9 
Description: <input type="text"/>	
Percent Occlusion: <input type="text"/>	Save - F10 
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	
<input type="checkbox"/> BAL done Path #: <input type="text"/>	
<input type="checkbox"/> Brushing Done Path #: <input type="text"/>	
<input type="checkbox"/> Lavage Path #: <input type="text"/>	Delete - Esc 
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	

Finding Description	
<input type="text"/>	
Balloon Tamponade	
Diagnostic Test	
Injection	
Laser	
No treatment	Therapy/ Dx Test-F9
Other treatment	
Stent	
Suction	
	Save - F10 ✓
	Delete - Esc ✗

Finding Description	
<input type="text" value="Balloon Tamponade"/>	
Action: <input type="text"/>	Therapy/ Dx Test-F9 
Location: <input type="text"/>	
Finding: <input type="text"/>	
Reason for Procedure: <input type="text"/>	
Outcome: <input type="text"/>	
Comments: <input type="text"/>	Save - F10 
	Delete - Esc 

Therapy Description	
<input type="text" value="Diagnostic Test"/>	
Location: <input type="text"/>	Therapy/ Dx Test-F9 +
Finding: <input type="text"/>	
<input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	Save - F10 ✓
<input type="checkbox"/> Random Biopsies Path #: <input type="text"/>	
From Location: <input type="text"/>	Delete - Esc X
(to) End Location: <input type="text" value="Trachea"/>	
<input type="checkbox"/> Brushing done Path #: <input type="text"/>	
Brushing Tests	
<input type="checkbox"/> Cytology <input type="checkbox"/> Quant. Culture	
BAL Tests	
<input type="checkbox"/> C and S <input type="checkbox"/> Mycobacteria	
<input type="checkbox"/> Viral <input type="checkbox"/> Fungi	
<input type="checkbox"/> PCP <input type="checkbox"/> Cytology	
<input type="checkbox"/> Flow Cytometry	
<input type="checkbox"/> Quantitative Culture	
<input type="checkbox"/> Cell Counts _Differential	
<input type="checkbox"/> Other	
Reason for test: <input type="text"/>	
Comments: <input type="text"/>	

Therapy Description	
<input type="text" value="Injection"/>	
Location:	<input type="text"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
injectant:	<input type="text"/>
Number of ccs:	<input type="text"/>
Combined With:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

Therapy Description	
<input type="text" value="Laser"/>	
Location:	<input type="text"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Type of Laser:	<input type="text"/>
Watts:	<input type="text"/>
Joules:	<input type="text"/>
Setting:	<input type="text"/>
Total Seconds:	<input type="text"/>
Total Applications:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

Therapy Description	
<input type="text" value="No treatment"/>	
Reason for No Treatment: <input type="text"/>	
Location: <input type="text"/>	Therapy/ Dx Test-F9 +
Finding: <input type="text"/>	
Reason for Procedure: <input type="text"/>	
Outcome: <input type="text"/>	
Comments: <input type="text"/>	
	Save - F10 ✓
	Delete - Esc ✗

Therapy Description	
<input type="text" value="Other treatment"/>	
Treatment:	<input type="text"/>
Location:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Finding:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 +	
Save - F10 ✓	
Delete - Esc ✗	

Therapy Description

Stent

Location:

Finding:

Reason for Procedure:

Proc	Stent	Length (cm)	cm Covered	Diameter	Flange (mm)	Note

Performed Under Fluoroscopic Guidance

Injected With Contrast?

Distal Clips Placed?

Proximal Clips Placed?

Guidewire Used:

Outcome:

Comments:

Therapy/
Dx Test-F9



Save - F10



Delete - Esc



Therapy Description	
<input type="text" value="Suction"/>	
Treatment:	<input type="text"/>
Location:	<input type="text"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 +	
Save - F10 ✓	
Delete - Esc ✗	

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

T-Staging

Structure	T-Score/Depth of Invasion	Organs Invaded	Comments

N-Staging

Primary Site	N-Score/Extent of Invasion	Comments

M-Staging

M0: No distant metastasis Mx: No definite Metastasis Seen
 M1: Distant Metastasis Identified

Staging Comments: Expand

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

Unplanned Interventions

No Intervention Required

Sed. Reversed as Intervention

Oxygen Transfusion

Hosp Admit Sent to ER

Surgery Cautey

IV Fluids

Procedure Stopped

Intubation

Code 99/CPR

Other

Intervention Medications

Medication	Dosage

Unplanned Events

Any complications? Y N

Cardiopulmonary Events

Chest Pain Arrhythmia

Wheezing/la Hypotension

Hypertension

Transient Hypoxia

Prolonged Hypoxia

Respiratory Distress

Pulmonary Edema

Vasovagal Reaction

Tracheal Compression

Death Other

O2 Saturation less than 95%

O2 Saturation (%):

Neurological Events

Altered Mental State

Seizure Other

Other Events

Rash/Hives Drug React

DVT Prolongd Sed

Bleeding Other

Paradoxical Reaction

Intervention Results

Successful? Y N

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

Spontaneous Resolution

Notes:

Interventions and Events Comments: Expand

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

Unplanned Interventions

- No Intervention Required
- Sed. Reversed as Intervention
- Oxygen Transfusion
- Hosp Admit Sent to ER
- Surgery Cautery
- IV Fluids
- Procedure Stopped
- Intubation
- Code 99/CPR
- Other

Unplanned Events

Any complications? Y N

Cardiopulmonary Events

- Chest Pain Arrhythmia
- Wheezing/la Hypotension
- Hypertension
- Transient Hypoxia
- Prolonged Hypoxia
- Respiratory Distress

Neurological Events

- Altered Mental State
- Seizure Other

Other Events

- Rash/Hives Drug React
- DVT Prolongd Sed
- Bleeding Other
- Paradoxical Reaction

Intervention Medications

Medication	Dosage

Intervention Results

Successful? Y N

- Hemostasis Achieved
- Vital Signs Stabilized
- O2 Desaturation Reversed
- Spontaneous Resolution

Notes:

Interventions and Events Comments: Expand

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

Code 99/CPR Detail

- Chest Compression
- Ventilation performed.

Close

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

Unplanned Interventions

- No Intervention Required
- Sed. Reversed as Intervention
- Oxygen Transfusion
- Hosp Admit Sent to ER
- Surgery Cautery
- IV Fluids
- Procedure Stopped
- Intubation
- Code 99/CPR
- Other

Unplanned Events

Any complications? Y N

Cardiopulmonary Events

- Chest Pain Arrhythmia
- Wheezing/la Hypotension
- Hypertension
- Transient Hypoxia
- Prolonged Hypoxia
- Respiratory Distress

Neurological Events

- Altered Mental State
- Seizure Other

Other Events

- Rash/Hives Drug React
- DVT Prolongd Sed
- Bleeding Other
- Paradoxical Reaction

Intervention Medications

Medication	Dosage

Intervention Results

Successful? Y N

- Hemostasis Achieved
- Vital Signs Stabilized
- O2 Desaturation Reversed
- Spontaneous Resolution

Notes:

Interventions and Events Comments: Expand

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

O2 Desaturation Reversed Detail

O2 Saturation (%):

Close

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 11:59 AM

	Post Exam Patient Information	Patient Satisfaction			
B: History	Encounter Type: <input type="text"/>	How does pt feel post exam?: <input type="text"/>			
C: PE / Labs	Information From: <input type="text"/>	Did pt feel prepared for procedure? <input type="checkbox"/> Y <input type="checkbox"/> N			
D: Proc. Info.	Any problems with where IV was inserted? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the pt groggy after procedure? <input type="checkbox"/> Y <input type="checkbox"/> N			
E: SX / Eval	Did pt understand the dischg instructions? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many hours?: <input type="text"/>			
E: Surv/Tx	Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N	Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N			
G: Exam Info	Did pt take post exam Rxs as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what?: <input type="text"/>			
H: Visualization	If not, explain: <input type="text"/>	Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N			
I: Finding/Therapy	Complete Post Exam Events section if necessary	if yes, what?: <input type="text"/>			
J: Staging	Post Exam Events				
K: Intervent/Events	Event Type	Event	Date Occurred	Intervention	Comments
L: Assess/Diag					
M: Treatment Plan					
N: Scheduling					
Q: Post Exam	Follow-up Information and Events Comments:				Expand
P: F/up Info/Events					

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 11:59 AM

	Post Exam Patient Information	Patient Satisfaction			
B: History	Encounter Type: <input type="text"/>	How does pt feel post exam?: <input type="text"/>			
C: PE / Labs	Information From: <input type="text"/>	Did pt feel prepared for procedure? <input type="checkbox"/> Y <input type="checkbox"/> N			
D: Proc. Info.	Any problems with where IV was inserted? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the pt groggy after procedure? <input type="checkbox"/> Y <input type="checkbox"/> N			
E: SX / Eval	Did pt understand the dischg instructions? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many hours?: <input type="text"/>			
E: Surv/Tx	Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N	Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N			
G: Exam Info	Did pt take post exam Rxs as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what?: <input type="text"/>			
H: Visualization	If not, explain: <input type="text"/>	Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N			
I: Finding/Therapy	Complete Post Exam Events section if necessary	if yes, what?: <input type="text"/>			
J: Staging	Post Exam Events				
K: Intervent/Events	Event Type	Event	Date Occurred	Intervention	Comments
L: Assess/Diag					
M: Treatment Plan					
N: Scheduling					
Q: Post Exam	Follow-up Information and Events Comments:				Expand
P: F/up Info/Events					

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 11:59 AM

Post Exam Patient Information		Patient Satisfaction	
Encounter Type:		How does pt feel post exam?:	
Information From:		Did pt feel prepared for procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Any problems with where IV was inserted?	family	Was the pt groggy after procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did pt understand the discharge instructions?	guardian	If yes, how many hours?:	
Did pt have questions regarding follow-up?	patient	Any complaints about Procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did pt take post exam Rxs as prescribed?		If yes, what?:	
If not, explain:		Any suggestions for improvement?	Y <input type="checkbox"/> N <input type="checkbox"/>
Complete Post Exam Events section if necessary		if yes, what?:	

Post Exam Events				
Event Type	Event	Date Occurred	Intervention	Comments

Follow-up Information and Events Comments: Expand

P: F/up Info/Events

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

BRONCH Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 11:59 AM

Post Exam Patient Information		Patient Satisfaction	
Encounter Type:		How does pt feel post exam?:	
Information From:		Did pt feel prepared for procedure?	better
Any problems with where IV was inserted?		Was the pt groggy after procedure?	just the same
Did pt understand the discharge instructions?		If yes, how many hours?:	worse
Did pt have questions regarding follow-up?		Any complaints about Procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did pt take post exam Rxs as prescribed?		If yes, what?:	
If not, explain:		Any suggestions for improvement?	Y <input type="checkbox"/> N <input type="checkbox"/>
Complete Post Exam Events section if necessary		if yes, what?:	

Post Exam Events				
Event Type	Event	Date Occurred	Intervention	Comments

Follow-up Information and Events Comments: Expand

P: F/up Info/Events

F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways