



Screenshots for Documentation of Colonoscopy Procedures in CORI3

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Above each screenshot or set of screenshots is the name of the table in the CORI3 National Endoscopic Database where the data collected on that screen is found. Some screenshots show the content of menus or subscreens that are also documented in the same table. In addition, screenshots of the menus are shown (circled). Grid data (grids are in red squares) are found in tables named below the screenshot.

COL_History

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

A: Home

B: History

C: PE / Labs

D: Proc. Info.

E: *Indications

E: Exam Info

G: Findings/Therapy

H: Intervent/Events

I: Assess/Diag

J: Treatment Plan

K: Scheduling

Current Medications

ASA/NSAID COX-2 Insulin

Anticoagulant (AC) AC Plan:

Antibiotic Prophylaxis

Type	Med	Dose	sig	Start	End

Past Medical / Surgical History

History must be within 30 days or updated today

No Co-Morbidities

System	Disease / Disorder	Comments

Allergies

No known allergies

Allergic to:

Patient Habits

Patient Smokes? Y N

Cigarettes

Cigars

Pipe

/ Day:

Drinking Status: binge drinker

Drinks / Day:

Comments:

History 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

Current medications grid data found in COL_Type_2862

Past Medical/Surgical history grid data found in COL_System_170

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Current Medications

ASA/NSAID COX-2 Insulin

Anticoagulant (AC) AC Plan:

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

Cigarettes

Cigars

Pipe

/ Day:

Drinking Status: binge drinker

Drinks / Day:

Comments:

Past Medical / Surgical History

History must be within 30 days or updated today

No Co-Morbidities

System	Disease / Disorder	Comments

History 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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Current Medications

ASA/NSAID COX-2 Insulin

Anticoagulant (AC) AC Plan:

Antibiotic Prophylaxis

Type	Med	Dose	sig	Start	End

Allergies

No known allergies

Allergic to:

Patient Habits

Patient Smokes? Y N

Cigarettes

Cigars

Pipe

/ Day:

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: 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

COL_PELabs

COL Current User: CORI Tech Support Demonstration Only

Patient: Date: Time:

Results of Prior Studies				
Type of Study	Exam	Date	Results	Description

Pre-Op Physical

Date of Exam:

Ht (In): Wt (lbs):

Pulse: BP:

Entire PE WNL

	WNL	Abn
Cardio-Pulm Exam	<input type="checkbox"/>	<input type="checkbox"/>
Rectal Exam	<input type="checkbox"/>	<input type="checkbox"/>
HEENT Exam	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Exam	<input type="checkbox"/>	<input type="checkbox"/>
Extremity Exam	<input type="checkbox"/>	<input type="checkbox"/>
Neuro Exam	<input type="checkbox"/>	<input type="checkbox"/>

Abn Findings:

PE / Labs Comments:

F1 HelpF2 ScheduleF3 NewF4 StudyF5 ExamF6 ReportsF7 LockF8 PatientF9 StaffF10 UtilitiesF11 Path RptF12 Pathways

Prior studies grid data found in COL_TypeOfStudy_412

COL_procinfo

COL Current User: CORI Tech Support Demonstration Only

Patient: Date: Time:

<p>A: Home</p> <p>B: History</p> <p>C: PE / Labs</p> <p>D: Proc. Info.</p> <p>E: *Indications</p> <p>E: Exam Info</p> <p>G: Findings/Therapy</p> <p>H: Intervent/Events</p> <p>I: Assess/Diag</p> <p>J: Treatment Plan</p> <p>K: Scheduling</p>	<p>Procedures Performed</p> <p><input type="checkbox"/> Colonoscopy</p> <p><input type="checkbox"/> Ileoscopy per Stoma</p> <p><input type="checkbox"/> Colonoscopy per Stoma</p> <p><input type="checkbox"/> Incomplete Colonoscopy</p> <p><input type="checkbox"/> Cancer Screening Colonoscopy Average Risk</p> <p><input type="checkbox"/> Cancer Screening Colonoscopy High Risk</p> <p><input type="checkbox"/> Ileoscopy</p> <p><input type="checkbox"/> Anoscopy</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 style="width: 30%;">Title</th> <th style="width: 40%;">Name</th> <th style="width: 30%;">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 Aske <input type="checkbox"/> Y <input type="checkbox"/> N</p>
Title	Name	LoS																																					
<p>Exam Location</p> <p>Location: <input type="text"/></p> <p>InPT/OutPT?: <input type="text"/></p> <p>InPT Room#: <input type="text"/></p>		<p>Procedure Information Comments: <input type="text"/></p> <p style="text-align: right;"><input type="button" value="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

Exam personnel grid data found in COL_Title_95

(Sub screen fields also in COL_procinfo)

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Procedures Performed

- Colonoscopy
- Ileoscopy per Stoma
- Colonoscopy per Stoma
- Incomplete Colonoscopy
- Cancer Screening Colonoscopy Average Risk
- Cancer Screening Colonoscopy High Risk
- Ileoscopy
- Anoscopy
- Other

Exam Personnel

Attending Present

Title	Name	LoS

Colonoscopy Detail

- with Biopsy(s) (1-10)
- with Multiple Biopsies (>10)
- with Hot Biopsy(s)
- with Polypectomy
- with Electrocoag or Injection: Bleeding Site
- with Electrocoag/Laser: Tumor Ablation
- with Dilatation of Stricture
- with Hemorrhoidal Banding
- with Other

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contacted Obtained? Not Asked Y N

Procedure 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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Procedures Performed

- Colonoscopy
- Ileoscopy per Stoma
- Colonoscopy per Stoma
- Incomplete Colonoscopy
- Cancer Screening Colonoscopy Average Risk
- Cancer Screening Colonoscopy High Risk
- Ileoscopy
- Anoscopy
- Other

Exam Personnel

Attending Present

Title	Name	LoS

Anoscopy Detail

- with Biopsy(s) / Brushing(s)
- with Multiple Biopsies (>10)
- with Hot Biopsy(s)
- with Bicap
- with Hemorrhoidal Banding
- with Infrared Coagulation
- with Other

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contacted Obtained? Not Asked Y N

InPT Room#:

Procedure 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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Procedures Performed

- Colonoscopy
- Ileoscopy per Stoma
- Colonoscopy per Stoma
- Incomplete Colonoscopy
- Cancer Screening Colonoscopy Average Risk
- Cancer Screening Colonoscopy High Risk
- Ileoscopy
- Anoscopy
- Other

Exam Personnel

Attending Present

Title	Name	LoS

Exam Location

Location:

- Emergency Department
- Endoscopy Suite
- Hospital Ward
- Intensive Care Unit
- NICU
- Operating Room
- Outpatient Clinic
- PICU
- Radiology
- Short Stay Unit

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contacted Obtained? Not Asked Y N

Procedure 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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Procedures Performed

- Colonoscopy
- Ileoscopy per Stoma
- Colonoscopy per Stoma
- Incomplete Colonoscopy
- Cancer Screening Colonoscopy Average Risk
- Cancer Screening Colonoscopy High Risk
- Ileoscopy
- Anoscopy
- Other

Exam Personnel

Attending Present

Title	Name	LoS

Exam Location

Location:

InPT/OutPT?:

- Inpatient-ICU
- Inpatient-ward
- Outpatient

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contacted Obtained? Not Asked Y N

Procedure 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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

<p>A: Home</p> <p>B: History</p> <p>C: PE / Labs</p> <p>D: Proc. Info.</p> <p>E: *Indications</p> <p>F: Exam Info</p> <p>G: Findings/Therapy</p> <p>H: Intervent/Events</p> <p>I: Assess/Diag</p> <p>J: Treatment Plan</p> <p>K: Scheduling</p>	<p>Procedures Performed</p> <p><input type="checkbox"/> Colonoscopy</p> <p><input type="checkbox"/> Ileoscopy per Stoma</p> <p><input type="checkbox"/> Colonoscopy per Stoma</p> <p><input type="checkbox"/> Incomplete Colonoscopy</p> <p><input type="checkbox"/> Cancer Screening Colonoscopy Average Risk</p> <p><input type="checkbox"/> Cancer Screening Colonoscopy High Risk</p> <p><input type="checkbox"/> Ileoscopy</p> <p><input type="checkbox"/> Anoscopy</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> </tbody> </table>	Title	Name	LoS																															<p>Patient Consent</p> <p>Consent Obtained Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Obtained from: <input type="text"/></p> <p>Obtained By: <input type="text"/></p> <p>Consent to be Cont: <input type="text"/></p> <p>Not A: <input type="text"/></p>
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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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

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Title	Name	LoS																																		
<p>Exam Location</p> <p>Location: <input type="text"/></p> <p>InPT/OutPT?: <input type="text"/></p> <p>InPT Room#: <input type="text"/></p>			<p>Procedure 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

COL_Inds

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

<p>A: Home</p> <p>B: History</p> <p>C: PE / Labs</p> <p>D: Proc. Info.</p> <p>E: *Indications</p> <p>E: Exam Info</p> <p>G: Findings/Therapy</p> <p>H: Intervent/Events</p> <p>I: Assess/Diag</p> <p>J: Treatment Plan</p> <p>K: Scheduling</p>	<p>Evaluation of</p> <p><input type="checkbox"/> Anemia <input type="checkbox"/> Pos. FOBT</p> <p><input type="checkbox"/> Iron Deficiency without Anemia</p> <p><input type="checkbox"/> Graft vs Host Disease</p> <p><input type="checkbox"/> Established Crohn's Disease</p> <p><input type="checkbox"/> Established Ulcerative Colitis</p> <p><input type="checkbox"/> Other</p> <p>Polyps Seen on:</p> <p><input type="checkbox"/> BaEnema <input type="checkbox"/> Flex Sig</p>	<p>Symptoms</p> <p><input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Hematochezia</p> <p><input type="checkbox"/> Weight Loss</p> <p><input type="checkbox"/> Melena (unknown source)</p> <p><input type="checkbox"/> Abd Pain / Bloating</p> <p><input type="checkbox"/> Change in Bowel Habits</p> <p><input type="checkbox"/> GI Sx in Immune-Comp Host</p> <p><input type="checkbox"/> Other</p>	<p>Surveillance of</p> <p><input type="checkbox"/> Adenomatous Polyp(s)</p> <p><input type="checkbox"/> Colorectal Cancer</p> <p><input type="checkbox"/> Ulcerative Colitis</p> <p><input type="checkbox"/> Crohn's</p> <p><input type="checkbox"/> Other</p> <p>Last Exam:</p> <p>Mo: <input type="text"/> Year: <input type="text"/></p>																		
	<p>Evaluation of Suspected</p> <p><input type="checkbox"/> Inflammatory Bowel Disease</p> <p><input type="checkbox"/> Infect. Colitis <input type="checkbox"/> Other</p>	<p>Abnormal Exams, Studies, Xrays</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Study</th> <th style="width: 33%;">Exam</th> <th style="width: 33%;">Results</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>	Study	Exam	Results																<p>Increased Risk Screening</p> <p>Personal Hx of: <input type="text"/></p> <p><input type="checkbox"/> Fm Hx Polyps</p> <p><input type="checkbox"/> Other</p>
Study	Exam	Results																			
	<p>Therapeutic Intervention</p> <p><input type="checkbox"/> ... as indication for this exam</p>	<p>Research Study</p> <p>Type of Visit: <input type="text"/></p> <p>Study Name: <input type="text"/></p>	<p>Average Risk Screening</p> <p><input type="checkbox"/> Routine / Average Risk</p> <p><input type="checkbox"/> Other</p>																		
	<p>Indications 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

Abnormal Exams, Studies and Xrays grid data found in COL_Study_400

Therapeutic intervention grid data found in COL_AsIndicationForThisE

(Sub screen fields also in COL_Inds)

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

E: *Indications

Evaluation of	Symptoms	Surveillance of
<input checked="" type="checkbox"/> Anemia <input type="checkbox"/> Pos. FOBT <input type="checkbox"/> Iron Deficiency without Anemia <input type="checkbox"/> Graft vs Host Disease <input type="checkbox"/> Established Crohn's Disease <input type="checkbox"/> Established Ulcerative Colitis <input type="checkbox"/> Other Polyps Seen on: <input type="checkbox"/> BaEnema	<input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Hematochezia <input type="checkbox"/> Weight Loss <input type="checkbox"/> Melena (unknown source) <input type="checkbox"/> Abd Pain / Bloating <input type="checkbox"/> Change in Bowel Habits <input type="checkbox"/> GI Sx in Immune-Comp Host	<input type="checkbox"/> Adenomatous Polyp(s) <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Crohn's <input type="checkbox"/> Other Last Exam: Mo: Year:
Evaluation	Research Study	Average Risk Screening
<input type="checkbox"/> Inflammatory B <input type="checkbox"/> Infect. Colitis	Type of Visit: Study Name:	<input type="checkbox"/> Routine / Average Risk <input type="checkbox"/> Other

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

Anemia Detail

Low Ferritin
 Low Iron Saturation
 Pernicious
 RBC Size:

Close

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

E: *Indications

Evaluation of	Symptoms	Surveillance of
<input type="checkbox"/> Anemia <input checked="" type="checkbox"/> Pos. FOBT <input type="checkbox"/> Iron Deficiency without Anemia <input type="checkbox"/> Graft vs Host Disease <input type="checkbox"/> Established Crohn's Disease <input type="checkbox"/> Established Ulcerative Colitis <input type="checkbox"/> Other Polyps Seen on: <input type="checkbox"/> BaEnema <input type="checkbox"/> Flex Sig	<input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Hematochezia <input type="checkbox"/> Weight Loss <input type="checkbox"/> Melena (unknown source) <input type="checkbox"/> Abd Pain / Bloating <input type="checkbox"/> Change in Bowel Habits <input type="checkbox"/> GI Sx in Immune-Comp Host <input type="checkbox"/> Other	<input type="checkbox"/> Adenomatous Polyp(s) <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Crohn's <input type="checkbox"/> Other Last Exam: Mo: Year:
Evaluation	Research Study	Average Risk Screening
<input type="checkbox"/> Inflammatory B <input type="checkbox"/> Infect. Colitis	Type of Visit: Study Name:	<input type="checkbox"/> Routine / Average Risk <input type="checkbox"/> Other

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

Pos. FOBT Detail

Home Screening
 Digital Rectal Exam

Close

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

A: Home	Evaluation of		Symptoms		Surveillance of		
	<input type="checkbox"/> Anemia	<input type="checkbox"/> Pos. FOBT	<input checked="" type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Adenomatous Polyp(s)	<input type="checkbox"/> Colorectal Cancer	
B: History	<input type="checkbox"/> Iron Deficiency without Anemia	<input type="checkbox"/> Hematochezia	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Melena (unknown source)	<input type="checkbox"/> Ulcerative Colitis	<input type="checkbox"/> Crohn's	
C: PE / Labs	<input type="checkbox"/> Graft vs Host Disease	<input type="checkbox"/> Abd Pain / Bloating	<input type="checkbox"/> Change in Bowel Habits	Last Exam:			
D: Proc. Info.	<input type="checkbox"/> Established Crohn's Disease	Polyps Seen on:		Mo: <input type="text"/>	Year: <input type="text"/>		
E: *Indications	<input type="checkbox"/> Established Ulcerative Colitis	BaEnema		Increased Risk Screening			
E: Exam Info	<input type="checkbox"/> Other	Constipation Detail # of Stools per Week: <input type="text"/> <input type="checkbox"/> Infrequent Stools <input type="checkbox"/> Small Caliber Stools <input type="checkbox"/> Difficult Evacuation/Straining <input type="checkbox"/> Other		Personal Hx of: <input type="text"/> <input type="checkbox"/> Fm Hx Polyps <input type="checkbox"/> Other			
G: Findings/Therapy	<input type="checkbox"/> BaEnema	Therapeutic Intervention <input type="text"/> as indication for this exam		Average Risk Screening <input type="checkbox"/> Routine / Average Risk <input type="checkbox"/> Other			
H: Intervent/Events	Evaluation <input type="checkbox"/> Inflammatory B <input type="checkbox"/> Infect. Colitis	Research Study Type of Visit: <input type="text"/> Study Name: <input type="text"/>					
I: Assess/Diag	Indications Comments:					Expand	

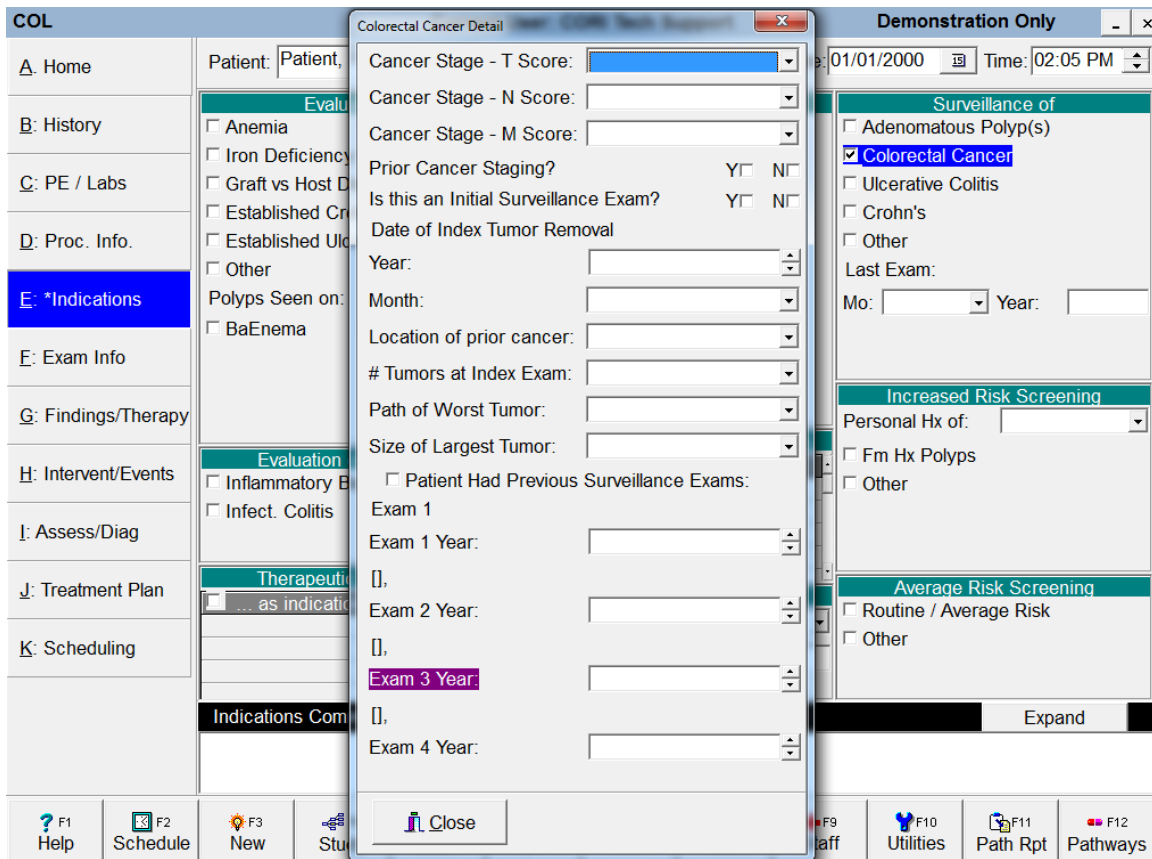
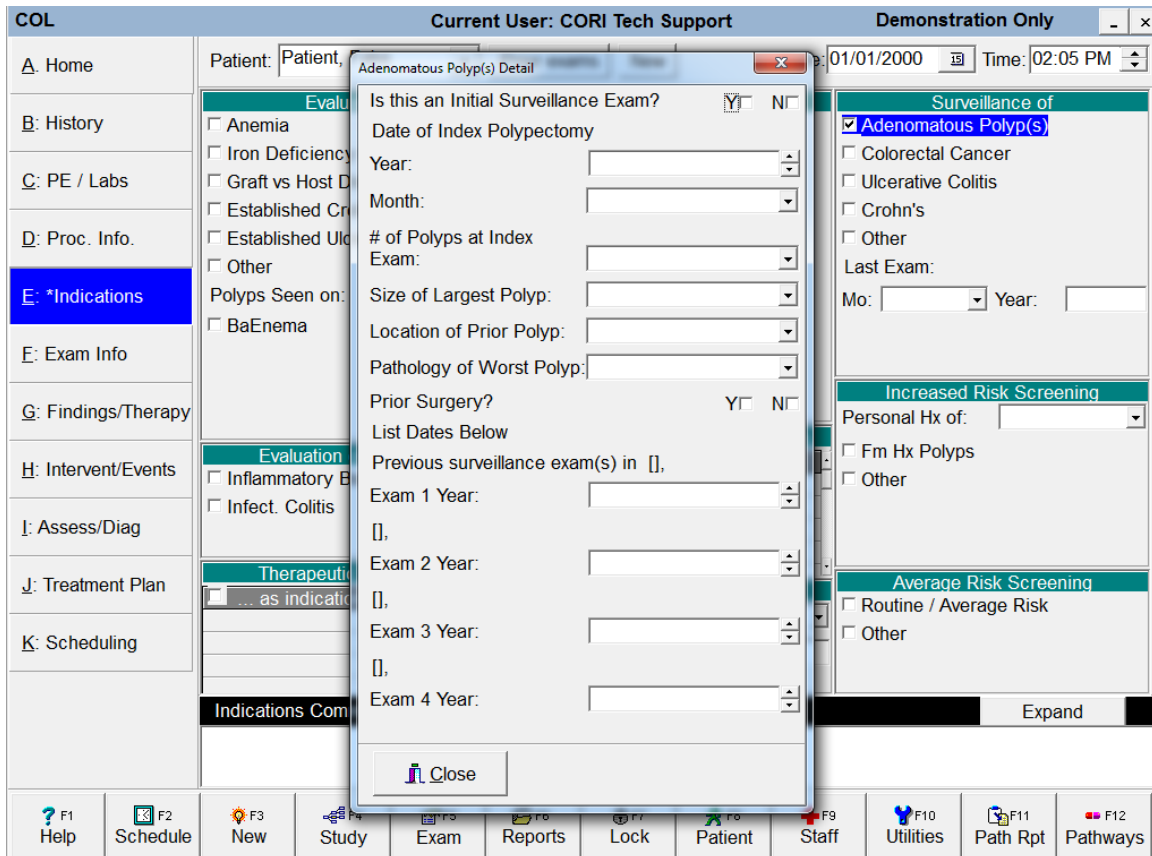
F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

A: Home	Evaluation of		Symptoms		Surveillance of		
	<input type="checkbox"/> Anemia	<input type="checkbox"/> Pos. FOBT	<input type="checkbox"/> Constipation	<input checked="" type="checkbox"/> Diarrhea	<input type="checkbox"/> Adenomatous Polyp(s)	<input type="checkbox"/> Colorectal Cancer	
B: History	<input type="checkbox"/> Iron Deficiency without Anemia	<input type="checkbox"/> Hematochezia	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Melena (unknown source)	<input type="checkbox"/> Ulcerative Colitis	<input type="checkbox"/> Crohn's	
C: PE / Labs	<input type="checkbox"/> Graft vs Host Disease	<input type="checkbox"/> Abd Pain / Bloating	Last Exam:				
D: Proc. Info.	<input type="checkbox"/> Established Crohn's Disease	Polyps Seen on:		Mo: <input type="text"/>	Year: <input type="text"/>		
E: *Indications	<input type="checkbox"/> Established Ulcerative Colitis	BaEnema		Increased Risk Screening			
E: Exam Info	<input type="checkbox"/> Other	Diarrhea Detail <input type="checkbox"/> Frequent Stools # Stools/24 hrs.: <input type="text"/> # of Stools During Sleep: <input type="text"/> <input type="checkbox"/> Liquid Stools <input type="checkbox"/> Incontinence <input type="checkbox"/> Seepage/Staining of Underwear <input type="checkbox"/> Soft Stools <input type="checkbox"/> Other		Personal Hx of: <input type="text"/> <input type="checkbox"/> Fm Hx Polyps <input type="checkbox"/> Other			
G: Findings/Therapy	<input type="checkbox"/> BaEnema	Therapeutic Intervention <input type="text"/> as indication		Average Risk Screening <input type="checkbox"/> Routine / Average Risk <input type="checkbox"/> Other			
H: Intervent/Events	Evaluation <input type="checkbox"/> Inflammatory B <input type="checkbox"/> Infect. Colitis	Research Study Type of Visit: <input type="text"/> Study Name: <input type="text"/>					
I: Assess/Diag	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



COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

E: *Indications

Evaluation of	Symptoms	Surveillance of															
<input type="checkbox"/> Anemia <input type="checkbox"/> Pos. FOBT <input type="checkbox"/> Iron Deficiency without Anemia <input type="checkbox"/> Graft vs Host Disease <input type="checkbox"/> Established Crohn's Disease <input type="checkbox"/> Established Ulcerative Colitis <input type="checkbox"/> Other Polyps Seen on: <input type="checkbox"/> BaEnema <input type="checkbox"/> Flex Sig	<input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Hematochezia <input type="checkbox"/> Weight Loss <input type="checkbox"/> Melena (unknown source) <input type="checkbox"/> Abd Pain / Bloating <input type="checkbox"/> Change in Bowel Habits <input type="checkbox"/> GI Sx in Immune-Comp Host <input type="checkbox"/> Other	<input type="checkbox"/> Adenomatous Polyp(s) <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Crohn's <input type="checkbox"/> Other Last Exam: Mo: <input type="text"/> Year: <input type="text"/>															
Evaluation of Suspected <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Infect. Colitis <input type="checkbox"/> Other	Abnormal Exams, Studies, Xrays <table border="1"> <thead> <tr> <th>Study</th> <th>Exam</th> <th>Results</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> </tbody> </table>	Study	Exam	Results													Increased Risk Screening Personal Hx of: <input type="text"/> <ul style="list-style-type: none"> <input type="checkbox"/> Fm Hx Polyps <input type="checkbox"/> Other breast cancer cervical cancer liver cancer ovarian cancer prostate cancer vaginal cancer
Study	Exam	Results															
Therapeutic Intervention <input type="checkbox"/> ... as indication for this exam	Research Study Type of Visit: <input type="text"/> Study Name: <input type="text"/>	Average Risk Screening <input type="checkbox"/> Routine / Average Risk <input type="checkbox"/> Other															

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

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E: *Indications

Evaluation of	Symptoms	Surveillance of															
<input type="checkbox"/> Anemia <input type="checkbox"/> Pos. FOBT <input type="checkbox"/> Iron Deficiency without Anemia <input type="checkbox"/> Graft vs Host Disease <input type="checkbox"/> Established Crohn's Disease <input type="checkbox"/> Established Ulcerative Colitis <input type="checkbox"/> Other Polyps Seen on: <input type="checkbox"/> BaEnema <input type="checkbox"/> Flex Sig	<input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Hematochezia <input type="checkbox"/> Weight Loss <input type="checkbox"/> Melena (unknown source) <input type="checkbox"/> Abd Pain / Bloating <input type="checkbox"/> Change in Bowel Habits <input type="checkbox"/> GI Sx in Immune-Comp Host <input type="checkbox"/> Other	<input type="checkbox"/> Adenomatous Polyp(s) <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Crohn's <input type="checkbox"/> Other Last Exam: Mo: <input type="text"/> Year: <input type="text"/>															
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Study	Exam	Results															
Therapeutic Intervention <input type="checkbox"/> ... as indication for this exam	Research Study Type of Visit: <input type="text"/> Study Name: <input type="text"/> <ul style="list-style-type: none"> final follow-up initial screening 	Average Risk Screening <input type="checkbox"/> Routine / Average Risk <input type="checkbox"/> Other															

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

COL_examinfo

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

A: Home B: History C: PE / Labs D: Proc. Info. E: *Indications E: Exam Info G: Findings/Therapy H: Intervent/Events I: Assess/Diag J: Treatment Plan K: Scheduling	Exam Information	Monitoring	Sedation Medications Used																																	
	*Extent Reached: [dropdown]	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for: [dropdown]																																	
	*Extent Intended: [dropdown]	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By: [dropdown]																																	
	Incomplete Due to: [dropdown]	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia																																	
	Other Reason Incomplete: [text]		<input type="checkbox"/> Residual sedation present																																	
	Cecum IDed by: [dropdown]		<input type="checkbox"/> No sedation given																																	
	PT Position: [dropdown]		Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>																																	
	Duration (mins): [dropdown]	Colon Prep	<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																														
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Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Used: [dropdown]																																			
Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Dose Used: [text]																																			
ASA Class: [dropdown]	Over # Hours: [dropdown]																																			
Patient Tolerance: [dropdown]	Prep Results: [dropdown]																																			
	Fluoroscopy	Instrument(s) Used																																		
	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	<table border="1"> <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#																																
Instrument	Serial#																																			
	Fluoro Time/Mins: [text]																																			
	Fluoro Notes: [text]																																			
	Exam Information Comments: [text] Expand																																			

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Sedation medication grid data found in COL_Medication_44

Instrument used grid data found in COL_Instrument_38

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Exam Information	Monitoring	Sedation Medications Used
*Extent Reached: [Dropdown]	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for: [Dropdown]
*Extent Intended: [Dropdown]	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By: [Dropdown]
Incomplete Duration: [Dropdown]	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia
Other Reason: [Dropdown]		<input type="checkbox"/> Residual sedation present
Cecum IDed by: [Dropdown]		<input type="checkbox"/> No sedation given
PT Position: [Dropdown]		Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>
Duration (mins): [Dropdown]		
Colon Retroflex: [Dropdown]		
Image Taken: [Dropdown]		
ASA Class: [Dropdown]		
Patient Tolerance: [Dropdown]		
	Colon Prep	
	Prep Used: [Dropdown]	
	Prep Dose Used: [Text]	
	Over # Hours: [Dropdown]	
	Prep Results: [Dropdown]	
	Fluoroscopy	
	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	
	Fluoro Time/Mins: [Dropdown]	
	Fluoro Notes: [Text]	
		Instrument(s) Used
		Instrument Serial#
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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Exam Information	Monitoring	Sedation Medications Used
*Extent Reached: [Dropdown]	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for: [Dropdown]
*Extent Intended: [Dropdown]	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By: [Dropdown]
Incomplete Duration: [Dropdown]	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia
Other Reason: [Dropdown]		<input type="checkbox"/> Residual sedation present
Cecum IDed by: [Dropdown]		<input type="checkbox"/> No sedation given
PT Position: [Dropdown]		Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>
Duration (mins): [Dropdown]		
Colon Retroflex: [Dropdown]		
Image Taken: [Dropdown]		
ASA Class: [Dropdown]		
Patient Tolerance: [Dropdown]		
	Colon Prep	
	Prep Used: [Dropdown]	
	Prep Dose Used: [Text]	
	Over # Hours: [Dropdown]	
	Prep Results: [Dropdown]	
	Fluoroscopy	
	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	
	Fluoro Time/Mins: [Dropdown]	
	Fluoro Notes: [Text]	
		Instrument(s) Used
		Instrument Serial#
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

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	Exam Information	Monitoring	Sedation Medications Used																					
B: History	*Extent Reached: <input type="text"/>	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for: <input type="text"/>																					
C: PE / Labs	*Extent Intended: <input type="text"/>	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By: <input type="text"/>																					
D: Proc. Info.	Incomplete Due to: <input type="text"/>	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>																					
E: *Indications	Other Reason																							
E: Exam Info	inability to intubate obstruction patient combative patient discomfort patient intolerance poor prep retained food stricture	Colon Prep Prep Used: <input type="text"/>	<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> </tbody> </table>	Medication	Dosage	Route																		
Medication	Dosage	Route																						
G: Findings/Therapy	Cecum IDed by: <input type="text"/>	Fluoroscopy Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	Instrument(s) Used <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> </tbody> </table>	Instrument	Serial#																			
Instrument	Serial#																							
H: Intervent/Events	PT Position: <input type="text"/>	Fluoro Time/Mins: <input type="text"/>																						
I: Assess/Diag	Duration (min): <input type="text"/>	Fluoro Notes: <input type="text"/>																						
J: Treatment Plan	Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/>																							
K: Scheduling	Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>																							
	ASA Class: <input type="text"/>																							
	Patient Tolerance: <input type="text"/>																							

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

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Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

	Exam Information	Monitoring	Sedation Medications Used																					
B: History	*Extent Reached: <input type="text"/>	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for: <input type="text"/>																					
C: PE / Labs	*Extent Intended: <input type="text"/>	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By: <input type="text"/>																					
D: Proc. Info.	Incomplete Due to: <input type="text"/>	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>																					
E: *Indications	Other Reason: Incomplete																							
E: Exam Info	Cecum IDed by: <input type="text"/>	Colon Prep Prep Used: <input type="text"/>	<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> </tbody> </table>	Medication	Dosage	Route																		
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G: Findings/Therapy	appendiceal orifice appendiceal orifice and IC valve IC valve Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/>	Fluoroscopy Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	Instrument(s) Used <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> </tbody> </table>	Instrument	Serial#																			
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H: Intervent/Events	Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>	Fluoro Time/Mins: <input type="text"/>																						
I: Assess/Diag	ASA Class: <input type="text"/>	Fluoro Notes: <input type="text"/>																						
J: Treatment Plan	Patient Tolerance: <input type="text"/>																							

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

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<ul style="list-style-type: none"> A. Home B. History C. PE / Labs D. Proc. Info. E. *Indications E. Exam Info G. Findings/Therapy H. Intervent/Events I. Assess/Diag J. Treatment Plan K. Scheduling 	Exam Information *Extent Reached: <input type="text"/> *Extent Intended: <input type="text"/> Incomplete Due to: <input type="text"/> Other Reason Incomplete: <input type="text"/> Cecum IDed by: <input type="text"/> PT Position: <input type="text"/> Duration (mins): from side to side left side to back on left side Colon Retroflex: on right side Image Taken: prone ASA Class: right side to back Patient Tolerance: supine	Monitoring Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/> Oximetry Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Supplemental O2	Sedation Medications Used Appropriate for: <input type="text"/> Managed By: <input type="text"/> <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>																													
	Colon Prep Prep Used: <input type="text"/> Prep Dose Used: <input type="text"/> Over # Hours: <input type="text"/> Prep Results: <input type="text"/>	<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> </tbody> </table>	Medication	Dosage	Route																											
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<ul style="list-style-type: none"> A. Home B. History C. PE / Labs D. Proc. Info. E. *Indications E. Exam Info G. Findings/Therapy H. Intervent/Events I. Assess/Diag J. Treatment Plan K. Scheduling 	Exam Information *Extent Reached: <input type="text"/> *Extent Intended: <input type="text"/> Incomplete Due to: <input type="text"/> Other Reason Incomplete: <input type="text"/> Cecum IDed by: <input type="text"/> PT Position: <input type="text"/> Duration (mins): 10 100 110 120 Colon Retroflex: 15 Image Taken: 20 ASA Class: 25 Patient Tolerance: 30 35 40 45 5	Monitoring Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/> Oximetry Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Supplemental O2	Sedation Medications Used Appropriate for: <input type="text"/> Managed By: <input type="text"/> <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>																													
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Exam Information	Monitoring	Sedation Medications Used
*Extent Reached: [dropdown]	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for: [dropdown]
*Extent Intended: [dropdown]	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By: [dropdown]
Incomplete Due to: [dropdown]	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia
Other Reason Incomplete: [text]		<input type="checkbox"/> Residual sedation present
Cecum IDed by: [dropdown]		<input type="checkbox"/> No sedation given
PT Position: [dropdown]		Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>
Duration (mins): [dropdown]	Colon Prep	Medication Dosage Route
Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Used: [dropdown]	
Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Dose Used: [text]	
ASA Class: [dropdown]	Over # Hours: [text]	
Patient Tolerance: [dropdown]	Prep Results: [dropdown]	
	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	
	Fluoro Time/Mins: [text]	
	Fluoro Notes: [text]	
Exam Information Comments: [text]		Expand

I - Normally healthy patient.
 II - Mild systemic disease (hypertension, mild diabetes...)
 III - Severe systemic disease
 IV - Severe systemic disease which is a constant threat to the patient's life.
 V - Moribund patient who has little chance of survival.

Fluoroscopy Used? Y N
 Fluoro Time/Mins: [text]
 Fluoro Notes: [text]

Instrument(s) Used
 Instrument Serial#

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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Exam Information	Monitoring	Sedation Medications Used
*Extent Reached: [dropdown]	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for: [dropdown]
*Extent Intended: [dropdown]	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By: [dropdown]
Incomplete Due to: [dropdown]	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia
Other Reason Incomplete: [text]		<input type="checkbox"/> Residual sedation present
Cecum IDed by: [dropdown]		<input type="checkbox"/> No sedation given
PT Position: [dropdown]		Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>
Duration (mins): [dropdown]	Colon Prep	Medication Dosage Route
Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Used: [dropdown]	
Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Dose Used: [text]	
ASA Class: [dropdown]	Over # Hours: [text]	
Patient Tolerance: [dropdown]	Prep Results: [dropdown]	
	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	
	Fluoro Time/Mins: [text]	
	Fluoro Notes: [text]	
Exam Information Comments: [text]		Expand

excellent
 fair
 fair, adequate exam
 fair, exam compromised
 good
 poor

Fluoroscopy Used? Y N
 Fluoro Time/Mins: [text]
 Fluoro Notes: [text]

Instrument(s) Used
 Instrument Serial#

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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Exam Information	Monitoring	Sedation Medications Used
*Extent Reached:	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for:
*Extent Intended:	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By:
Incomplete Due to:	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia
Other Reason Incomplete:		<input type="checkbox"/> Residual sedation present
		<input type="checkbox"/> No sedation given
		Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>
Cecum IDed by:	Colon Prep	Medication Dosage Route
PT Position:	Prep Used:	
Duration (mins):	Prep Dose Used:	
Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/>	Over # Hours:	
Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Results:	
ASA Class:		
Patient Tolerance:		
	Fluoroscopy	Instrument(s) Used
	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	Instrument Serial#
	Fluoro Time/Mins:	
	Fluoro Notes:	
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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Exam Information	Monitoring	Sedation Medications Used
*Extent Reached:	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for:
*Extent Intended:	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By:
Incomplete Due to:	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia
Other Reason Incomplete:		<input type="checkbox"/> Residual sedation present
		<input type="checkbox"/> No sedation given
		Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>
Cecum IDed by:	Colon Prep	Medication Dosage Route
PT Position:	Prep Used:	
Duration (mins):	Prep Dose Used:	
Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/>	Over # Hours:	
Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Results:	
ASA Class:		
Patient Tolerance:		
	Fluoroscopy	Instrument(s) Used
	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	Instrument Serial#
	Fluoro Time/Mins:	
	Fluoro Notes:	
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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Exam Information	Monitoring	Sedation Medications Used
*Extent Reached: [dropdown] *Extent Intended: [dropdown] Incomplete Due to: [dropdown] Other Reason Incomplete: [text] Cecum IDed by: [dropdown] PT Position: [dropdown] Duration (mins): [dropdown] Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/> Image Taken Y <input type="checkbox"/> N <input type="checkbox"/> ASA Class: [dropdown] Patient Tolerance: [dropdown]	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/> Oximetry Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Supplemental O2 Colon Prep Prep Used: [dropdown] Prep Dose Used: [text] Over # Hours: [text] Prep Results: [dropdown] Fluoroscopy Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/> Fluoro Time/Mins: [text] Fluoro Notes: [text]	Appropriate for: [dropdown] Anxiolytic sedation deep sedation general anesthesia moderate (conscious) sedation <input type="checkbox"/> Naso-laryngeal Insufflation no sedation Medication Dosage Route Instrument Serial#

Exam Information Comments: [text] 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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Exam Information	Monitoring	Sedation Medications Used
*Extent Reached: [dropdown] *Extent Intended: [dropdown] Incomplete Due to: [dropdown] Other Reason Incomplete: [text] Cecum IDed by: [dropdown] PT Position: [dropdown] Duration (mins): [dropdown] Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/> Image Taken Y <input type="checkbox"/> N <input type="checkbox"/> ASA Class: [dropdown] Patient Tolerance: [dropdown]	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/> Oximetry Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Supplemental O2 Colon Prep Prep Used: [dropdown] Prep Dose Used: [text] Over # Hours: [text] Prep Results: [dropdown] Fluoroscopy Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/> Fluoro Time/Mins: [text] Fluoro Notes: [text]	Appropriate for: [dropdown] Managed By: [dropdown] <input type="checkbox"/> General Anesthetist <input type="checkbox"/> Residual sedation <input type="checkbox"/> No sedation Patient Intubated Medication Anesthesiologist Endoscopist ICU Staff Nurse Anesthetist Nurse Practitioner Physician Assistant Instrument Serial#

Exam Information Comments: [text] Expand

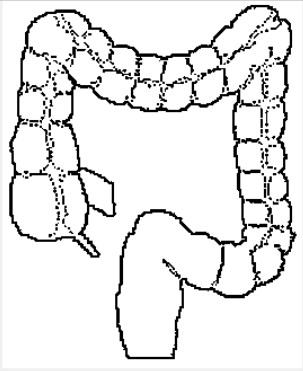
F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

Col_Finds

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Item for Multiple Selection: Center Print on Report Erase



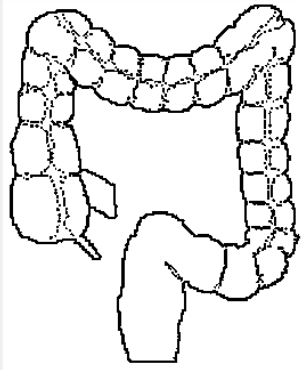
Findings/Therapy Comments: Expand

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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Item for Multiple Selection: Tumor Angiodysplasia (AVMs) Polyp Other Finding Diverticulosis Diagnostic Test Hemorrhoids Image Taken Fissure / Fistula Center Print on Report Erase






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

List of Available Findings

Finding Description	
<input type="text"/>	
Anatomical Deformity	
Angiodysplasia (AVMs)	
Colitis	
Crohn's	
Diagnostic Test	
Diverticulosis	
Fissure / Fistula	
Hemorrhoids	
Image Taken	
Melanosis	
Mucosal Abnormality	
Multiple Polyps	
Normal Exam	
NOT SEEN ON EXAM	
Other Finding	
Polyp	
Prior Surgery	
Solitary Ulcer	
Stricture / Stenosis	
Therapeutic Procedure	
Tumor	
	Therapy/ Dx Test-F9
	Save - F10 ✓
	Delete - Esc ✗

COL_AnatomicalDeformity_

Finding Description	
<input type="text" value="Anatomical Deformity"/>	
Location: <input type="text" value="Hepatic Flexure"/>	
Description: <input type="text"/>	
Comments: <input type="text"/>	
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 




COL_Angiodysplasia_63

Finding Description	
Angiodysplasia (AVMs)	
Total # of AVMs: <input type="text"/>	Max Size (mm): <input type="text"/>
Bleeding Status: <input type="text"/>	
Location: <input type="text" value="Ascending Colon"/>	
Diagnostics: <input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
ICD9: <input type="text"/>	ICD9 <input type="text"/>
Comments: <input type="text"/>	
Therapy/ Dx Test-F9 +	
Save - F10 ✓	
Delete - Esc ✗	




COL_MucosalAbnormalityCo

Finding Description	
Crohn's	
Start Loc: Sigmoid Colon	(to) End Loc: Sigmoid Colon
Etiology: Crohn's	Susp/Est:
Erythema:	Vasc Pattern:
Erosions Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Pseudo Polyps Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Granularity Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Pouchitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Bleeding Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Proctitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Radiation Proctitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Ulcers Present? <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Edema	Rectal sparing Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Haustral Folds:	Stenosis:
Friability:	Fistula:
Activity:	Extent of Disease:
Ulcers:	Other Description:
Diagnostics:	Path #:
<input type="checkbox"/> Biopsy taken	
ICD9:	ICD9:
Comments:	
Therapy/ Dx Test-F9 +	
Save - F10 ✓	
Delete - Esc ✗	




COL_MucosalAbnormalityCo

Finding Description	
Colitis	
Start Loc: Sigmoid Colon	(to) End Loc: Sigmoid Colon
Etiology:	Susp/Est:
Erythema:	Vasc Pattern:
Erosions Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Pseudo Polyps Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Granularity Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Pouchitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Bleeding Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Proctitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Radiation Proctitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Ulcers Present? <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Edema	Rectal sparing Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Haustral Folds:	Stenosis:
Friability:	Fistula:
Activity:	Extent of Disease:
Ulcers:	Other Description:
Diagnostics:	Path #:
<input type="checkbox"/> Biopsy taken	
ICD9:	ICD9:
Comments:	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




COL_DiagnosticTest_698

Finding Description	
<input type="text" value="Diagnostic Test"/>	
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/> <input type="checkbox"/> Brushing done Path #: <input type="text"/> <input type="checkbox"/> Random Biopsies Path #: <input type="text"/> <input type="checkbox"/> Stool Sample <input type="checkbox"/> Other From Location: <input type="text" value="Sigmoid Colon"/> (to) End Location: <input type="text" value="Sigmoid Colon"/> Reason for test: <input type="text"/> Comments: <input type="text"/>	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 




COL_Diverticulosis_696

Finding Description	
<input type="text" value="Diverticulosis"/>	
Start Location: <input type="text" value="Cecum"/>	
(to) End Location: <input type="text" value="Cecum"/>	
Bleeding Status: <input type="text"/>	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 




COL_FissureFistula_3886

Finding Description	
<input type="text" value="Fissure / Fistula"/>	
<input type="checkbox"/> Fissure	<input type="checkbox"/> Fistula
Location:	<input type="text" value="Sigmoid Colon"/>
Max Size (mm):	<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 	




COL_Hemorrhoids_780

Finding Description	
<input type="text" value="Hemorrhoids"/>	
Type:	<input type="text"/>
Size:	<input type="text"/>
Bleeding Status:	<input type="text"/>
Thrombosis Status:	<input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




COL_ImageTaken_829

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

COL_Melanosis_781

Finding Description	
<input type="text" value="Melanosis"/>	
Start Location:	<input type="text" value="Cecum"/>
(to) End Location:	<input type="text" value="Cecum"/>
Description:	<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 	




COL_MucosalAbnormalityCo

Finding Description	
Colitis	
Start Loc: <input type="text" value="Cecum"/>	(to) End Loc: <input type="text" value="Cecum"/>
Etiology: <input type="text"/>	Susp/Est: <input type="text"/>
Erythema: <input type="text"/>	Vasc Pattern: <input type="text"/>
Erosions Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Pseudo Polyps Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Granularity Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Pouchitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Bleeding Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Proctitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Radiation Proctitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N	Ulcers Present? <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Edema	Rectal sparing Present? <input type="checkbox"/> Y <input type="checkbox"/> N
Haustral Folds: <input type="text"/>	Stenosis: <input type="text"/>
Friability: <input type="text"/>	Fistula: <input type="text"/>
Ulcers:: <input type="text"/>	Other Description: <input type="text"/>
Diagnostics:	Path #: <input type="text"/>
<input type="checkbox"/> Biopsy taken	
ICD9: <input type="text"/>	ICD9: <input type="text"/>
Comments: <input type="text"/>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




COL_MultiplePolyps_3798

Finding Description	
Multiple Polyps	
Start Location:	Sigmoid Colon
(to) End Location:	Sigmoid Colon
Min. Size (mm):	Max. Size (mm):
Procedure:	
Procedure Results:	
	Yes No
Removed?	<input type="checkbox"/> <input type="checkbox"/>
Retrieved?	<input type="checkbox"/> <input type="checkbox"/>
Diagnostics:	
# of Polyps Sent to Path:	
<input type="checkbox"/> Polyps sent to path	Path #:
ICD9:	ICD9
Comments:	
Therapy/ Dx Test-F9 +	
Save - F10 ✓	
Delete - Esc ✗	




COL_NormalExam_3797

Finding Description	
<input type="text" value="Normal Exam"/>	
Start Location:	<input type="text" value="Sigmoid Colon"/>
(to) End Location:	<input type="text" value="Sigmoid Colon"/>
Not Seen:	
<input type="checkbox"/> Polyps	<input type="checkbox"/> AVMs
<input type="checkbox"/> Colitis	<input type="checkbox"/> Tumors
<input type="checkbox"/> Melanosis	<input type="checkbox"/> Crohn's
<input type="checkbox"/> Diverticulosis	<input type="checkbox"/> Hemorrhoids
<input type="checkbox"/> Other	
Diagnostics:	
	Path #: <input type="text"/>
Comments:	
<input type="text"/>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




COL_NotSeenOnExam_353

Finding Description	
<input type="text" value="NOT SEEN ON EXAM"/>	
Start Location:	<input type="text" value="Sigmoid Colon"/>
(to) End Location:	<input type="text" value="Sigmoid Colon"/>
Not Seen:	
<input type="checkbox"/> Polyps	<input type="checkbox"/> AVMs
<input type="checkbox"/> Colitis	<input type="checkbox"/> Tumors
<input type="checkbox"/> Melanosis	<input type="checkbox"/> Crohn's
<input type="checkbox"/> Diverticulosis	<input type="checkbox"/> Hemorrhoids
<input type="checkbox"/> Other	
Comments:	
<input type="text"/>	
Diagnostics:	
<input type="text"/>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




COL_OtherFinding_520

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




COL_Polyp_65

Finding Description	
<input type="text" value="Polyp"/>	
Location:	<input type="text" value="Sigmoid Colon"/>
Max Size (mm):	<input type="text"/>
<input type="checkbox"/> Diminutive	
Attachment:	<input type="text"/>
Distance from Anus (cm):	<input type="text"/>
Procedure:	<input type="text"/>
<input type="checkbox"/> Removed Piecemeal	
Procedure Results:	
	Yes No
Removed?	<input type="checkbox"/> <input type="checkbox"/>
Retrieved?	<input type="checkbox"/> <input type="checkbox"/>
Diagnostics:	
<input type="checkbox"/> Polyp sent to path	Path #: <input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments: <input type="text"/>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




COL_PriorSurgery_1190

Finding Description	
<input type="text" value="Prior Surgery"/>	
Location: <input type="text" value="Rectum"/>	
<input type="checkbox"/> Segmental Colectomy	
<input type="checkbox"/> Left Hemicolectomy	
<input type="checkbox"/> Right Hemicolectomy	
<input type="checkbox"/> Total Colectomy	
<input type="checkbox"/> Terminal Ileum Resection	
<input type="checkbox"/> Colostomy	
Anastomosis Present? Y <input type="checkbox"/> N <input type="checkbox"/>	
<input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	Therapy/ Dx Test-F9 
<input type="checkbox"/> Other	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	Save - F10 
	Delete - Esc 




COL_SolitaryUlcer_64

Finding Description	
<input type="text" value="Solitary Ulcer"/>	
Location:	<input type="text" value="Rectum"/>
Max Size (mm):	<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 	

COL_StrictureStenosis_16

Finding Description	
<input type="text" value="Stricture / Stenosis"/>	
<input type="checkbox"/> Stenosis	<input type="checkbox"/> Stricture
Location: <input type="text"/>	
Severity: <input type="text"/>	
Etiology: <input type="text"/>	
<input type="checkbox"/> Anastomosis site?	
Distance from Anus (cm): <input type="text"/>	
Lumen Diameter (mm): <input type="text"/>	
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
Comments: <input type="text"/>	
ICD9: <input type="text"/>	ICD9
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 

COL_Tumor_62




Finding Description	
<input type="text" value="Tumor"/>	
Benign / Malignant:	<input type="text"/>
Established / Suspected:	<input type="text"/>
Location:	<input type="text" value="Transverse Colon"/>
Length (cm):	<input type="text"/>
Description:	
<input type="checkbox"/> Circumferential	<input type="checkbox"/> Fungating
<input type="checkbox"/> Submucosal	<input type="checkbox"/> Mucosal
Obstruction:	<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 

Therapies




(see table names below)

Finding Description	
<input type="text"/>	
APC	
Banding	
Bicap/Coagulation	
BoTox Treatment	
Clip(s)	
Dilation	
Heater Probe	
Injection	
Laser	
No treatment	
Other treatment	
Stent	
	Therapy/ Dx Test-F9
	Save - F10 ✓
	Delete - Esc ✗




COL_APC_232

Finding Description	
<input type="text" value="APC"/>	
Location:	<input type="text" value="Sigmoid Colon"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Watts:	<input type="text"/>
Total Seconds:	<input type="text"/>
Joules:	<input type="text"/>
Setting (Liters/min):	<input type="text"/>
Total Applications:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




COL_Banding_234

Finding Description	
<input type="text" value="Banding"/>	
Location:	<input type="text" value="Rectum"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Total Bands Fired:	<input type="text"/>
Bands Placed(#):	<input type="text"/>
Band Misfired(#):	<input type="text"/>
Banding Device:	<input type="text"/>
Banding Time	
Minutes:	<input type="text"/>
Seconds:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




OL_BicapCoagulation_235

Finding Description	
<input type="text" value="Bicap/Coagulation"/>	
Location:	<input type="text" value="Rectum"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Bicap/Coagulator Brands	
Bicap:	<input type="text"/>
<input type="checkbox"/> ERBE	<input type="checkbox"/> Valley Lab
Watts:	<input type="text"/>
Joules:	<input type="text"/>
Setting:	<input type="text"/>
Total Seconds:	<input type="text"/>
Cut (#):	<input type="text"/>
Coagulate (#):	<input type="text"/>
Total Applications:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

COL_BoToxTreatment_237

Finding Description	
<input type="text" value="BoTox Treatment"/>	
Location:	<input type="text" value="Sigmoid Colon"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Given at (cm) from Mouth:	<input type="text"/>
Total Units Used:	<input type="text"/>
Number of Quadrants:	<input type="text"/>
Units per Quadrant:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

COL_Clip_239




Finding Description	
Clip(s)	
Location:	Rectum
Finding:	
Reason for Procedure:	
Type of Clip:	
<input type="checkbox"/> Marking Clip	
<input type="checkbox"/> Metallic Clip	
<input type="checkbox"/> EndoClip	
<input type="checkbox"/> Other:	
Outcome:	
Comments:	
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 

COL_Dilation_241




Finding Description			
Dilation			
Location:			
Finding:			
Reason for Procedure:			
<input type="checkbox"/> Performed Under Fluoroscopy			
Dilator	Size (mm)	Resistance	Heme on extraction
Total Number Dilators Used:			
Patient Tolerance:			
Outcome:			
Comments:			
Therapy/ Dx Test-F9 +			
Save - F10 ✓			
Delete - Esc ✗			

Dilation grid data not available




COL_HeaterProbe_259

Finding Description	
<input type="text" value="Heater Probe"/>	
Location:	<input type="text" value="Sigmoid Colon"/>
Finding:	<input type="text"/>
Reason for Procedure:	<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"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

COL_Injection_260

Finding Description	
<input type="text" value="Injection"/>	
Location:	<input type="text" value="Sigmoid Colon"/>
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 	




COL_Laser_264

Finding Description	
<input type="text" value="Laser"/>	
Location:	<input type="text" value="Sigmoid Colon"/>
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"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

COL_NoTreatment_265

Finding Description	
No treatment	
	Therapy/ Dx Test-F9
	Save - F10 ✓
	Delete - Esc ✗

COL_OtherTreatment_267

Finding Description	
<input type="text" value="Other treatment"/>	
Treatment:	<input type="text"/>
Location:	<input type="text" value="Sigmoid Colon"/>
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 	

COL_Stent_268

Finding Description

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
×

Stent grid data not available

COL_Tumor_62

Finding Description	
<input type="text" value="Tumor"/>	
Benign / Malignant:	<input type="text"/>
Established / Suspected:	<input type="text"/>
Location:	<input type="text" value="Sigmoid Colon"/>
Length (cm):	<input type="text"/>
Description:	
<input type="checkbox"/> Circumferential	<input type="checkbox"/> Fungating
<input type="checkbox"/> Submucosal	<input type="checkbox"/> Mucosal
Obstruction:	<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 	

COL_Complications

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

<p>A: Home</p> <p>B: History</p> <p>C: PE / Labs</p> <p>D: Proc. Info.</p> <p>E: *Indications</p> <p>E: Exam Info</p> <p>G: Findings/Therapy</p> <p>H: Intervent/Events</p> <p>I: Assess/Diag</p> <p>J: Treatment Plan</p> <p>K: Scheduling</p>	<p>Unplanned Interventions</p> <p><input type="checkbox"/> No Intervention Required</p> <p><input type="checkbox"/> Sed. Reversed as Intervention</p> <p><input type="checkbox"/> Oxygen <input type="checkbox"/> Transfusion</p> <p><input type="checkbox"/> HospAdmit <input type="checkbox"/> Sent to ER</p> <p><input type="checkbox"/> Surgery <input type="checkbox"/> Cautery</p> <p><input type="checkbox"/> IV Fluids</p> <p><input type="checkbox"/> Procedure Stopped</p> <p><input type="checkbox"/> Code 99/CPR</p> <p><input type="checkbox"/> Other</p>	<p>Unplanned Events</p> <p>Any complications? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Cardiopulmonary Events</p> <p><input type="checkbox"/> Chest Pain <input type="checkbox"/> Arrhythmia</p> <p><input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia</p> <p><input type="checkbox"/> Wheezing <input type="checkbox"/> Hypotension</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Transient Hypoxia</p> <p><input type="checkbox"/> Prolonged Hypoxia</p> <p><input type="checkbox"/> Respiratory Distress</p> <p><input type="checkbox"/> Pulmonary Edema</p> <p><input type="checkbox"/> Vasovagal Reaction</p> <p><input type="checkbox"/> Tracheal Compression</p> <p><input type="checkbox"/> Death <input type="checkbox"/> Other</p> <p><input type="checkbox"/> O2 Saturation less than 95%</p> <p>O2 Sat (%): <input type="text"/></p>	<p>Gastrointestinal Events</p> <p><input type="checkbox"/> Bleeding <input type="checkbox"/> Peritonitis</p> <p><input type="checkbox"/> Perforation <input type="checkbox"/> Abd Pain</p> <p><input type="checkbox"/> Nausea/Vomiting</p> <p><input type="checkbox"/> Other</p> <p>Other Events</p> <p><input type="checkbox"/> Rash/Hives <input type="checkbox"/> Drug React</p> <p><input type="checkbox"/> ProlongdSed <input type="checkbox"/> Seizure</p> <p><input type="checkbox"/> DVT <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Paradoxical Reaction</p> <p>Intervention Results</p> <p>Successful? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Dilation Comp/s: <input type="text"/></p> <p>Other: <input type="text"/></p> <p>Comments: <input type="text"/></p> <p><input type="checkbox"/> Hemostasis Achieved</p> <p><input type="checkbox"/> Vital Signs Stabilized</p> <p><input type="checkbox"/> O2 Desaturation Reversed</p>										
	<p>Intervention Medications</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Medication</th> <th style="width: 40%;">Dosage</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> </tbody> </table>	Medication	Dosage										
Medication	Dosage												
Interventions and Events		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

Intervention medication grid data found in COL_Medication_3955

(Sub screen fields also in COL_Complications)

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Unplanned Interventions

No Intervention Required

Sed. Reversed as Intervention

Oxygen Transfusion

HospAdmit Sent to ER

Surgery Cautery

IV Fluids

Procedure Stopped

Code 99/CPR

Other

Unplanned Events

Any complications? Y N

Cardiopulmonary Events

Chest Pain Arrhythmia

Bradycardia Tachycardia

Wheezing Hypotension

Hypertension

Transient Hypoxia

O2 Sat (%):

Gastrointestinal Events

Bleeding Peritonitis

Perforation Abd Pain

Nausea/Vomiting

Other

Other Events

Rash/Hives Drug React

ProlongdSed Seizure

DVT Other

Paradoxical Reaction

Intervention Results

Successful? Y N

Dilation Comp/s:

Other:

Comments:

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

Intervention Medications

Medication	Dosage

IV Fluids Detail

ccs given:

IV Given:

Close

Interventions and Events 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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Unplanned Interventions

No Intervention Required

Sed. Reversed as Intervention

Oxygen Transfusion

HospAdmit Sent to ER

Surgery Cautery

IV Fluids

Code 99/CPR

Procedure Stopped

Other

Unplanned Events

Any complications? Y N

Cardiopulmonary Events

Chest Pain Arrhythmia

Bradycardia Tachycardia

Wheezing Hypotension

Hypertension

Transient Hypoxia

O2 Sat (%):

Gastrointestinal Events

Bleeding Peritonitis

Perforation Abd Pain

Nausea/Vomiting

Other

Other Events

Rash/Hives Drug React

ProlongdSed Seizure

DVT Other

Paradoxical Reaction

Intervention Results

Successful? Y N

Dilation Comp/s:

Other:

Comments:

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

Intervention Medications

Medication	Dosage

Code 99/CPR Detail

Chest Compression

Ventilation Performed

Close

O2 Saturation less than 95%

Interventions and Events 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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

<p>A: Home</p> <p>B: History</p> <p>C: PE / Labs</p> <p>D: Proc. Info.</p> <p>E: *Indications</p> <p>E: Exam Info</p> <p>G: Findings/Therapy</p> <p style="background-color: #0000FF; color: white;">H: Intervent/Events</p> <p>I: Assess/Diag</p> <p>J: Treatment Plan</p> <p>K: Scheduling</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Unplanned Interventions</p> <p><input type="checkbox"/> No Intervention Required</p> <p><input type="checkbox"/> Sed. Reversed as Intervention</p> <p><input type="checkbox"/> Oxygen <input type="checkbox"/> Transfusion</p> <p><input type="checkbox"/> HospAdmit <input type="checkbox"/> Sent to ER</p> <p><input type="checkbox"/> Surgery <input type="checkbox"/> Cautery</p> <p><input type="checkbox"/> IV Fluids</p> <p><input type="checkbox"/> Procedure Stopped</p> <p><input type="checkbox"/> Code 99/CPR</p> <p><input type="checkbox"/> Other</p> </div> <div style="width: 30%;"> <p>Unplanned Events</p> <p>Any complications? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Cardiopulmonary Events</p> <p><input type="checkbox"/> Chest Pain <input type="checkbox"/> Arrhythmia</p> <p><input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia</p> <p><input type="checkbox"/> Wheezing <input type="checkbox"/> Hypotension</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Transient Hypoxia</p> <p><input type="checkbox"/> Prolonged Hypoxia</p> <p><input type="checkbox"/> Respiratory Distress</p> <p><input type="checkbox"/> Pulmonary Edema</p> <p><input type="checkbox"/> Vasovagal Reaction</p> <p><input type="checkbox"/> Tracheal Compression</p> <p><input type="checkbox"/> Death <input type="checkbox"/> Other</p> <p><input type="checkbox"/> O2 Saturation less than 95%</p> <p>O2 Sat (%): <input style="width: 50px;" type="text"/></p> </div> <div style="width: 30%;"> <p>Gastrointestinal Events</p> <p><input type="checkbox"/> Bleeding <input type="checkbox"/> Peritonitis</p> <p><input type="checkbox"/> Perforation <input type="checkbox"/> Abd Pain</p> <p><input type="checkbox"/> Nausea/Vomiting</p> <p><input type="checkbox"/> Other</p> <p>Other Events</p> <p><input type="checkbox"/> Rash/Hives <input type="checkbox"/> Drug React</p> <p><input type="checkbox"/> ProlongdSed <input type="checkbox"/> Seizure</p> <p><input type="checkbox"/> DVT <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Paradoxical Reaction</p> <p>Intervention Results</p> <p>Successful? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Dilation Comp/s: <input style="width: 50px;" type="text"/></p> <p>Other complication (see comments) <input style="width: 100%;" type="text"/></p> <p>Perforation <input style="width: 100%;" type="text"/></p> <p>Comments: <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> Hemostasis Achieved</p> <p><input type="checkbox"/> Vital Signs Stabilized</p> <p><input type="checkbox"/> O2 Desaturation Reversed</p> </div> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr style="background-color: #008000; color: white;"> <th colspan="2">Intervention Medications</th> </tr> <tr style="background-color: #cccccc;"> <th style="width: 70%;">Medication</th> <th style="width: 30%;">Dosage</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p style="text-align: center; background-color: #333; color: white; padding: 5px;">Interventions and Events Expand</p>	Intervention Medications		Medication	Dosage						
Intervention Medications											
Medication	Dosage										

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

COL_Assessment

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

Assessment		Assessment Comments
Incomplete Exam		
Abnormal Findings		
Normal		

Diagnoses		
Category	ICD-9 Codes	Comments

Assessment and Diagnosis 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

Diagnosis grid data found in COL_Category_3941

COL_TreatmentPlan

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:05 PM

	Post Exam Instructions	Findings Related Recommendations																																										
B: History	<input type="checkbox"/> When to Call <input type="checkbox"/> What to Expect	Standard Instructions For:																																										
C: PE / Labs	<input type="checkbox"/> Sedation <input type="checkbox"/> Activity Levels	<input type="checkbox"/> Polyps <input type="checkbox"/> Crohn's																																										
D: Proc. Info.	<input type="checkbox"/> Hm. Hemoccult Tests # of Cards: <input type="text"/>	<input type="checkbox"/> Colitis <input type="checkbox"/> Diverticulosis																																										
E: *Indications	NPO for: <input type="text"/> Liquids: <input type="text"/>	<input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Constipation																																										
E: Exam Info	Resume Prior Diet: <input type="text"/>	<input type="checkbox"/> Normal Exam <input type="checkbox"/> Other Finding																																										
G: Findings/Therapy	No Alcohol: <input type="text"/>	<input type="checkbox"/> Yearly Hemoccult Testing																																										
H: Intervent/Events	Hold ASA/NSAIDS: <input type="text"/>	Colon Screen Every (yrs): <input type="text"/>																																										
I: Assess/Diag	Restart Medications: <input type="text"/>	Special Instructions: <input type="text"/>																																										
Medication Plan																																												
J: Treatment Plan	<input type="checkbox"/> Await Pathology <input type="checkbox"/> DC Current Medications <input type="checkbox"/> No Meds Required																																											
K: Scheduling	<input type="checkbox"/> Medications per referring provider <input type="checkbox"/> Continue current medications																																											
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr style="background-color: #e0e0e0;"> <th>Med Type</th> <th>Med</th> <th>Dose</th> <th>sig</th> <th>Start Date</th> <th>Duration</th> <th>DC'd</th> </tr> </thead> <tbody> <tr><td> </td><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><td> </td></tr> <tr><td> </td><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><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Med Type	Med	Dose	sig	Start Date	Duration	DC'd																																				
Med Type	Med	Dose	sig	Start Date	Duration	DC'd																																						
	Treatment Plan Comments: <input type="text"/> 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

Medication plan grid data found in COL_Medtype_96

Scheduling

COL Denver VAMC [max]

Patient: Patient, Fake [v] Prior exams New Date: 11/15/2011 [c] Time: 10:48 AM [u]

Disposition

After Procedure Patient Sent: to recovery [v]

After Recovery Patient Sent: home [v]

Scheduling and Referral

Follow-Up Pm

Await Pathology

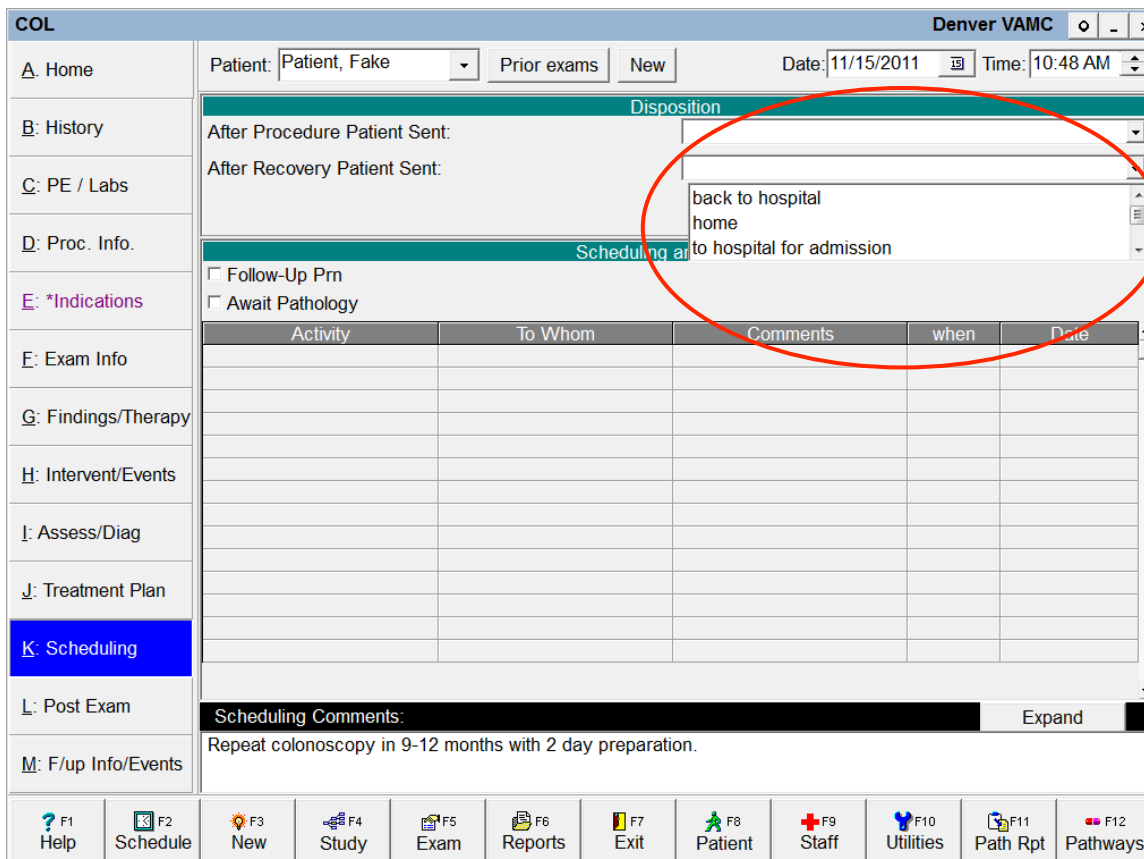
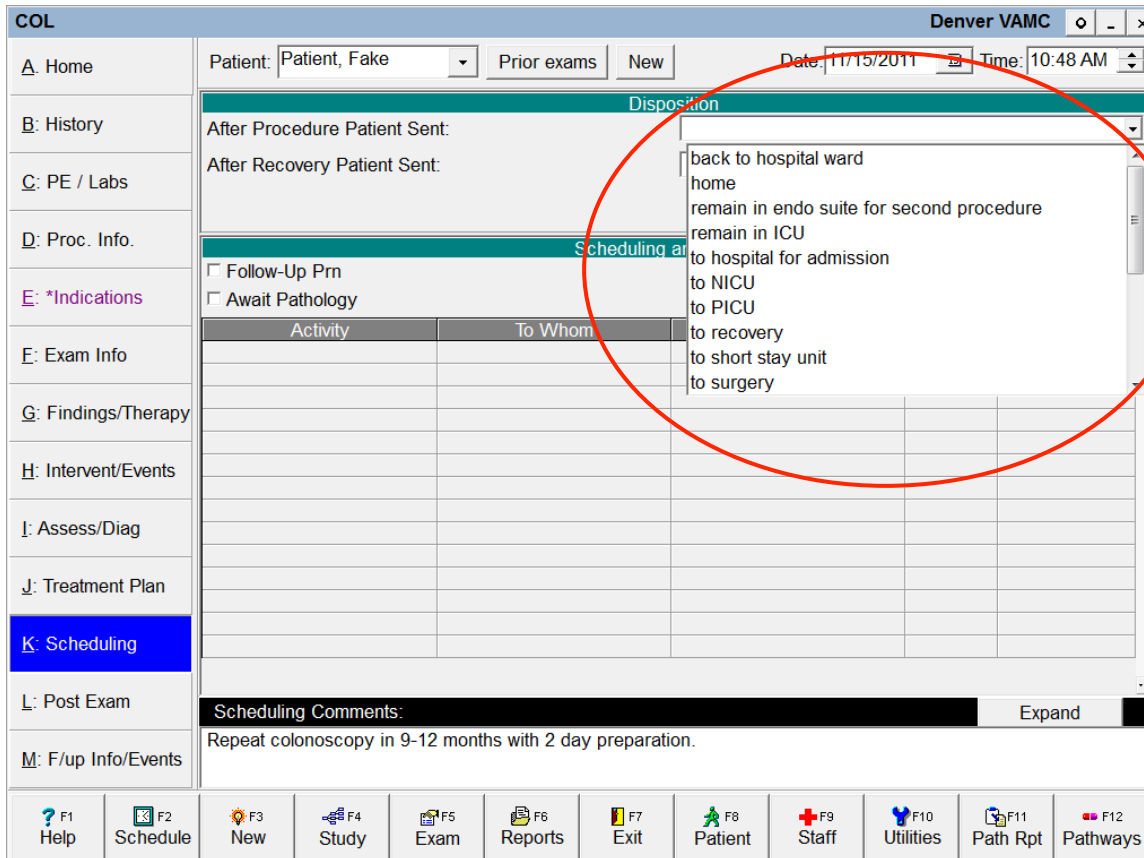
Activity	To Whom	Comments	when	Date

Scheduling Comments: Repeat colonoscopy in 9-12 months with 2 day preparation. Expand

M: F/up Info/Events

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

Scheduling and Referral activity grid data is found in COL_Activity_98



COL_Pathology

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:04 PM

Pathology

Biopsy Description	Results	Modifier	Comments

Pathology Report

Correspondence - Results	Correspondence - Follow-Ups	Follow-Up Results										
<input type="checkbox"/> Normal <input type="checkbox"/> Polyps <input type="checkbox"/> Notes:	<input type="checkbox"/> Colitis <input type="checkbox"/> Ulcer <input type="checkbox"/> Notes:	<input type="checkbox"/> No further <input type="checkbox"/> Nurse Will Call <input type="checkbox"/> Notes:										
		<table border="1"> <thead> <tr> <th>Action</th> <th>Note</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> </tbody> </table>	Action	Note								
Action	Note											

Post Exam 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

Pathology grid data found in COL_BiopsyDescription_97

Followup results grid data found in COL_Action_142

COL_FUPInfo

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:04 PM

	Post Exam Patient Information	Patient Satisfaction		
A: Home	Encounter Type: <input type="text"/>	How does pt feel post exam?: <input type="text"/>		
B: History	Information From: <input type="text"/>	Did pt feel prepared for procedure? <input type="checkbox"/> Y <input type="checkbox"/> N		
C: PE / Labs	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		
D: Proc. Info.	Did pt understand the dischg instructions? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many hours?: <input type="text"/>		
E: *Indications	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		
E: Exam Info	Did pt take post exam Rx's as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what?: <input type="text"/>		
G: Findings/Therapy	If not, explain: <input type="text"/>	Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N		
H: Intervent/Events	Complete Post Exam Events section if necessary	if yes, what?: <input type="text"/>		
Post Exam Events				
Event Type	Event	Date Occurred	Intervention	Comments
I: Assess/Diag	Follow-up Information and Events Comments:			Expand
J: Treatment Plan				
K: Scheduling				
L: Post Exam				
M: 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

Post exam events grid data found in COL_EventType_1606

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:04 PM

Post Exam Patient Information

Encounter Type: [Dropdown]

Information From: [Dropdown]

Any problems with where IV was placed? [Y] [N]

Did pt understand the discharge instructions? [Y] [N]

Did pt have questions regarding follow-up? [Y] [N]

Did pt take post exam Rx's as prescribed? [Y] [N]

If not, explain: [Text]

Complete Post Exam Events section if necessary

Patient Satisfaction

How does pt feel post exam?: [Dropdown]

Did pt feel prepared for procedure? [Y] [N]

Was the pt groggy after procedure? [Y] [N]

If yes, how many hours?: [Text]

Any complaints about Procedure? [Y] [N]

If yes, what?: [Text]

Any suggestions for improvement? [Y] [N]

if yes, what?: [Text]

Post Exam Events

Event Type	Event	Date Occurred	Intervention	Comments

Follow-up Information and Events Comments: [Text] 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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:04 PM

Post Exam Patient Information

Encounter Type: [Dropdown]

Information From: [Dropdown]

Any problems with where IV was placed? family guardian patient [Y] [N]

Did pt understand the discharge instructions? [Y] [N]

Did pt have questions regarding follow-up? [Y] [N]

Did pt take post exam Rx's as prescribed? [Y] [N]

If not, explain: [Text]

Complete Post Exam Events section if necessary

Patient Satisfaction

How does pt feel post exam?: [Dropdown]

Did pt feel prepared for procedure? [Y] [N]

Was the pt groggy after procedure? [Y] [N]

If yes, how many hours?: [Text]

Any complaints about Procedure? [Y] [N]

If yes, what?: [Text]

Any suggestions for improvement? [Y] [N]

if yes, what?: [Text]

Post Exam Events

Event Type	Event	Date Occurred	Intervention	Comments

Follow-up Information and Events Comments: [Text] 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

COL Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 02:04 PM

Post Exam Patient Information	Patient Satisfaction
Encounter Type: <input type="text"/>	How does pt feel post exam?: <input type="text"/>
Information From: <input type="text"/>	Did pt feel prepared for procedure? <input type="text"/>
Any problems with where IV was inserted? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the pt groggy after procedure? <input type="text"/>
Did pt understand the dischg instructions? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many hours?: <input type="text"/>
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
Did pt take post exam Rx's as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what?: <input type="text"/>
If not, explain: <input type="text"/>	Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N
Complete Post Exam Events section if necessary	if yes, what?: <input type="text"/>

Post Exam Events				
Event Type	Event	Date Occurred	Intervention	Comments

Follow-up Information 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