

Screenshots for Documentation of ERCP Procedures in CORI3

ERCP Current User: CORI Tech Support Demonstration Only

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

<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: Visualization</p> <p>H: EGD Findings</p> <p>I: ERCP Findings</p> <p>J: Assess/Diag</p> <p>K: Intervent/Events</p> <p>L: Treatment Plan</p> <p>M: Scheduling</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Current Medications</p> <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 </p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #cccccc;"> <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> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Past Medical / Surgical History</p> <p>History must be within 30 days or updated today</p> <p><input type="checkbox"/> No Co-Morbidities</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #cccccc;"> <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> </tbody> </table> </div>	Type	Med	Dose	sig	Start	End																									System	Disease / Disorder	Comments													<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Allergies</p> <p><input type="checkbox"/> No known allergies</p> <p>Allergic to: <input type="text"/></p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Patient Habits</p> <p>Patient Smokes? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><input type="checkbox"/> Cigarettes</p> <p><input type="checkbox"/> Cigars</p> <p><input type="checkbox"/> Pipe</p> <p># / Day: <input type="text"/></p> <p>Drinking Status: <input type="text" value="binge drinker"/></p> <p>Drinks / Day: <input type="text"/></p> <p>Comments: <input type="text"/></p> </div>
Type	Med	Dose	sig	Start	End																																										
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<p>History Comments: <input style="width: 80%;" type="text"/> 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
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ERCPC Current User: CORI Tech Support Demonstration Only

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

B: History

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

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B: History

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

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Results of Prior Studies					Pre-Exam Physical	
Type of Study	Exam	Date	Results	Description	Date of Exam / /	
					Ht (In): 12	Wt (lbs):
					Pulse: 12	BP:
					<input type="checkbox"/> Entire PE WNL	
						WNL Abn
					Cardio-Pulm Exam	<input type="checkbox"/> <input type="checkbox"/>
					Skin Color	<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: Expand

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Procedures Performed	Exam Personnel	Patient Consent
<input type="checkbox"/> Diagnostic ERCP	<input type="checkbox"/> Attending Present	Consent Obtained Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Therapeutic ERCP	Title Name LoS	Obtained from: <input type="text"/>
<input type="checkbox"/> Biliary Manometry		Obtained By: <input type="text"/>
<input type="checkbox"/> Pancreatic Manometry		Consent to be Contacted Obtained? Not Asked <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Cholangioscopy		
<input type="checkbox"/> Other		
	Exam Location	
	Location: <input type="text"/>	
	InPT/OutPT?: <input type="text"/>	
	InPT Room#: <input type="text"/>	

Procedure Information Comments: Expand

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Procedures Performed

- Diagnostic ERCP
- Therapeutic ERCP
- Biliary Manometry
- Pancreatic Manometry
- Cholangioscopy
- Other

Exam Personnel

Title	Name	LoS

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contacted Obtained?
Not Asked Y N

Diagnostic ERCP Detail

- with Biopsy(s)
- with Multiple Biopsies (>10)
- with Brushing(s)
- with Other

Close

Procedure Information Comments: Expand

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Procedures Performed

- Diagnostic ERCP
- Therapeutic ERCP
- Biliary Manometry
- Pancreatic Manometry
- Cholangioscopy
- Other

Exam Personnel

Title	Name	LoS

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contacted Obtained?
Not Asked Y N

Therapeutic ERCP Detail

- with Biopsy(s)/Brushing(s)
- with Multiple Biopsies (>10)
- with Sphincterotomy
- with Stent Placement
- with Stent Removal
- with Stent Replacement
- with Stone Removal
- with Dilation
- with Cyst Drainage
- with Other

Close

Procedure Information Comments: Expand

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A: Home	Evaluation of <input type="checkbox"/> Procedure or Surgery Within Past Month?			Symptoms <input type="checkbox"/> Abd Pain <input type="checkbox"/> Nausea <input type="checkbox"/> Fever/Chills <input type="checkbox"/> Pruritis <input type="checkbox"/> Jaundice <input type="checkbox"/> Wt Loss <input type="checkbox"/> GI Sx in Immune-Comp Host <input type="checkbox"/> Other	
	C: PE / Labs	Location	Disease	Est / Susp	Comments
D: Proc. Info.					
E: Indications					
E: Exam Info					
G: Visualization	Abnormal Exams, Studies, Xrays Abnormal Study:			Therapeutic Procedures ..as Indication for this exam:	
H: EGD Findings	Study	Exam	Results		
J: ERCP Findings					
J: Assess/Diag					
K: Intervent/Events					
L: Treatment Plan	Pre-Op Evaluation Pre-Op Eval for:			Research Study Type of Visit: Name of Study:	
M: Scheduling					

Indications Comments: Expand

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E: Indications

Evaluation of
 Procedure or Surgery Within Past Month?

Location	Disease	Est / Susp	Comments

Symptoms

Abd Pain Nausea
 Fever/Chills Pruritis
 Jaundice Wt Loss
 GI Sx in Immune-Comp Host
 Other

Abnormal Exams, Studies, Xrays
 Abnormal Study:

Study	Exam	Results

Therapeutic Procedures
 ..as Indication for this exam:

- Dilation
- Drainage
- Hemostasis
- Sphincterectomy
- Stent placement
- Stent removal
- Stent replacement
- Stone removal

Name of Study:

Pre-Op Evaluation
 Pre-Op Eval for:

Indications Comments: Expand

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E: Indications

Evaluation of
 Procedure or Surgery Within Past Month?

Location	Disease	Est / Susp	Comments

Symptoms

Abd Pain Nausea
 Fever/Chills Pruritis
 Jaundice Wt Loss
 GI Sx in Immune-Comp Host
 Other

Abnormal Exams, Studies, Xrays
 Abnormal Study:

Study	Exam	Results

Therapeutic Procedures
 ..as Indication for this exam:

Research Study

Type of Visit:

Name of Study:

- final
- follow-up
- initial
- screening

Indications Comments:

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Exam Information	Sedation Medications Used	Pre-Op Antibiotics
Image Taken <input type="checkbox"/> Y <input type="checkbox"/> N	Appropriate for: <input type="text"/>	Medication QD Dose (mg)
PT Position: <input type="text"/>	Managed By: <input type="text"/>	
Duration (mins): <input type="text"/>	<input type="checkbox"/> General Anesthesia	
FluoroTime (mins): <input type="text"/>	<input type="checkbox"/> Residual sedation present	
ASA Class: <input type="text"/>	<input type="checkbox"/> No sedation given	
Patient Tolerance: <input type="text"/>	Patient Intubated? <input type="checkbox"/> Y <input type="checkbox"/> N	Fluoroscopy Used? <input type="checkbox"/> Y <input type="checkbox"/> N
	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.	Mins: <input type="text"/>
		Fluoro Notes: <input type="text"/>
Monitoring		EGD Instrument(s) Used
Pulse/BP Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N		Instrument Serial#
Oximetry <input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Supplemental O2		
Exam Information Comments: <input type="text"/>		Expand

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Pulse/BP Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N		Instrument Serial#
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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

ERCPC Current User: CORI Tech Support Demonstration Only

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

<ul style="list-style-type: none"> A: Home B: History C: PE / Labs D: Proc. Info. E: Indications E: Exam Info G: Visualization H: EGD Findings I: ERCP Findings J: Assess/Diag K: Intervent/Events L: Treatment Plan M: Scheduling 	Exam Information Image Taken <input type="checkbox"/> Y <input type="checkbox"/> N PT Position: <input type="text"/> Duration (mins): <input type="text"/> FluoroTime (mins): <input type="text"/> ASA Class: <input type="text"/> Patient Tolerance: <input type="text"/>	Sedation Medications Used Appropriate for: <input type="text"/> Managed By: <input type="text"/> <input type="checkbox"/> General Anesthetist <input type="checkbox"/> Residual sedation <input type="checkbox"/> No sedation <input type="checkbox"/> Patient Intubated <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Endoscopist <input type="checkbox"/> ICU Staff <input type="checkbox"/> Nurse Anesthetist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant	Pre-Op Antibiotics <table border="1"> <thead> <tr> <th>Medication</th> <th>QD Dose (mg)</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	QD Dose (mg)																
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ERCPC Current User: CORI Tech Support Demonstration Only

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

Endoscopic Visualization		Fluoroscopic Visualization				
EGD Visualization:	Not Sought	Yes	No	Not Sought	Yes	No
Major Papilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder	<input type="checkbox"/>	<input type="checkbox"/>
Minor Papilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Common Bile Duct	<input type="checkbox"/>	<input type="checkbox"/>
				Cystic Duct	<input type="checkbox"/>	<input type="checkbox"/>
				Left Hepatic Duct:	<input type="checkbox"/>	<input type="checkbox"/>
				Right Hepatic Duct:	<input type="checkbox"/>	<input type="checkbox"/>
				Pancreatic Duct	<input type="checkbox"/>	<input type="checkbox"/>
				Acc'y Panc. Duct:	<input type="checkbox"/>	<input type="checkbox"/>

Cannulation

Preferred Duct was Cannulated

Duct	Instrument	Type	Wire Type	Diameter	Successful?

Visualization / Cannulation 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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Endoscopic Visualization		Fluoroscopic Visualization				
EGD Visualization:	Not Sought	Yes	No	Not Sought	Yes	No
Major Papilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder	<input type="checkbox"/>	<input type="checkbox"/>
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				Cystic Duct	<input type="checkbox"/>	<input type="checkbox"/>
				Left Hepatic Duct:	<input type="checkbox"/>	<input type="checkbox"/>
				Right Hepatic Duct:	<input type="checkbox"/>	<input type="checkbox"/>
				Pancreatic Duct	<input type="checkbox"/>	<input type="checkbox"/>
				Acc'y Panc. Duct:	<input type="checkbox"/>	<input type="checkbox"/>

Cannulation

Preferred Duct was Cannulated

Duct	Instrument	Type	Wire Type	Diameter	Successful?

Visualization / Cannulation Comments: Expand

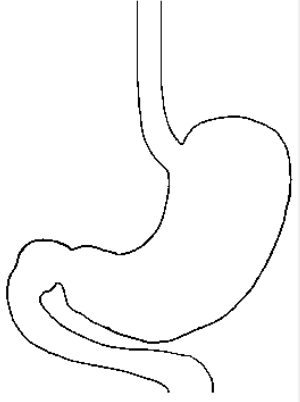
F1 Help F2 Schedule F3 New F4 Study F5 Exam F6 Reports F7 Lock F8 Patient F9 Staff F10 Utilities F11 Path Rpt F12 Pathways

ERCPC 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
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 E: Indications
 E: Exam Info
 G: Visualization
H: EGD Findings
 I: ERCP Findings
 J: Assess/Diag
 K: Intervent/Events
 L: Treatment Plan
 M: Scheduling



EGD Findings 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




Findings Description




- Anatomical Deformity
- Angiodysplasia (AVMs)
- Barrett's Esophagus
- Diagnostic Test
- Dieulafoy Lesion
- Esophageal Inflammation
- Foreign Body / Retained Food
- Healed Ulcer
- Hiatal Hernia
- Image Taken
- Mallory-Weiss Tear
- Mucosal Abnormality
- Nodule
- Normal
- Other Finding
- Polyp
- Prior Surgery
- Sprue (Celiac Disease)
- Stenosis / Stricture
- Therapeutic Procedure
- Tumor
- Ulcer
- Varices




Therapy/
Dx Test-F9




Save - F10 ✓




Delete - Esc ✗




Findings Description	
<input type="text" value="Anatomical Deformity"/>	
Location: <input type="text" value="Body"/>	
Description: <input type="text"/>	
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 




Findings Description	
<input type="text" value="Angiodysplasia (AVMs)"/>	
Total # of AVMs: <input type="text"/>	Max Size (mm): <input type="text"/>
Bleeding Status: <input type="text"/>	
Location: <input type="text" value="Body"/>	
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 	




Findings Description	
Barrett's Esophagus	
Susp/Est: <input type="text"/>	Therapy/ Dx Test-F9 
Margins (cm) from Mouth. Proximal: <input type="text"/> Distal: <input type="text"/>	
Length of Barrett's (cm): <input type="text"/>	
Inflammation: <input type="text"/>	
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/> <input type="checkbox"/> Brushing done Path #: <input type="text"/>	Save - F10 
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	Delete - Esc 




Findings Description	
<input type="text" value="Diagnostic Test"/>	
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/> <input type="checkbox"/> Random Biopsies Path #: <input type="text"/> From Location: <input type="text" value="Body"/> <input type="button" value="v"/> (to) End Location: <input type="text"/> <input type="button" value="v"/> <input type="checkbox"/> Brushing done Path #: <input type="text"/> <input type="checkbox"/> Cytology Path #: <input type="text"/> <input type="checkbox"/> RUT Results Pending <input type="checkbox"/> RUT Complete RUT Results: <input type="text"/> <input type="button" value="v"/> <input type="checkbox"/> Other Location: <input type="text" value="Body"/> <input type="button" value="v"/> Reason for test: <input type="text"/> Comments: <input type="text"/>	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 




Findings Description	
<input type="text" value="Dieulafoy Lesion"/>	
Location:	<input type="text" value="Antrum"/>
Bleeding Status:	<input type="text"/>
Description:	<input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	




Findings Description	
Esophageal Inflammation	
Susp/Est: <input type="text"/>	Therapy/ Dx Test-F9 
Etiology: <input type="text"/>	
Severity: <input type="text"/>	
Reflux Symptoms <input type="checkbox"/> Y <input type="checkbox"/> N	Save - F10 
Margins (cm) from Mouth. Proximal: <input type="text"/> Distal: <input type="text"/>	
Length of Inflammation (cm): <input type="text"/>	
Diagnostics: <input type="checkbox"/> Brushing done Path #: <input type="text"/> <input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	Delete - Esc 
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	

Findings Description	
<input type="text" value="Healed Ulcer"/>	
Location: <input type="text" value="Body"/>	Therapy/ Dx Test-F9 
Orient. (o'clock): <input type="text"/> Max Size (mm): <input type="text"/>	
Description: <input type="text"/>	
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/> <input type="checkbox"/> Rapid Urease Test Pending <input type="checkbox"/> Rapid Urease Test Complete Results: <input type="text"/>	Save - F10 
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	Delete - Esc 

Findings Description	
<input type="text" value="Hiatal Hernia"/>	
Landmarks (cm) From Mouth: Diaphragm: <input type="text"/> Z-line/GEJ: <input type="text"/>	Therapy/ Dx Test-F9 
Description: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Prolapsing Size (cm): <input type="text"/>	
Other Description: <input type="text"/>	Save - F10 
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	Delete - Esc 

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

Findings Description	
<input type="text" value="Mallory-Weiss Tear"/>	
Location:	<input type="text" value="Body"/>
Bleeding Status:	<input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

Findings Description	
<input type="text" value="Mucosal Abnormality"/>	
Start Location: <input type="text" value="Body"/>	Therapy/ Dx Test-F9 
End Location: <input type="text" value="Body"/>	
Folds: <input type="text"/>	
Mucosa appears: <input type="checkbox"/> Erythema <input type="checkbox"/> Red Spots <input type="checkbox"/> Mottled <input type="checkbox"/> Ulcers <input type="checkbox"/> Friable <input type="checkbox"/> Portal HPT <input type="checkbox"/> Mosaic / Scaly <input type="checkbox"/> Subepith. Hemorr. <input type="checkbox"/> Erosions <input type="checkbox"/> Nodularity <input type="checkbox"/> Granular <input type="checkbox"/> Hemorrhage (oozing)	Save - F10 
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/> <input type="checkbox"/> Brushing done Path #: <input type="text"/> <input type="checkbox"/> RUT Results Pending <input type="checkbox"/> RUT Complete RUT Results: <input type="text"/>	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	Delete - Esc 

Findings Description

Nodule

Max Size (mm):

Description:

Mucosal

Submucosal

Location:

Body

Diagnosis present? Y N

Biopsy taken

Path #:

RUT Results Pending

RUT Complete

RUT Results:

ICD9:

ICD9

Comments:

Therapy/
Dx Test-F9






Save - F10









Delete - Esc



Findings Description	
<input type="text" value="Normal"/>	
<input type="checkbox"/> Esophagus <input type="checkbox"/> Stomach <input type="checkbox"/> Duodenum <input type="checkbox"/> Jejunum Start Location: <input type="text" value="Body"/>	Therapy/ Dx Test-F9 
(to) End Location: <input type="text" value="Body"/>	
Not Seen: <input type="checkbox"/> AVM's <input type="checkbox"/> Tumor <input type="checkbox"/> Mucosal Abn <input type="checkbox"/> Ulcer <input type="checkbox"/> Mallory-Weiss <input type="checkbox"/> Other Diagnostics:	Save - F10 
<input type="checkbox"/> Barrett's <input type="checkbox"/> Esoph. Inflammation <input type="checkbox"/> Foreign Body <input type="checkbox"/> Polyp <input type="checkbox"/> Varices Path #: <input type="text"/>	
Comments: <input type="text"/>	Delete - Esc 

Findings Description	
Other Finding	
Description:	<input type="text"/>
Location:	<input type="text" value="Body"/>
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
<input type="checkbox"/> Brushing done	Path #: <input type="text"/>
<input type="checkbox"/> Rapid Urease Test Results Pending	
<input type="checkbox"/> Rapid Urease Test Complete	
Results:	<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 ✗

Findings Description	
<input type="text" value="Prior Surgery"/>	
Location: <input type="text" value="Body"/>	Therapy/ Dx Test-F9 
<input type="checkbox"/> Anti-Reflux Surgery <input type="checkbox"/> Banded Gastroplasty <input type="checkbox"/> Billroth I <input type="checkbox"/> Billroth II <input type="checkbox"/> Gastroenterostomy <input type="checkbox"/> Pyloroplasty <input type="checkbox"/> Esophagectomy Anastomosis Present? Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Biopsy taken Path #: <input type="text"/> <input type="checkbox"/> Other	
ICD9: <input type="text"/> ICD9	Save - F10 
Comments: <input type="text"/>	Delete - Esc 

Findings Description	
Sprue (Celiac Disease)	
Susp/Est: <input type="text"/>	Therapy/ Dx Test-F9 
Mucosal Appearance: <input type="checkbox"/> Flat <input type="checkbox"/> Bumpy <input type="checkbox"/> Atrophic <input type="checkbox"/> Scalloped	
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	
ICD9: <input type="text"/> ICD9	Save - F10 
Comments: <input type="text"/>	
Delete - Esc 	

Findings Description

Stenosis / Stricture

Stenosis

Strictures

Location:

Severity:

Etiology:

Anastomosis site?

Distance from Mouth (cm):

Lumen Diameter (mm):

Diagnostics:

Biopsy taken

Path #:

ICD9:

ICD9

Comments:

Therapy/
Dx Test-F9









Save - F10



Delete - Esc



Findings Description	
Tumor	
Benign / Malignant:	<input type="text"/>
Established / Suspected:	<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"/>
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 

Findings Description	
Ulcer	
Location: <input type="text"/>	Therapy/ Dx Test-F9 
Orient. (o'clock): <input type="text"/>	
Min Size (mm): <input type="text"/> Max Size (mm): <input type="text"/>	
Description: <input type="text"/>	Save - F10 
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/> <input type="checkbox"/> RUT Results Pending <input type="checkbox"/> RUT Complete RUT Results: <input type="text"/>	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	Delete - Esc 

Findings Description

Varices

Location:

Distance (cm) from incisioris:


Proximal: Distal:

Activity level of bleeding:


Maximum Size:



ICD9: ICD9




Comments:




Therapy/
Dx Test-F9





Save - F10





Delete - Esc


Findings Description	
<div style="border: 1px solid gray; padding: 5px;"><div style="background-color: #0070C0; color: white; padding: 2px;">▼</div><ul style="list-style-type: none">APCBalloon TamponadeBandingBicap/CoagulationBoTox TreatmentClip(s)DilationGlueHeater ProbeInjectionLaserNo treatmentOther treatmentStent Placement/ReplacementStent RemovalTube Placement</div>	<div style="border: 1px solid gray; padding: 5px; text-align: center;">Therapy/ Dx Test-F9</div> <div style="border: 1px solid gray; padding: 5px; text-align: center;">Save - F10 </div> <div style="border: 1px solid gray; padding: 5px; text-align: center;">Delete - Esc </div>




Findings Description	
<input type="text" value="APC"/>	
Location:	<input type="text"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Watts:	<input type="text"/>
Total Seconds:	<input type="text"/>
Joules:	<input type="text"/>
Setting:	<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 	

Findings Description	
<input type="text" value="Balloon Tamponade"/>	
Action:	<input type="text"/>
Location:	<input type="text" value="Body"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
<div style="border: 1px solid gray; height: 300px;"></div>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

Findings Description	
<input type="text" value="Banding"/>	
Location: <input type="text" value="Body"/>	Therapy/ Dx Test-F9 
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"/> <input type="text"/>	
Seconds: <input type="text"/> <input type="text"/>	
Outcome: <input type="text"/>	Save - F10 
Comments: <input type="text"/>	Delete - Esc 

Findings Description	
Bicap/Coagulation	
Location:	<input type="text"/>
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 	

Findings Description	
BoTox Treatment	
Location:	Body
Finding:	
Reason for Procedure:	
Given at (cm) from Mouth:	
Total Units Used:	
Number of Quadrants:	
Units per Quadrant:	
Outcome:	
Comments:	
	Therapy/ Dx Test-F9 +
	Save - F10 ✓
	Delete - Esc ✗

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

Findings Description

Dilation

Location:

Finding:

Reason for Procedure:

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









Findings Description	
<input type="text" value="Glue"/>	
Location:	<input type="text"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Type of Glue:	<input type="text"/>
ccs used:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
<div style="border: 1px solid gray; height: 100px;"></div>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

Findings Description	
<input type="text" value="Heater Probe"/>	
Location:	<input type="text"/>
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 

Findings 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 	

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

Findings 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 

Findings Description	
<input type="text" value="Other treatment"/>	
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"/>
<hr/>	
Therapy/ Dx Test-F9 	
<hr/>	
Save - F10 	
<hr/>	
Delete - Esc 	

Findings Description

Stent Placement/Replacement

Location:

Finding:

Reason for Procedure:

Placement Replacement

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
✗

Findings Description

Stent Removal

Location:

Finding:

Reason for Procedure:

Fluoroscopic Guidance Injected With Contrast

Instrument	Length (cm)	cm Covered	Diameter (mm)	Flange (mm)	Note

Guidewire Used:

Guidewire Relationship to Instrument:

Outcome:

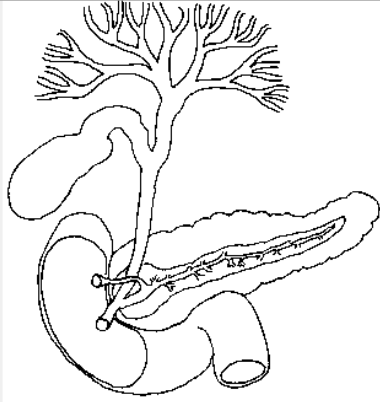
Comments:

Therapy/
Dx Test-F9
+

Save - F10
✓

Delete - Esc
✗

Findings Description		
<input type="text" value="Tube Placement"/>		
Location: <input type="text"/>	Therapy/ Dx Test-F9 +	
Finding: <input type="text"/>		
Reason for Procedure: <input type="text"/>		
Procedure: <input type="text"/>		
Type of Tube: <input type="text"/>		
Brand: <input type="text"/> Size (Fr): <input type="text"/>	Save - F10 ✓	
Procedure Information		
Pt Position: <input type="text"/>		Site ID by <input type="text"/>
Abdominal Prep with: <input type="text"/>		
Site infiltrated with: <input type="text"/>		
Incision Size (cm): <input type="text"/>	Delete - Esc ✗	
Procedure Detail:		
<input type="checkbox"/> Pull PEG		<input type="checkbox"/> Push PEG
<input type="checkbox"/> PEG/J		<input type="checkbox"/> Stayput
<input type="checkbox"/> Other		
Procedure Outcome: <input type="text"/>		
Comments: <input type="text"/>		

ERCP		Current User: CORI Tech Support		Demonstration Only							
A: Home	Patient: Patient, Fake	Prior exams	New	Date: 01/01/2000	Time: 12:00 PM						
B: History	Item for Multiple Selection:	<input type="checkbox"/> Center	<input checked="" type="checkbox"/> Print on Report	<input type="checkbox"/> Erase							
C: PE / Labs											
D: Proc. Info.											
E: Indications											
E: Exam Info											
G: Visualization											
H: EGD Findings											
I: ERCP Findings											
J: Assess/Diag											
K: Intervent/Events											
L: Treatment Plan											
M: Scheduling											
ERCP Findings 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




Findings Description




Anatomical Deformity
Annular Pancreas
Cholangitis
Cyst
Diagnostic Test
Ductal Dilation
Duodenal Diverticulum/ae
Extrinsic Compression
Filling Defect
Fistula
Image Taken
Irregularity
Leak / Extravasation
Normal
Other Finding
Pancreas Divisum
Pancreatic Pseudo Cyst
Pancreatitis
Parasites
Prior Surgery
Stenosis / Stricture
Stent
Stones
Tumor




Therapy/
Dx Test-F9




Save - F10
✓




Delete - Esc
✗




Findings Description	
<input type="text" value="Annular Pancreas"/>	
<input type="checkbox"/> Present	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 

Findings Description	
<input type="text" value="Cyst"/>	
Max Size (mm): <input type="text"/>	
Location: <input type="text" value="Duodenum"/>	
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 

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

Findings Description	
<input type="text" value="Ductal Dilation"/>	
Start Location:	<input type="text" value="Duodenum"/>
End Location:	<input type="text" value="Duodenum"/>
Max Size (mm):	<input type="text"/>
Description:	
<input type="checkbox"/> Localized	<input type="checkbox"/> Diffuse
<input type="checkbox"/> Segmental	
ICD9:	<input type="text"/> ICD9
Comments:	
<input type="text"/>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

Findings Description	
<input type="text" value="Duodenal Diverticulum/ae"/>	
Relationship to Ampulla: <input type="text" value=""/>	
ICD9: <input type="text" value=""/> ICD9	
Comments: <input type="text"/>	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 

Findings Description		
<input type="text" value="Filling Defect"/>		
Location: <input type="text" value="Pancreas"/>	Therapy/ Dx Test-F9 	
Description: <input type="checkbox"/> Air Bubbles <input type="checkbox"/> Sludge <input type="checkbox"/> Other		
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/> <input type="checkbox"/> Brushing Path #: <input type="text"/>		
ICD9: <input type="text"/> ICD9	Save - F10 	
Comments: <input type="text"/>		
 		Delete - Esc 

Findings Description

Fistula

Location:

Diameter (mm): Length (cm):

ICD9: ICD9

Comments:

Therapy/
Dx Test-F9



Save - F10



Delete - Esc



Findings Description

Image Taken

Location:

Pancreas

Image #:

Comments:

Therapy/
Dx Test-F9






Save - F10



Delete - Esc



Findings Description	
<input type="text" value="Irregularity"/>	
Location:	<input type="text" value="Pancreas"/>
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
<input type="checkbox"/> Cytology	Path #: <input type="text"/>
<input type="checkbox"/> Brushing	Path #: <input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments: <input type="text"/>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	


Findings Description

Leak / Extravasation


Location:

ICD9: ICD9

Comments:

Therapy/
Dx Test-F9


Save - F10


Delete - Esc


Findings Description

Normal

- ERCP
- Gall Bladder
- Bile Ducts
- Major Papilla
- Pancreatic Ducts

Start Location:

Duodenum

(to) End Location:

Duodenum

Not Seen:

- Cyst
- Fistula
- Stent
- Stenosis
- Parasites
- Other:
- Cholangitis
- Ductal Dilation
- Pancreatitis
- Stones
- Tumor

Diagnostics:

Path #:

Comments:

Therapy/
Dx Test-F9






Save - F10



Delete - Esc



Findings Description		
Pancreas Divisum		
<p>Complete <input checked="" type="checkbox"/> Partial <input type="checkbox"/></p> <p>Description: <input type="checkbox"/></p> <p>Diagnosis Made by Injection of:</p> <p><input type="checkbox"/> Minor Papilla <input type="checkbox"/> Major Papilla</p> <p>ICD9: <input type="text"/> ICD9 <input type="text"/></p> <p>Comments:</p> <input type="text"/>	<p>Therapy/ Dx Test-F9</p> <p>+</p>	
		<p>Save - F10</p> <p>✓</p>
		<p>Delete - Esc</p> <p>✗</p>

Findings Description	
<input type="text" value="Pancreatic Pseudo Cyst"/>	
Location: <input type="text" value="Pancreatic Duct"/>	Therapy/ Dx Test-F9 
Max Size (mm): <input type="text"/>	
Diagnostics: <input type="checkbox"/> Biospy taken Path #: <input type="text"/>	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	
Save - F10 	
Delete - Esc 	

Findings Description

Pancreatitis

Acute Chronic

Cambridge Severity Classification:

- Mild, side branch ectasia
- Moderate, mild + PD irregularity
- Severe, strictures and ductal dilation

Diagnostics:

Biopsy taken Path #:

ICD9: ICD9

Comments:

Therapy/
Dx Test-F9









Save - F10









Delete - Esc






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

Findings Description	
<input type="text" value="Prior Surgery"/>	
Location: <input type="text" value="Pancreas"/>	Therapy/ Dx Test-F9 
Surgical Procedure: <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Cyst Removal <input type="checkbox"/> Billroth I <input type="checkbox"/> Billroth II Pancreatic Resection: <input type="text"/>	
Sphincteroplasty: <input type="checkbox"/> Biliary <input type="checkbox"/> Pancreatic	Save - F10 
Anastomosis Present? Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	
Other: <input type="text"/>	
ICD9: <input type="text"/> ICD9	Delete - Esc 
Comments: <input type="text"/>	

Findings Description	
<input type="text" value="Stent"/>	
Location:	<input type="text" value="Duodenum"/>
Size (mm):	<input type="text"/>
Occlusion:	<input type="text"/>
Position:	<input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

Findings Description	
<input type="text" value="Stones"/>	
Max Size (mm): <input type="text"/>	Therapy/ Dx Test-F9 
Type: <input type="text"/>	
Location: <input type="text" value="Pancreas"/>	
Description: <input type="text"/>	
Mobility: <input type="text"/>	
Obstruction: <input type="text"/>	
Diagnostics: <input type="checkbox"/> Sent to Path Path #: <input type="text"/>	
ICD9: <input type="text"/> ICD9	Save - F10 
Comments: <input type="text"/>	
Delete - Esc 	

Findings Description	
Tumor	
Size (cm):	<input type="text"/>
Tumor type:	<input type="text"/>
Established / Suspected:	<input type="text"/>
Location:	<input type="text" value="Pancreas"/>
Description:	
<input type="checkbox"/> Smooth	<input type="checkbox"/> Irregular
<input type="checkbox"/> Tapered	<input type="checkbox"/> Eccentric
<input type="checkbox"/> Circumferential	<input type="checkbox"/> Shelf Effect
<input type="checkbox"/> Other	
Stenosis:	<input type="text"/>
Diagnostics:	
<input type="checkbox"/> Biopsy taken	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 

ERCPC Current User: CORI Tech Support Demonstration Only

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

ERCPC Assessment **Pancreatic Tract Assessment**

ERCPC Exam Status: Exam Status:

Incomplete Abnormal Normal Incomplete Abnormal Normal

Notes: Notes:

Biliary Tract Assessment **Ampulla Assessment**

Exam Status: Exam Status:

Incomplete Abnormal Normal Incomplete Abnormal Normal

Notes: Notes:

Diagnoses

Category	ICD-9 Codes	Comments

Assessment 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

ERCPC Current User: CORI Tech Support Demonstration Only

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

ERCPC Assessment **Pancreatic Tract Assessment**

ERCPC Exam Status: Exam Status:

Incomplete Abn complete failed incomplete not performed

Notes: Notes:

Biliary Tract Assessment **Ampulla Assessment**

Exam Status: Exam Status:

Incomplete Abnormal Normal Incomplete Abnormal Normal

Notes: Notes:

Diagnoses

Category	ICD-9 Codes	Comments

Assessment 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

ERCPC Current User: CORI Tech Support Demonstration Only

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

A: Home	<div style="display: flex; justify-content: space-between;"> <div> ERCPC Assessment ERCPC Exam Status: _____ Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Notes: _____ </div> <div> Pancreatic Tract Assessment Exam Status: _____ Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Notes: _____ </div> </div>																						
B: History																							
C: PE / Labs																							
D: Proc. Info.																							
E: Indications																							
E: Exam Info	<div style="display: flex; justify-content: space-between;"> <div> Biliary Tract Assessment Exam Status: _____ Incomplete <input type="checkbox"/> Abn <input type="checkbox"/> complete <input type="checkbox"/> Notes: _____ </div> <div> Ampulla Assessment Exam Status: _____ Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Notes: _____ </div> </div>																						
G: Visualization																							
H: EGD Findings																							
I: ERCP Findings																							
J: Assess/Diag	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #008080; color: white;"> <th colspan="3">Diagnoses</th> </tr> <tr style="background-color: #cccccc;"> <th>Category</th> <th>ICD-9 Codes</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>		Diagnoses			Category	ICD-9 Codes	Comments															
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K: Intervent/Events																							
L: Treatment Plan																							
M: Scheduling																							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: black; color: white;"> <td style="width: 80%;">Assessment Comments</td> <td style="text-align: right;">Expand</td> </tr> <tr><td> </td></tr> </table>		Assessment Comments	Expand																			
Assessment 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

ERCPC Current User: CORI Tech Support Demonstration Only

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

A: Home	<div style="display: flex; justify-content: space-between;"> <div> ERCPC Assessment ERCPC Exam Status: _____ Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Notes: _____ </div> <div> Pancreatic Tract Assessment Exam Status: _____ Incomplete <input type="checkbox"/> Abn <input type="checkbox"/> complete <input type="checkbox"/> Notes: _____ </div> </div>																						
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K: Intervent/Events																							
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Assessment 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

ERCPC Current User: CORI Tech Support Demonstration Only

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

A: Home	ERCPC Assessment		Pancreatic Tract Assessment	
B: History	ERCPC Exam Status: <input type="text"/>		Exam Status: <input type="text"/>	
C: PE / Labs	Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/>		Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/>	
D: Proc. Info.	Notes: <input type="text"/>		Notes: <input type="text"/>	
E: Indications				
E: Exam Info	Biliary Tract Assessment		Ampulla Assessment	
G: Visualization	Exam Status: <input type="text"/>		Exam Status: <input type="text"/>	
H: EGD Findings	Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/>		Incomplete <input type="checkbox"/> Abn complete	
J: ERCP Findings	Notes: <input type="text"/>		Notes: <input type="text"/>	
J: Assess/Diag	Diagnoses			
K: Intervent/Events	Category	ICD-9 Codes	Comments	
L: Treatment Plan				
M: Scheduling				
	Assessment 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

ERCPC Current User: CORI Tech Support Demonstration Only

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

A: Home	Unplanned Interventions		Unplanned Events		Gastrointestinal Events	
B: History	<input type="checkbox"/> No Intervention Required		Any complications? Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Bleeding <input type="checkbox"/> Peritonitis	
C: PE / Labs	<input type="checkbox"/> Sed. Reversed as Intervention		Cardiopulmonary Events		<input type="checkbox"/> Perforation <input type="checkbox"/> Abd Pain	
D: Proc. Info.	<input type="checkbox"/> Oxygen <input type="checkbox"/> Transfusion		<input type="checkbox"/> Chest Pain <input type="checkbox"/> Arrhythmia		<input type="checkbox"/> Cholangitis <input type="checkbox"/> N/V	
E: Indications	<input type="checkbox"/> HospAdmit <input type="checkbox"/> Sent to ER		<input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia		<input type="checkbox"/> Other	
E: Exam Info	<input type="checkbox"/> Surgery <input type="checkbox"/> Cautery		<input type="checkbox"/> Wheezing <input type="checkbox"/> Hypotension		Other Events	
G: Visualization	<input type="checkbox"/> IV Fluids		<input type="checkbox"/> Hypertension		Impaction: <input type="text"/>	
H: EGD Findings	<input type="checkbox"/> Procedure Stopped		<input type="checkbox"/> Transient Hypoxia		<input type="checkbox"/> Rash <input type="checkbox"/> Drug React	
J: ERCP Findings	<input type="checkbox"/> Code 99/CPR		<input type="checkbox"/> Prolonged Hypoxia		<input type="checkbox"/> ContrastReact <input type="checkbox"/> Stent Migra	
J: Assess/Diag	<input type="checkbox"/> Other		<input type="checkbox"/> Respiratory Distress		<input type="checkbox"/> DVT <input type="checkbox"/> Other	
K: Intervent/Events	Intervention Medications		<input type="checkbox"/> Pulmonary Edema		Intervention Results	
L: Treatment Plan	Medication	Dosage	<input type="checkbox"/> Vasovagal Reaction		Successful? Y <input type="checkbox"/> N <input type="checkbox"/>	
M: Scheduling			<input type="checkbox"/> Prolonged Sedation		<input type="checkbox"/> Hemostasis Achieved	
			<input type="checkbox"/> Tracheal Compression		<input type="checkbox"/> Vital Signs Stabilized	
			<input type="checkbox"/> Death <input type="checkbox"/> Other		<input type="checkbox"/> O2 Desaturation Reversed	
			<input type="checkbox"/> O2 Saturation less than 95%		<input type="checkbox"/> Spontaneous Resolution	
			O2 Sat(%): <input type="text"/>		Notes: <input type="text"/>	
	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

ERCP 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
- HospAdmit Sent to ER
- Surgery Cautery
- IV Fluids
- Procedure Stopped
- Code 99/CPR
- Other

Intervention Medications

Medication	Dosage

Unplanned Events

Any complications? Y N

Cardiopulmonary Events

- Chest Pain Arrhythmia
- Bradycardia Tachycardia
- Wheezing Hypotension
- Hypertension
- Transient Hypoxia
- Prolonged Hypoxia
- Respiratory Distress
- Pulmonary Edema
- Vasovagal Reaction
- Prolonged Sedation
- Tracheal Compression
- Death Other
- O2 Saturation less than 95%

O2 Sat(%):

Gastrointestinal Events

- Bleeding Peritonitis
- Perforation Abd Pain
- Cholangitis N/V
- Other

Other Events

Impaction:

- Rash Drug React
- ContrastReact Stent Migra
- DVT Other

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

IV Fluids Detail

ccs given:

IV Given:

Close

ERCP 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
- HospAdmit Sent to ER
- Surgery Cautery
- IV Fluids
- Procedure Stopped
- Code 99/CPR
- Other

Intervention Medications

Medication	Dosage

Unplanned Events

Any complications? Y N

Cardiopulmonary Events

- Chest Pain Arrhythmia
- Bradycardia Tachycardia
- Wheezing Hypotension
- Hypertension
- Transient Hypoxia
- Prolonged Hypoxia
- Respiratory Distress
- Pulmonary Edema
- Vasovagal Reaction
- Prolonged Sedation
- Tracheal Compression
- Death Other
- O2 Saturation less than 95%

O2 Sat(%):

Gastrointestinal Events

- Bleeding Peritonitis
- Perforation Abd Pain
- Cholangitis N/V
- Other

Other Events

Impaction:

- Rash Basket
- ContrastReact Stent
- DVT Stone
- Other

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

ERCPC Current User: CORI Tech Support Demonstration Only

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

B: History	Post Exam Instructions		Findings Related Recommendations																																																									
C: PE / Labs	<input type="checkbox"/> When to Call <input type="checkbox"/> What to Expect <input type="checkbox"/> No Sedation <input type="checkbox"/> Activity Levels		Standard Instructions For: <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Stones <input type="checkbox"/> Cholangitis <input type="checkbox"/> Stent <input type="checkbox"/> Stenosis / Stricture <input type="checkbox"/> Fistula <input type="checkbox"/> Normal Exam <input type="checkbox"/> Other Finding 																																																									
D: Proc. Info.	<input type="checkbox"/> Hm. Hemocult Tests # of Cards: <input type="text"/>		Special Instructions: <input type="text"/>																																																									
E: Indications	NPO for: <input type="text"/> Liquids: <input type="text"/>																																																											
E: Exam Info	Resume Prior Diet: <input type="text"/>																																																											
G: Visualization	No Alcohol: <input type="text"/>																																																											
H: EGD Findings	Hold ASA/NSAIDS: <input type="text"/>																																																											
H: EGD Findings	Restart Medications: <input type="text"/>																																																											
I: ERCP Findings	Medication Plan																																																											
J: Assess/Diag	<input type="checkbox"/> Await Pathology <input type="checkbox"/> DC Current Medications <input type="checkbox"/> No Meds Required <input type="checkbox"/> Medications per referring provider <input type="checkbox"/> Continue current medications																																																											
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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

ERCPC Current User: CORI Tech Support Demonstration Only

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

B: History	Disposition																																																	
C: PE / Labs	After Procedure Patient Sent: <input type="text"/>																																																	
D: Proc. Info.	After Recovery Patient Sent: <input type="text"/>																																																	
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ERCPC Current User: CORI Tech Support Demonstration Only

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

A: Home	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"/> No Sedation	<input type="checkbox"/> Activity Levels	<input type="checkbox"/> Pancreatitis	<input type="checkbox"/> Stones			
D: Proc. Info.	<input type="checkbox"/> Hm. Hemocult Tests	# of Cards: <input type="text"/>	<input type="checkbox"/> Cholangitis	<input type="checkbox"/> Stent			
E: Indications	NPO for: <input type="text"/>	Liquids: <input type="text"/>	<input type="checkbox"/> Stenosis / Stricture	<input type="checkbox"/> Fistula			
E: Exam Info	Resume Prior Diet: <input type="text"/>		<input type="checkbox"/> Normal Exam	<input type="checkbox"/> Other Finding			
G: Visualization	No Alcohol: <input type="text"/>		Special Instructions:				
H: EGD Findings	Hold ASA/NSAIDS: <input type="text"/>						
I: ERCP Findings	Restart Medications: <input type="text"/>						
Medication Plan							
J: Assess/Diag	<input type="checkbox"/> Await Pathology	<input type="checkbox"/> DC Current Medications	<input type="checkbox"/> No Meds Required				
K: Intervent/Events	<input type="checkbox"/> Medications per referring provider		<input type="checkbox"/> Continue current medications				
L: Treatment Plan	Med Type	Med	Dose	sig	Start Date	Duration	DC'd
M: Scheduling							
N: Post Exam	Treatment Plan Comments:						Expand
Q: 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

ERCPC Current User: CORI Tech Support Demonstration Only

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

B: History	Disposition				
C: PE / Labs	After Procedure Patient Sent:	<input type="text"/>			
D: Proc. Info.	After Recovery Patient Sent:	<input type="text"/>			
E: Indications	Scheduling and Referral				
E: Exam Info	<input type="checkbox"/> Await Pathology	<input type="checkbox"/> Follow-up prn			
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ERCPC 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:	Chart Review	Did pt feel prepared for procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Any problems with where IV was placed?	Clinic visit	Was the pt groggy after procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did pt understand the discharge instructions?	Letter	If yes, how many hours?:	
Did pt have questions regarding follow-up?	Telephone call	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

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ERCPC 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 placed?	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

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	Post Exam Patient Information	Patient Satisfaction			
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C: PE / Labs	Information From: <input type="text"/>	Did pt feel prepared for procedure? <input type="text"/>			
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="text"/>			
E: Indications	Did pt understand the dischg instructions? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many hours?: <input type="text"/>			
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G: Visualization	Did pt take post exam Rx's as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what?: <input type="text"/>			
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I: ERCP Findings	Complete Post Exam Events section if necessary	if yes, what?: <input type="text"/>			
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