

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

B: History

Current Medications

ASA/NSAID COX-2 Insulin

Anticoagulant (AC) AC Plan:

Antibiotic Prophylaxis

Type	Med	Dose	sig	Start	End

Allegies

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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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

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

Procedures Performed

- Diagnostic ERCPC
- Therapeutic ERCPC
- 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 ERCPC 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 ERCPC
- Therapeutic ERCPC
- 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 ERCPC 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																				
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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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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

Pre-Op Evaluation
 Pre-Op Eval for:

Indications Comments:

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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: 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 Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated? <input type="checkbox"/> Y <input type="checkbox"/> N <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																												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> <tr><td> </td><td> </td></tr> </tbody> </table>	Medication	QD Dose (mg)										
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Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 12:00 PM

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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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	
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		Fluoro Notes: <input type="text"/>
Monitoring		EGD Instrument(s) Used
Pulse/BP Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N		Instrument Serial#
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Exam Information Comments: <input type="text"/>		Expand

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A: Home	Endoscopic Visualization			Fluoroscopic Visualization			
	EGD Visualization:	Not Sought	Yes	No	Not Sought	Yes	No
B: History							
C: PE / Labs	Major Papilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder	<input type="checkbox"/>	<input type="checkbox"/>
D: Proc. Info.	Minor Papilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Common Bile Duct	<input type="checkbox"/>	<input type="checkbox"/>
E: Indications					Cystic Duct	<input type="checkbox"/>	<input type="checkbox"/>
E: Exam Info					Left Hepatic Duct:	<input type="checkbox"/>	<input type="checkbox"/>
G: Visualization					Right Hepatic Duct:	<input type="checkbox"/>	<input type="checkbox"/>
H: EGD Findings					Pancreatic Duct	<input type="checkbox"/>	<input type="checkbox"/>
I: ERCP Findings	Cannulation						
J: Assess/Diag	<input type="checkbox"/> Preferred Duct was Cannulated						
K: Intervent/Events	Duct	Instrument	Type	Wire Type	Diameter	Successful?	
L: Treatment Plan							
M: Scheduling							
Visualization / Cannulation Comments:						Expand	

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	EGD Visualization:	Not Sought	Yes	No	Not Sought	Yes	No
B: History							
C: PE / Labs	Major Papilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder	<input type="checkbox"/>	<input type="checkbox"/>
D: Proc. Info.	Minor Papilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Common Bile Duct	<input type="checkbox"/>	<input type="checkbox"/>
E: Indications					Cystic Duct	<input type="checkbox"/>	<input type="checkbox"/>
E: Exam Info					Left Hepatic Duct:	<input type="checkbox"/>	<input type="checkbox"/>
G: Visualization					Right Hepatic Duct:	<input type="checkbox"/>	<input type="checkbox"/>
H: EGD Findings					Pancreatic Duct	<input type="checkbox"/>	<input type="checkbox"/>
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K: Intervent/Events	Duct	Instrument	Type	Wire Type	Diameter	Successful?	
L: Treatment Plan							
M: Scheduling							
Visualization / Cannulation Comments:						Expand	

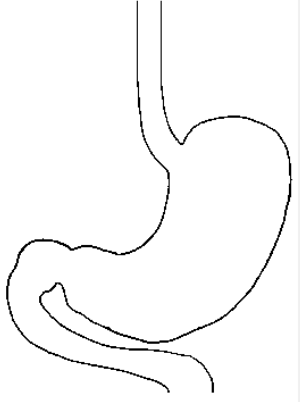
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Item for Multiple Selection: Center Print on Report Erase

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



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"/>	Save - F10 
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"/>	
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	
<input type="text" value="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 Inflam. (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"/>	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	Save - F10 
Results: <input type="text"/>	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	Delete - Esc 

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	
Mucosal Abnormality	
Start Location:	Body
End Location:	Body
Folds:	
Mucosa appears:	
<input type="checkbox"/> Erythema	<input type="checkbox"/> Mosaic / Scaly
<input type="checkbox"/> Red Spots	<input type="checkbox"/> Subepith. Hemorr.
<input type="checkbox"/> Mottled	<input type="checkbox"/> Erosions
<input type="checkbox"/> Ulcers	<input type="checkbox"/> Nodularity
<input type="checkbox"/> Friable	<input type="checkbox"/> Granular
<input type="checkbox"/> Portal HPT	<input type="checkbox"/> Hemorrhage (oozing)
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:	
ICD9:	<input type="text"/> ICD9
Comments:	<input type="text"/>
	Therapy/ Dx Test-F9 +
	Save - F10 ✓
	Delete - Esc ✗

Findings Description

Nodule

Max Size (mm):

Description:

Mucosal

Submucosal

Location:

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"/>	Therapy/ Dx Test-F9 +
<input type="checkbox"/> Other Test ICD9: <input type="text"/> ICD9	Save - F10 ✓
Comments: <input type="text"/>	Delete - Esc ✗

Findings Description

Polyp

Location:

Max Size (mm):

Diminutive

Attachment:

Procedure:

Procedure Results:

Yes No

Removed?

Retrieved?

Diagnostics:

Polyp sent to path Path #:

ICD9: ICD9

Comments:

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		
<input type="text" value="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		
Comments: <input type="text"/>		
		Save - F10 
		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	
<input type="text" value="Tumor"/>	
Benign / Malignant: <input type="text"/>	Therapy/ Dx Test-F9
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"/>	Save - F10
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	
ICD9: <input type="text"/> ICD9	Delete - Esc
Comments: <input type="text"/>	

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"/>
	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:	Body
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 ✗

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

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:

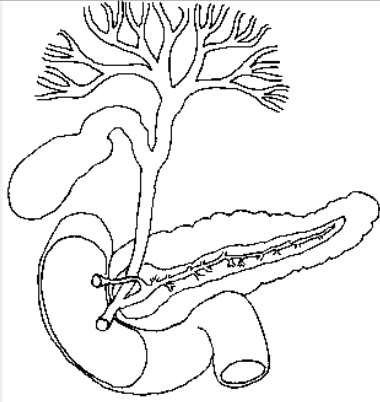
Comments:

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: <input type="text" value="Patient, Fake"/>	<input type="button" value="Prior exams"/>	<input type="button" value="New"/>	Date: <input type="text" value="01/01/2000"/>	Time: <input type="text" value="12:00 PM"/>
B: History	Item for Multiple Selection: <input type="text"/>	<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					
J: ERCP Findings					
J: Assess/Diag					
K: Intervent/Events					
L: Treatment Plan					
M: Scheduling					
ERCP Findings Comments:				<input type="button" value="Expand"/>	
<input type="button" value="F1 Help"/>	<input type="button" value="F2 Schedule"/>	<input type="button" value="F3 New"/>	<input type="button" value="F4 Study"/>	<input type="button" value="F5 Exam"/>	<input type="button" value="F6 Reports"/>
<input type="button" value="F7 Lock"/>	<input type="button" value="F8 Patient"/>	<input type="button" value="F9 Staff"/>	<input type="button" value="F10 Utilities"/>	<input type="button" value="F11 Path Rpt"/>	<input type="button" value="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	
Anatomical Deformity	
Location: <input type="text" value="Gallbladder"/>	
Description: <input type="text"/>	
	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

Cholangitis

Type of Sclerosing Cholangitis:

Primary:

Secondary:

Etiology (SSC):

Findings:

Pseudodiverticula

Beaded Appearance

Strictures

Multifocal

Bandlike

Other Findings:

Diagnostics:

Biopsy taken

Path #:

ICD9:

 ICD9

Comments:

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"/>	<input type="text" value="ICD9"/>
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="Extrinsic Compression"/>	
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

Filling Defect

Location:

Description:

Air Bubbles

Sludge

Other

Diagnostics:

Biopsy taken

Path #:

Brushing

Path #:

ICD9: ICD9

Comments:

Therapy/
Dx Test-F9



Save - F10



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"/>	Therapy/ Dx Test-F9 +
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"/>	
Save - F10 ✓	
Delete - Esc ✗	

Findings Description	
<input type="text" value="Leak / Extravasation"/>	
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

Normal

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

- Pancreas
- Hepatic Ducts
- Minor Papilla

Start Location:

(to) End Location:

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

Other Finding

Other:

Location:

Description:

Diagnostics:

Biopsy taken

Path #:

ICD9: ICD9

Comments:

Therapy/
Dx Test-F9






Save - F10



Delete - Esc



Findings Description		
Pancreas Divisum		
<p style="text-align: right;">Complete Partial</p> <p>Description: <input type="checkbox"/> <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</p> <p>Comments:</p> <input type="text"/>	<p>Therapy/ Dx Test-F9</p> <p style="text-align: center;">+</p>	
		<p>Save - F10</p> <p style="text-align: center;">✓</p>
		<p>Delete - Esc</p> <p style="text-align: center;">✗</p>

Findings Description	
<input type="text" value="Pancreatic Pseudo Cyst"/>	
Location: <input type="text" value="Pancreatic Duct"/>	
Max Size (mm): <input type="text"/>	
Diagnostics: <input type="checkbox"/> Biospy taken Path #: <input type="text"/>	Therapy/ Dx Test-F9 
ICD9: <input type="text"/> ICD9 <input type="text"/>	
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="Stenosis / Stricture"/>	
Length (mm):	<input type="text"/>
Location:	<input type="text" value="Pancreas"/>
Benign Appearance:	
<input type="checkbox"/> Smooth	<input type="checkbox"/> Tapered
<input type="checkbox"/> Circumferential	<input type="checkbox"/> Other
Malignant Appearance	
<input type="checkbox"/> Irregular	<input type="checkbox"/> Eccentric
<input type="checkbox"/> Shelf Effect	<input type="checkbox"/> Other
Diagnostic Testing:	
<input type="checkbox"/> Biopsy taken	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	
<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
 ERCPC Exam Status:
 Incomplete Abnormal Normal
 Notes:

Pancreatic Tract Assessment
 Exam Status:
 Incomplete Abnormal Normal
 Notes:

Biliary Tract Assessment
 Exam Status:
 Incomplete Abnormal Normal
 Notes:

Ampulla Assessment
 Exam Status:
 Incomplete Abnormal Normal
 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
 ERCPC Exam Status:
 Incomplete Abn complete
 Notes: failed incomplete not performed

Pancreatic Tract Assessment
 Exam Status:
 Incomplete Abnormal Normal
 Notes:

Biliary Tract Assessment
 Exam Status:
 Incomplete Abnormal Normal
 Notes:

Ampulla Assessment
 Exam Status:
 Incomplete Abnormal Normal
 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	ERCPC Assessment		Pancreatic Tract Assessment	
B: History	ERCPC Exam Status: _____		Exam Status: _____	
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: _____		Notes: _____	
E: Indications				
E: Exam Info	Biliary Tract Assessment		Ampulla Assessment	
G: Visualization	Exam Status: _____		Exam Status: _____	
H: EGD Findings	Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> complete <input type="checkbox"/> failed <input type="checkbox"/> incomplete <input type="checkbox"/> not performed <input type="checkbox"/>		Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/>	
I: ERCP Findings	Notes: _____		Notes: _____	
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	ERCPC Assessment		Pancreatic Tract Assessment	
B: History	ERCPC Exam Status: _____		Exam Status: _____	
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: _____		Notes: _____	
E: Indications				
E: Exam Info	Biliary Tract Assessment		Ampulla Assessment	
G: Visualization	Exam Status: _____		Exam Status: _____	
H: EGD Findings	Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/>		Incomplete <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/>	
I: ERCP Findings	Notes: _____		Notes: _____	
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	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				<input type="checkbox"/> Perforation <input type="checkbox"/> Abd Pain	
D: Proc. Info.	<input type="checkbox"/> Oxygen <input type="checkbox"/> Transfusion				<input type="checkbox"/> Cholangitis <input type="checkbox"/> N/V	
E: Indications	<input type="checkbox"/> HospAdmit <input type="checkbox"/> Sent to ER				<input type="checkbox"/> Other	
E: Exam Info	<input type="checkbox"/> Surgery <input type="checkbox"/> Cautery					
G: Visualization	<input type="checkbox"/> IV Fluids					
H: EGD Findings	<input type="checkbox"/> Procedure Stopped					
J: ERCP Findings	<input type="checkbox"/> Code 99/CPR					
J: Assess/Diag	<input type="checkbox"/> Other					
K: Intervent/Events	Intervention Medications		Cardiopulmonary Events		Other Events	
L: Treatment Plan	Medication	Dosage	<input type="checkbox"/> Chest Pain <input type="checkbox"/> Arrhythmia		Impaction: <input type="text"/>	
M: Scheduling			<input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia		<input type="checkbox"/> Rash <input type="checkbox"/> Drug React	
			<input type="checkbox"/> Wheezing <input type="checkbox"/> Hypotension		<input type="checkbox"/> ContrastReact <input type="checkbox"/> Stent Migra	
			<input type="checkbox"/> Hypertension		<input type="checkbox"/> DVT <input type="checkbox"/> Other	
			<input type="checkbox"/> Transient Hypoxia			
			<input type="checkbox"/> Prolonged Hypoxia			
			<input type="checkbox"/> Respiratory Distress			
			<input type="checkbox"/> Pulmonary Edema			
			<input type="checkbox"/> Vasovagal Reaction			
			<input type="checkbox"/> Prolonged Sedation			
			<input type="checkbox"/> Tracheal Compression			
			<input type="checkbox"/> Death <input type="checkbox"/> Other			
			<input type="checkbox"/> O2 Saturation less than 95%			
			O2 Sat(%): <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

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

	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"/> Pancreatitis <input type="checkbox"/> Stones																																										
D: Proc. Info.	<input type="checkbox"/> Activity Levels	<input type="checkbox"/> Cholangitis <input type="checkbox"/> Stent																																										
E: Indications	<input type="checkbox"/> Hm. Hemocult Tests # of Cards: <input type="text"/>	<input type="checkbox"/> Stenosis / Stricture <input type="checkbox"/> Fistula																																										
E: Exam Info	NPO for: <input type="text"/> Liquids: <input type="text"/>	<input type="checkbox"/> Normal Exam <input type="checkbox"/> Other Finding																																										
G: Visualization	Resume Prior Diet: <input type="text"/>	Special Instructions:																																										
H: EGD Findings	No Alcohol: <input type="text"/>	<input type="text"/>																																										
I: ERCP Findings	Hold ASA/NSAIDS: <input type="text"/>																																											
J: Assess/Diag	Restart Medications: <input type="text"/>																																											
K: Intervent/Events	Medication Plan																																											
L: Treatment Plan	<input type="checkbox"/> Await Pathology <input type="checkbox"/> DC Current Medications <input type="checkbox"/> No Meds Required	<input type="checkbox"/> Continue current medications																																										
M: Scheduling	<input type="checkbox"/> Medications per referring provider																																											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <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: 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

	Disposition																																																							
B: History	After Procedure Patient Sent: <input type="text"/>																																																							
C: PE / Labs	After Recovery Patient Sent: <input type="text"/>																																																							
D: Proc. Info.																																																								
E: Indications	Scheduling and Referral																																																							
E: Exam Info	<input type="checkbox"/> Await Pathology <input type="checkbox"/> Follow-up prn																																																							
G: Visualization	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Activity</th> <th>To Whom</th> <th>Comments</th> <th>when</th> <th>Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Activity	To Whom	Comments	when	Date																																																		
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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

Disposition
 After Procedure Patient Sent: ▼
 After Recovery Patient Sent: ▼

back to hospital ward
 home
 remain in endo suite for second procedure
 remain in ICU
 to hospital for admission
 to NICU
 to PICU
 to recovery
 to short stay unit
 to surgery

Scheduling at
 Await Pathology
 Follow-up prn

Activity	To Whom		

Scheduling 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

Disposition
 After Procedure Patient Sent: ▼
 After Recovery Patient Sent: ▼

back to hospital
 home
 to hospital for admission

Scheduling at
 Await Pathology
 Follow-up prn

Activity	To Whom	Comments	when	Date

Scheduling 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: 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"/>																																													
J: Assess/Diag	Medication Plan																																													
K: Intervent/Events	<input type="checkbox"/> Await Pathology	<input type="checkbox"/> DC Current Medications	<input type="checkbox"/> No Meds Required																																											
L: Treatment Plan	<input type="checkbox"/> Medications per referring provider		<input type="checkbox"/> Continue current medications																																											
M: Scheduling	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <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																																								
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

A: Home	Disposition																																		
B: History	After Procedure Patient Sent: <input type="text"/>																																		
C: PE / Labs	After Recovery Patient Sent: <input type="text"/>																																		
D: Proc. Info.																																			
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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

Disposition

After Procedure Patient Sent:

After Recovery Patient Sent:

Scheduling and Disposition Options:

- back to hospital ward
- home
- remain in endo suite for second procedure
- remain in ICU
- to hospital for admission
- to NICU
- to PICU
- to recovery
- to short stay unit
- to surgery

Await Pathology

Follow-up prn

Activity	To Whom

Scheduling 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: 11:59 AM

Disposition

After Procedure Patient Sent:

After Recovery Patient Sent:

Scheduling and Disposition Options:

- back to hospital
- home
- to hospital for admission

Await Pathology

Follow-up prn

Activity	To Whom	Comments	when	Date

Scheduling 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: 11:59 AM

B: History	Pathology			
C: PE / Labs	Biopsy Description	Results	Modifier	Comments
D: Proc. Info.				
E: Indications				
E: Exam Info				
G: Visualization				
H: EGD Findings	Pathology Report			
I: ERCP Findings				
J: Assess/Diag	Correspondence - Results		Correspondence - Follow-Ups	
K: Intervent/Events	<input type="checkbox"/> Normal <input type="checkbox"/> H. pylori <input type="checkbox"/> Barrett's <input type="checkbox"/> Ulcer <input type="checkbox"/> Stones <input type="checkbox"/> Notes:	<input type="checkbox"/> No further <input type="checkbox"/> PMD <input type="checkbox"/> Nurse Will Call <input type="checkbox"/> Notes:	Follow-Up Results	
L: Treatment Plan			Action	Note
M: Scheduling				
N: Post Exam	Post Exam Comments:			Expand
O: 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	Post Exam Patient Information		Patient Satisfaction	
C: PE / Labs	Encounter Type: 	Information From: 	How does pt feel post exam?: 	
D: Proc. Info.	Any problems with where IV was inserted? Y <input type="checkbox"/> N <input type="checkbox"/>	Did pt understand the dischg instructions? Y <input type="checkbox"/> N <input type="checkbox"/>	Did pt feel prepared for procedure? Y <input type="checkbox"/> N <input type="checkbox"/>	Was the pt groggy after procedure? Y <input type="checkbox"/> N <input type="checkbox"/>
E: Indications	Did pt have questions regarding follow-up? Y <input type="checkbox"/> N <input type="checkbox"/>	Did pt take post exam Rx's as prescribed? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, how many hours?: 	Any complaints about Procedure? Y <input type="checkbox"/> N <input type="checkbox"/>
E: Exam Info	If not, explain: 		If yes, what?: 	Any suggestions for improvement? Y <input type="checkbox"/> N <input type="checkbox"/>
G: Visualization	Complete Post Exam Events section if necessary		If yes, what?: 	
I: ERCP Findings	Post Exam Events			
J: Assess/Diag	Event Type	Event	Date Occurred	Intervention
K: Intervent/Events				
L: Treatment Plan				
M: Scheduling				
N: Post Exam	Follow-up Information and Events Comments:			Expand
O: 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

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"/> <ul style="list-style-type: none"> Chart Review Clinic visit Letter Telephone call 	Did pt feel prepared for procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Any problems with where IV was placed?	<input type="text"/>	Was the pt groggy after procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Did pt understand the discharge instructions?	<input type="text"/>	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 Rxs 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

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:	<input type="text"/>	How does pt feel post exam?:	<input type="text"/>
Information From:	<input type="text"/> <ul style="list-style-type: none"> family guardian patient 	Did pt feel prepared for procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Any problems with where IV was placed?	<input type="text"/>	Was the pt groggy after procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Did pt understand the discharge instructions?	<input type="text"/>	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 Rxs 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

ERCP Current User: CORI Tech Support Demonstration Only

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

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