

## Screenshots for Documentation of EUS Procedures in CORI3

**EUS** 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"> <li><b>B: History</b></li> <li>C: PE / Labs</li> <li>D: Proc. Info.</li> <li>E: *Indications</li> <li>E: Exam Info</li> <li>G: EGD Visual</li> <li>H: Colon Visual</li> <li>I: EGD Findings</li> <li>J: Bil/Pan Findings</li> <li>K: Colon Findings</li> <li>L: Staging</li> <li>M: Intervent/Events</li> <li>N: Assess/Diag</li> <li>Q: Treatment Plan</li> <li>P: Scheduling</li> </ul>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center; background-color: #e0f0e0; margin: 0;"><b>Current Medications</b> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> ASA/NSAID <span style="margin-left: 40px;"><input type="checkbox"/> COX-2</span> <span style="margin-left: 40px;"><input type="checkbox"/> Insulin</span></p> <p><input type="checkbox"/> Anticoagulant (AC) <span style="margin-left: 40px;">AC Plan: <input type="text"/></span></p> <p><input type="checkbox"/> Antibiotic Prophylaxis</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #e0e0e0;"> <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 #ccc; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #e0f0e0; margin: 0;"><b>Patient Habits</b></p> <p>Patient Smokes? <span style="margin-left: 20px;"><input type="checkbox"/> Y <input type="checkbox"/> N</span></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: <span style="margin-left: 20px;">binge drinker</span></p> <p>Drinks / Day: <input type="text"/></p> <p>Comments: <input type="text"/></p> </div>	Type	Med	Dose	sig	Start	End																									<div style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center; background-color: #e0f0e0; margin: 0;"><b>Allergies</b></p> <p><input type="checkbox"/> No known allergies</p> <p>Allergic to: <input type="text"/></p> </div>
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**Procedures Performed**

- Panendoscopy with EUS
- Colonoscopy with EUS
- GI Endo Ultrasound: S and I
- Other

**Exam Personnel**

- Attending Present
- Pathologist in Attendance

Title	Name	LoS

**Patient Consent**

Consent Obtained Y  N

Obtained from:

Obtained By:

Consent to be Contacted Obtained?  
Not Asked  Y  N

**Exam Location**

Location:

InPT/OutPT?:

InPT Room#:

Procedure Information Comments: Expand

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Title	Name	LoS

**Patient Consent**

Consent Obtained Y  N

Obtained from:

Obtained By:

Consent to be Contacted Obtained?  
Not Asked  Y  N

**Panendoscopy with EUS Detail**

- with Biopsy(s) / Brushing(s)
- with Multiple Biopsies (>10)
- with Hot Biopsy(s)
- with Fine Needle Aspiration
- with Celiac Plexus Injection
- with Cyst Aspiration
- with Injection Therapy
- with Stent Placement
- with Stent Replacement
- with Dilation
- with Laser
- with Color Doppler
- with Other

Close

Procedure Information Comments: Expand

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**Procedures Performed**

- Panendoscopy with EUS
- Colonoscopy with EUS
- GI Endo Ultrasound: S and I
- 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

**Colonoscopy with EUS Detail**

- with Biopsy(s) / Brushing(s)
- with Multiple Biopsies (>10)
- with Hot Biopsy(s)
- with Fine Needle Aspiration
- with Cyst Aspiration
- with Injection Therapy
- with Stent Placement
- with Stent Replacement
- with Dilatation
- with Laser
- with Color Doppler
- with Hemorrhoidal Banding
- with Other

Close

Procedure Information Comments:

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**Procedures Performed**

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**Exam Personnel**

Title	Name	LoS

**Exam Location**

Location:

InPT/OutPT?:

InPT Room#:

**Patient Consent**

Consent Obtained Y  N

Obtained from:

Obtained By: family guardian patient

Consent to be Contacted Obtained? Not Asked Y  N

Expand

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🛠 F10 Utilities
📄 F11 Path Rpt
📡 F12 Pathways

**EUS** Current User: CORI Tech Support Demonstration Only

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

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**Assessment**

Preoperative  Postoperative  
 Other

**Therapy**

Botox  CP Neurolysis  
 Cyst Aspiration  Stent Placement  
 None  Other

**Diagnostic Sampling**

FNA  Needle Biopsy  
 Forceps Biopsy  Brush Cytology  
 Bile Juice Aspir.  Panc Juice Aspir.  
 Other

**Research Study**

Type of Visit:   
Name of Study:

**Staging**

Histology:   
Tumor Site:

Other

adrenal  
ampulla  
biliary tract  
colon  
duodenum  
esophagus  
liver  
lung  
other, see comments  
pancreas  
rectum  
stomach

**Evaluation**

Diagnosis Qualifier	Diseases/Clinical Signs

Indications Comments:  Expand

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**Exam Information**

Duration (mins):   
 Images Were Taken  
 Video Taping  
Start:   
End:   
Tape #:   
Notes:

**Sedation Medications Used**

Appropriate for:   
Managed By:   
 General Anesthesia  
 Residual Sedation  
 No sedation given  
Patient Intubated? Y  N

Medication	Dosage	Route

**Monitoring**

BP/Pulse Monitoring Y  N   
Oximetry Y  N   
 Supplemental O2

**Endoscope(s) Used**

Instrument	Serial#

**Patient Information**

ASA Class:   
Patient Tolerance:

**EUS Scopes**

EUS	Freq 1	Freq 2

Exam Information Comments:  Expand

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

<ul style="list-style-type: none"> <li>A: Home</li> <li>B: History</li> <li>C: PE / Labs</li> <li>D: Proc. Info.</li> <li>E: *Indications</li> <li><b>E: Exam Info</b></li> <li>G: EGD Visual</li> <li>H: Colon Visual</li> <li>I: EGD Findings</li> <li>J: Bil/Pan Findings</li> <li>K: Colon Findings</li> <li>L: Staging</li> <li>M: Intervent/Events</li> <li>N: Assess/Diag</li> <li>O: Treatment Plan</li> <li>P: Scheduling</li> </ul>	<b>Exam Information</b> Duration (mins): <input type="text" value="10"/> <input type="checkbox"/> Images Were Taken <input type="checkbox"/> Video Taping Start: <input type="text" value="110"/> End: <input type="text" value="15"/> Tape #: <input type="text" value="25"/> Notes: <input type="text" value="30"/> <input type="text" value="35"/> <input type="text" value="40"/> <input type="text" value="45"/> <input type="text" value="5"/>	<b>Sedation Medications Used</b> Appropriate for: <input type="text"/> Managed By: <input type="text"/> <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual Sedation <input type="checkbox"/> No sedation given Patient Intubated?    Y <input type="checkbox"/> N <input type="checkbox"/> <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																												<b>Monitoring</b> BP/Pulse Monitoring    Y <input type="checkbox"/> N <input type="checkbox"/> Oximetry                    Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Supplemental O2  <b>Endoscope(s) Used</b> <table border="1"> <thead> <tr> <th>Instrument</th> <th>Serial#</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Instrument	Serial#																				
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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

**EUS** Current User: CORI Tech Support      Demonstration Only

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

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**EUS** Current User: CORI Tech Support Demonstration Only

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

**Exam Information**

Duration (mins): [dropdown]  
 Images Were Taken  
 Video Taping  
 Start: [text]  
 End: [text]  
 Tape #: [text]  
 Notes: [text area]

**Sedation Medications Used**

Appropriate for: [dropdown]  
 Managed By: [dropdown]  
 General Anesthesia  
 Residual Sedation  
 No sedation given  
 Patient Intubated? Y  N

**Monitoring**

BP/Pulse Monitoring Y  N   
 Oximetry Y  N   
 Supplemental O2

**Endoscope(s) Used**

Instrument	Serial#

**EUS Scopes**

EUS	Freq 1	Freq 2

**Patient Information**

ASA Class: [dropdown]  
 Patient Tolerance: [dropdown]  
 excellent  
 fair  
 fair, adequate exam  
 fair, exam compromised  
 good  
 poor

Exam In [dropdown] 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

**EUS** Current User: CORI Tech Support Demonstration Only

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

**Exam Information**

Duration (mins): [dropdown]  
 Images Were Taken  
 Video Taping  
 Start: [text]  
 End: [text]  
 Tape #: [text]  
 Notes: [text area]

**Sedation Medications Used**

Appropriate for: [dropdown]  
 anxiolytic sedation  
 deep sedation  
 general anesthesia  
 moderate (conscious) sedation  
 Naso-laryngeal Insufflation  
 no sedation

**Monitoring**

BP/Pulse Monitoring Y  N   
 Oximetry Y  N   
 Supplemental O2

**Endoscope(s) Used**

Instrument	Serial#

**EUS Scopes**

EUS	Freq 1	Freq 2

Exam Information Comments: [text area] 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

**EUS** Current User: CORI Tech Support Demonstration Only

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

**Exam Information**

Duration (mins): [dropdown]  
 Images Were Taken  
 Video Taping  
 Start: [text]  
 End: [text]  
 Tape #: [text]  
 Notes: [text area]

**Sedation Medications Used**

Appropriate for: [dropdown]  
 Managed By: [dropdown]  
 General Anesthetist  
 Residual Sedation  
 No sedation  
 Patient Intubated: [dropdown]  
 Medication: [table]

**Monitoring**

BP/Pulse Monitoring Y  N   
 Oximetry Y  N   
 Supplemental O2

**Endoscope(s) Used**

Instrument	Serial#

**EUS Scopes**

EUS	Freq 1	Freq 2

**Patient Information**

ASA Class: [dropdown]  
 Patient Tolerance: [dropdown]

Exam Information Comments: [text area] 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

**EUS** Current User: CORI Tech Support Demonstration Only

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

**Endoscopic Visualization**

Visualization	Incompl Compl Fail		
	Not Sought	Yes	No
Esophagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Adrenal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duodenum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Adrenal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jejunum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: [text area]

**EUS Visualization**

Visualization	Incompl Compl Fail		
	Not Sought	Yes	No
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Esophagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duodenum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jejunum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mediastinum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spleen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pancreas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biliary Tract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aorta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: [text area]

EGD Visualization Comments: [text area] 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

**EUS** Current User: CORI Tech Support Demonstration Only

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

	Colon Endo	Colon EUS
	Incompl Compl Fail	Incompl Compl Fail
	Visualized	Visualized
	Not Sought Yes No	Not Sought Yes No
Anus	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Rectum	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Descending Colon	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sigmoid Colon	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Splenic Flexure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transverse Colon	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hepatic Flexure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ascending Colon	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cecum	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ilium	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Terminal Ilium	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Comments:	<input type="text"/>	<input type="text"/>

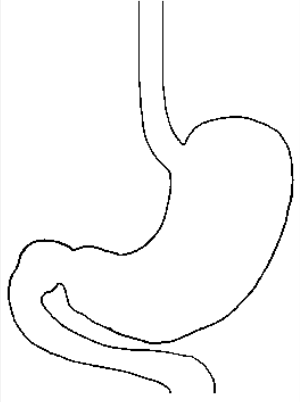
**Colon Visualization Comments:** Expand

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

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

Item for Multiple Selection: Center  Print on Report  Erase



**Findings/Therapy Comments:** Expand

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

**Finding Description**

Anastamosis  
 Anatomical Deformity  
 Angiodysplasia (AVMs)  
 Ascites  
 Barrett's Esophagus  
 Collaterals  
 Detection of  
 Diverticulum  
 Effusion  
 Esophageal Inflammation  
 Extramural Mass  
 Foreign Body / Retained Food  
 Healed Ulcer  
 Hiatal Hernia  
 Image Taken  
 Intervention  
 Intramural Lesion  
 Lymph Node/Adenopathy  
 Mediastinal Mass  
 Mucosal Abnormality  
 Other Finding  
 Polyp  
 Prior Surgery  
 Stricture  
 Therapeutic Procedure  
 Ulcer  
 Varices

Therapy/  
Dx Test-F9




Save - F10

Delete - Esc

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

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



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

### Finding Description

Ascites

Gastric Site:  Duodenal Site:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9



Save - F10



Delete - Esc



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

### Finding Description

Collaterals:

Gastric Site:  Esophageal Site:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9






Save - F10



Delete - Esc



Finding Description	
Detection of	
<input type="checkbox"/> Celiac Axis <input type="checkbox"/> Left Kidney <input type="checkbox"/> Left Adrenal <input type="checkbox"/> Spleen <input type="checkbox"/> Other	Therapy/ Dx Test-F9 
Site: <input type="text"/>	
Detection (Visualization): <input type="text"/>	
Comments: <input type="text"/>	Save - F10 
	Delete - Esc 

Finding Description

Site:

Min Size (mm):  Max Size (mm):

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9  
+

Save - F10  
✓

Delete - Esc  
✗

Finding Description

Effusion

Site:  Type:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9  
+

Save - F10  
✓

Delete - Esc  
×

Finding Description		
<input type="text" value="Esophageal Inflammation"/>		
Susp/Est: <input type="text"/>	Therapy/ Dx Test-F9 +	
Etiology: <input type="text"/>		
Severity: <input type="text"/>		
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"/>	Save - F10 ✓	
ICD9: <input type="text"/> ICD9		
Comments: <input type="text"/>		
		Delete - Esc ✗



### Finding Description

Extramural Mass

Gastric Site:  Duodenal Site:   
Min Size (mm):  Max Size (mm):

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9









Save - F10



Delete - Esc



Finding Description	
Foreign Body / Retained Food	
<input type="checkbox"/> Foreign Body <input type="checkbox"/> Retained food	
Description:	<input type="text"/>
Location:	<input type="text"/>
Treatment Results:	
Removed?	Y <input type="checkbox"/> N <input type="checkbox"/>
ICD9:	<input type="text"/> ICD9
Comments:	<input type="text"/>
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 

Finding 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"/>	Save - F10 
<input type="checkbox"/> Rapid Urease Test Results Pending	
<input type="checkbox"/> Rapid Urease Test Complete	
Results: <input type="text"/>	
ICD9: <input type="text"/> ICD9	Delete - Esc 
Comments: <input type="text"/>	

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

### Finding Description

Intervention:

Lesion:  Esoph Site:

Gastric Site:  Duodenal Site:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

Comments:

Therapy/  
Dx Test-F9  
+

Save - F10  
✓

Delete - Esc  
✗

## Finding Description

Intramural Lesion

Esophageal Site of Lesion:

Gastric Site:  Duodenal Site:

Origin:  Outer Limit:

Min Size (mm):  Max Size (mm):

Attributes:

Attribute	Attribute Value	Organ	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9  
+

Save - F10  
✓

Delete - Esc  
✗

### Finding Description

Lymph Node/Adenopathy

Gastric Site:  Duodenal Site:

Esophageal Site:

# of Nodes:  (mm) from Primary:

Min Size (mm):  Max Size (mm):

Attribute:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9  
+

Save - F10  
✓

Delete - Esc  
✗

Finding Description

Site of Mass:

Min Size (mm):  Max Size (mm):

Attribute:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9




Comments:

Therapy/  
Dx Test-F9  
+




Save - F10  
✓

Delete - Esc  
×



Finding Description	
Foreign Body / Retained Food	
<input type="checkbox"/> Foreign Body <input type="checkbox"/> Retained food	
Description:	<input type="text"/>
Location:	<input type="text"/>
Treatment Results:	
Removed?	Y <input type="checkbox"/> N <input type="checkbox"/>
ICD9:	<input type="text"/> ICD9
Comments:	<input type="text"/>
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 

Finding 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 Results 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 ✗

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

### Finding Description

Intervention

Lesion:  Esoph Site:

Gastric Site:  Duodenal Site:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

Comments:

Therapy/  
Dx Test-F9



Save - F10



Delete - Esc



### Finding Description

Intramural Lesion

Esophageal Site of Lesion:

Gastric Site:  Duodenal Site:

Origin:  Outer Limit:

Min Size (mm):  Max Size (mm):

Attributes:

Attribute	Attribute Value	Organ	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9  
+

Save - F10  
✓

Delete - Esc  
✗

### Finding Description

Lymph Node/Adenopathy

Gastric Site:  Duodenal Site:

Esophageal Site:

# of Nodes:  (mm) from Primary:

Min Size (mm):  Max Size (mm):

Attribute:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9  
+

Save - F10  
✓

Delete - Esc  
✗

### Finding Description

Mediastinal Mass

Site of Mass:

Min Size (mm):

Max Size (mm):

Attribute:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:

Injection Dose:

Pathology Sample to Lab

ICD9:

ICD9

Comments:

Therapy/  
Dx Test-F9






Save - F10



Delete - Esc



Finding Description	
<input type="text" value="Mucosal Abnormality"/>	
Start Location: <input type="text"/>	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 



## Finding Description

Other Finding:

Description:

Gastric Site:  Duodenal Site:

Esophageal Site:

Attribute:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

Comments:

Therapy/  
Dx Test-F9









Save - F10



Delete - Esc



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

Finding Description	
<input type="text" value="Prior Surgery"/>	
Location: <input type="text" value=""/>	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" value=""/> ICD9	Save - F10 
Comments: <input type="text"/>	Delete - Esc 

### Finding Description

Stricture

Duodenal Site:  Esophageal Site:

Min Size (mm):  Max Size (mm):

Proximal Margin (cm):  Distal Margin (cm):

Traversability:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Pathology Sample to Lab

ICD9:  ICD9




Comments:




Therapy/  
Dx Test-F9  
+

Save - F10  
✓

Delete - Esc  
✗

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




Finding 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 




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

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



Therapy 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"/>
<div style="text-align: right;">           Therapy/ Dx Test-F9 +         </div>	
<div style="text-align: right;">           Save - F10 ✓         </div>	
<div style="text-align: right;">           Delete - Esc ✗         </div>	

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

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

### Therapy 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



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

Therapy 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 	

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

Therapy Description	
<input type="text" value="Laser"/>	
Location:	<input type="text"/>
Finding:	<input type="text"/>
Reason for Procedure:	<input type="text"/>
Type of Laser:	<input type="text"/>
Watts:	<input type="text"/>
Joules:	<input type="text"/>
Setting:	<input type="text"/>
Total Seconds:	<input type="text"/>
Total Applications:	<input type="text"/>
Outcome:	<input type="text"/>
Comments:	<input type="text"/>
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	



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

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

### Therapy Description

Stent

Location:

Finding:

Reason for Procedure:


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

- Performed Under Fluoroscopic Guidance
- Injected With Contrast?
- Distal Clips Placed?
- Proximal Clips Placed?


Guidewire Used:




Outcome:

Comments:

Therapy/  
Dx Test-F9  


Save - F10  


Delete - Esc  


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

Finding Description	
<input type="text" value="Ulcer"/>	
Location: <input type="text"/>	
Orient. (o'clock): <input type="text"/>	
Min Size (mm): <input type="text"/> Max Size (mm): <input type="text"/>	
Description: <input type="text"/>	Therapy/ Dx Test-F9 <span style="color: red; font-weight: bold;">+</span>
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	Save - F10 <span style="color: green; font-weight: bold;">✓</span>
Comments: <input style="height: 100px;" type="text"/>	Delete - Esc <span style="color: red; font-weight: bold;">✗</span>

### Finding Description

Varices

Gastric Site:  Esophageal Site:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9



Save - F10



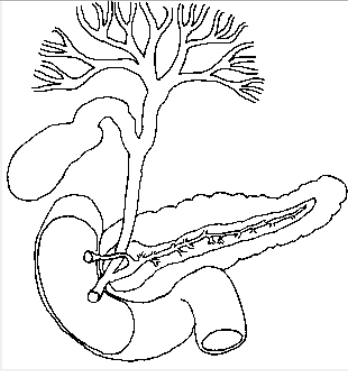
Delete - Esc



**EUS** 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



Pancreaticobiliary 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**

▼

- Ampullary Mass
- Anatomical Deformity
- Annular Pancreas
- Bile Duct Mass
- Choledochocele
- Detection of
- Ductal Changes
- Duodenal Diverticulum/ae
- Extramural Mass
- Image Taken
- Intervention
- Lymph Node/Adenopathy
- Other Finding
- Pancreatic Cyst
- Pancreatic Mass
- Parenchymal Changes
- Prior Surgery
- Sludge
- Stones
- Stricture
- Ventral Anlage
- Wall Thickening

Save - F10  
✓

Delete - Esc  
✗



Findings Description

Ampullary Mass

Site of Mass:

Min Size (mm):  Max Size (mm):

Attributes:

Attribute	Attribute Value	Organ	Comments

Degree of Involvement:

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Save - F10  
✓

---

Delete - Esc  
✗

**Findings Description**

Anatomical Deformity

Location:

Description:

Save - F10  
✓

Delete - Esc  
✗

## Findings Description

Annular Pancreas

Present

Comments:

Save - F10



Delete - Esc



**Findings Description**

Bile Duct Mass

Site of Mass:

Min Size (mm):  Max Size (mm):

Origin:  Outer Limit:

Attributes:

Attribute	Attribute Value	Organ	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Save - F10  
✓

---

Delete - Esc  
✗

### Findings Description

Choledochoceles

Site:

Min Size (mm):

Max Size (mm):

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:

Injection Dose:

Pathology Sample to Lab

ICD9:

 ICD9



Comments:

Save - F10



Delete - Esc



Findings Description	
<input type="text" value="Detection of"/>	
<input type="checkbox"/> Ventral Anlage	
<input type="checkbox"/> Pancreatic Stent	
<input type="checkbox"/> Biliary Stent	
<input type="checkbox"/> Gallbladder	
<input type="checkbox"/> Other	
Pancreatic Site:	<input type="text"/>
Biliary Site:	<input type="text"/>
Detection (Visualization):	<input type="text"/>
Comments:	<input type="text"/>
Save - F10 	
Delete - Esc 	

### Findings Description

Ductal Changes

Panc. Site:  Biliary Site:

Attributes

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Save - F10



Delete - Esc



## Findings Description

Duodenal Diverticulum/ae

Relationship to Ampulla:

ICD9:  ICD9

Comments:

Save - F10



Delete - Esc





### Findings Description

Extramural Mass

Site of Mass:

Min Size (mm):

Max Size (mm):

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:

Injection Dose:

Pathology Sample to Lab

ICD9:

ICD9



Comments:

Save - F10



Delete - Esc



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

### Findings Description

Intervention:

Lesion:

Biliary Site:

Pancreatic Site:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:

Injection Dose:

Pathology Sample to Lab

Comments:

Save - F10



Delete - Esc



### Findings Description

Lymph Node/Adenopathy

Biliary Site:  Pancreatic Site:   
Total # of Nodes:  Start: (mm) from Primary:   
Min Size (mm):  Max Size (mm):

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Save - F10



Delete - Esc



### Findings Description

Other Finding

Description:

Biliary Site:

Pancreatic Site:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:

Injection Dose:

Pathology Sample to Lab

Comments:

Save - F10



Delete - Esc



### Findings Description

Pancreatic Cyst

Site:

Min Size (mm):

Max Size (mm):

Attribute:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:

Injection Dose:

Pathology Sample to Lab

ICD9:

ICD9

Comments:

Save - F10



Delete - Esc



**Findings Description**

Pancreatic Mass

Site of Mass:

Min Size (mm):  Max Size (mm):

Attributes:

Attribute	Attribute Value	Organ	Comments

Degree of Involvement:

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Save - F10  
✓

Delete - Esc  
✗

**Findings Description**

Parenchymal Changes

Site:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Save - F10  
✓

Delete - Esc  
✗



## Findings Description

Prior Surgery

ICD9:  ICD9

Location:

Surgical Procedure:

Cholecystectomy

Cyst Removal

Billroth I

Billroth II

Pancreatic Resection:

Sphincteroplasty:

Biliary

Pancreatic

Anastomosis Present? Y  N

Biopsy taken Path #:

Other:

Comments:

Save - F10



Delete - Esc



Findings Description

Sludge

Site:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Save - F10  
✓

---

Delete - Esc  
✗

**Findings Description**

Stones

Biliary Site:  Pancreatic Site:

Min Size (mm):  Max Size (mm):

Number of Stones:

Attributes:

Attribute	Attribute Value	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Save - F10  
✓

---

Delete - Esc  
✗

Findings Description	
Stricture	
Location:	<input type="text"/>
Site:	<input type="text"/>
Severity:	<input type="text"/>
Traversability:	<input type="text"/>
Etiology:	<input type="text"/>
<input type="checkbox"/> Anastomosis site?	
Lumen Diameter (mm):	<input type="text"/>
Stenosis treated with []:	
Dilation with:	<input type="text"/>
Size (from): <input type="text"/>	Size (to): <input type="text"/>
(mm/F): <input type="text" value="mm"/>	# of Dilators: <input type="text"/>
Other:	<input type="text"/>
Outcome:	<input type="text"/>
<input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
ICD9: <input type="text"/>	<input type="text"/> ICD9
Comments:	<input type="text"/>
Save - F10 ✓	
Delete - Esc ✗	

## Findings Description

Ventral Anlage

- Visualized
- Not Visualized
- Not Sought

Comments:

Save - F10



Delete - Esc



### Findings Description

Wall Thickening

Site:  Origin:   
Min Size (mm):  Max Size (mm):

Attributes:

Attribute	Attribute Value	Comments:

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Save - F10



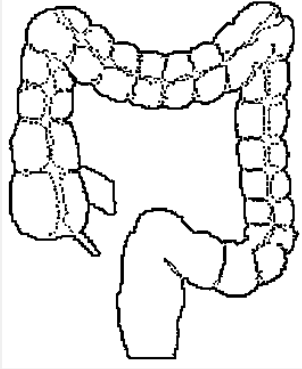
Delete - Esc



**EUS** 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



Findings/Therapy Comments: Expand

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

Finding Description	
<ul style="list-style-type: none"> <li>Abcess</li> <li>Anal Sphincter Defect</li> <li>Anal Sphincter Thickness</li> <li>Anatomical Deformity</li> <li>Angiodysplasia (AVMs)</li> <li>Ascites</li> <li>Colitis</li> <li>Crohn's</li> <li>Detection</li> <li>Diagnostic Test</li> <li>Diverticulosis</li> <li>Extramural Mass</li> <li>Hemorrhoids</li> <li>Image Taken</li> <li>Intervention</li> <li>Intramural Lesion</li> <li>Lymph Node/Adenopathy</li> <li>Melanosis</li> <li>Mucosal Abnormality</li> <li>Normal Exam</li> <li>NOT SEEN ON EXAM</li> <li>Other Finding</li> <li>Perianal Fistula</li> <li>Perirectal Collaterals</li> <li>Polyp</li> <li>Prior Surgery</li> </ul>	<div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;">Therapy/ Dx Test-F9</div> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;">Save - F10 ✓</div> <div style="border: 1px solid gray; padding: 5px;">Delete - Esc ✗</div>



Finding Description		
<input type="text" value="Abcess"/>		
Imaged From: <input type="text"/>	Therapy/ Dx Test-F9 +	
Site: <input type="text"/>		
Max Size (mm): <input type="text"/>		
Margin: <input type="text"/>		
Echo Features #1: <input type="text"/> #2: <input type="text"/>		
Diagnostics: <input type="checkbox"/> Biopsy taken      Path #: <input type="text"/>	Save - F10 ✓	
ICD9: <input type="text"/> ICD9		
Comments: <input type="text"/>		Delete - Esc ✗

Finding Description

Site:

Sphincter Type:  Clock Position:

Attributes:

Attribute	Attribute Value	Comments:

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:   ICD9

Comments:

Therapy/  
Dx Test-F9  
+

---

Save - F10  
✓

---

Delete - Esc  
×

Finding Description

Site:

Sphincter Type:  Thickness (mm):

Attributes:

Attribute	Attribute Value	Comments:

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9




+




Save - F10

✓

Delete - Esc

✗

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

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

**Finding Description**

Ascites

Site:

Attributes:

Attribute	Attribute Value	Comments:

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9  
+

---

Save - F10  
✓




---

Delete - Esc  
×

Finding Description	
Colitis	
Start Location:	<input type="text"/>
(to ) End Location:	<input type="text"/>
Susp/Est:	<input type="text"/>
Activity:	<input type="text"/>
Etiology:	<input type="text"/>
Description:	
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Pouchitis
<input type="checkbox"/> Edematous	<input type="checkbox"/> Pseudo Polyps
<input type="checkbox"/> Friable	<input type="checkbox"/> Radiation Proctitis
<input type="checkbox"/> Granular	<input type="checkbox"/> Ulcerated
Ulcers:	<input type="text"/>
Other Description:	<input type="text"/>
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments:	
<input type="text"/>	
Therapy/ Dx Test-F9 +	
Save - F10 ✓	
Delete - Esc ✗	

Finding Description	
Crohn's	
Start Location:	<input type="text"/>
(to ) End Location:	<input type="text"/>
Susp/Est:	<input type="text"/>
Activity:	<input type="text"/>
Etiology:	Crohn's
Description:	
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Pouchitis
<input type="checkbox"/> Edematous	<input type="checkbox"/> Pseudo Polyps
<input type="checkbox"/> Friable	<input type="checkbox"/> Radiation Proctitis
<input type="checkbox"/> Granular	<input type="checkbox"/> Ulcerated
Ulcers:	<input type="text"/>
Other Description:	<input type="text"/>
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments:	
<input type="text"/>	
Therapy/ Dx Test-F9 +	
Save - F10 ✓	
Delete - Esc ✗	



Finding Description	
Detection	
Site:	<input type="text"/>
<input type="checkbox"/> Prostate Gland	
<input type="checkbox"/> Seminal Vesicles	
<input type="checkbox"/> Urinary Bladder	
<input type="checkbox"/> Uterus	
<input type="checkbox"/> Other	
Detection:	<input type="text"/>
Comments:	
<input type="text"/>	
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 

Finding Description	
<input type="text" value="Diagnostic Test"/>	
Imaged From: <input type="text"/>	Therapy/ Dx Test-F9 +
Site: <input type="text"/>	
Diagnostics: <input type="checkbox"/> FNA Performed <input type="checkbox"/> FNA aspirate sent	Path <input type="text"/>
Aspirate sent for: <input type="text"/>	
Device: <input type="text"/> # of Passes: <input type="text"/>	Save - F10 ✓
Procedure Results: <input type="text"/>	
Complications Occurred? Y <input type="checkbox"/> N <input type="checkbox"/>	Delete - Esc ✗
(If yes, complete complications page)	
<input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	
Biopsy Techniques: #1: <input type="text"/> #2: <input type="text"/>	
<input type="checkbox"/> RUT Results Pending <input type="checkbox"/> RUT Complete Results: <input type="text"/>	
<input type="checkbox"/> Other	
Reason for test: <input type="text"/>	
Comments: <input type="text"/>	

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

### Finding Description

Extramural Mass

Site of Mass:

Min Size (mm):

Max Size (mm):

Attributes:

Attribute	Attribute Values	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:

Injection Dose:

Pathology Sample to Lab

ICD9:

ICD9

Comments:

Therapy/  
Dx Test-F9









Save - F10



Delete - Esc



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

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

### Finding Description

Intervention:

Lesion:  Site:

Attributes:

Attribute	Attribute Value	Comments:

Intervention:

Intervention	Device	Test or Result	Complications

Injection Medication:  Injection Dose:

Pathology Sample to Lab

Comments:

Therapy/  
Dx Test-F9  
+

Save - F10  
✓

Delete - Esc  
✗

**Finding Description**

Intramural Lesion

Site of Lesion:

Origin:  Outer Limit:

Min Size (mm):  Max Size (mm):

Attributes:

Attribute	Attribute Value	Organ	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9  
+

Save - F10  
✓

Delete - Esc  
X



**Finding Description**

Lymph Node/Adenopathy

Site:  (mm) from Primary:

Min Size (mm):  Max Size (mm):

Total # of Nodes:

Attributes:

Attribute	Attribute Values	Comments

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab




ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9  
+




Save - F10  
✓

Delete - Esc  
✗

Finding Description	
<input type="text" value="Melanosis"/>	
Start Location: <input type="text"/>	Therapy/ Dx Test-F9 
(to ) End Location: <input type="text"/>	
Description: <input type="text"/>	
Diagnostics: <input type="checkbox"/> Biopsy taken      Path #: <input type="text"/>	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	
Save - F10 	
Delete - Esc 	

Finding Description	
Mucosal Abnormality	
Start Location:	<input type="text"/>
(to ) End Location:	<input type="text"/>
Susp/Est:	<input type="text"/>
Activity:	<input type="text"/>
Etiology:	<input type="text"/>
Description:	
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Pouchitis
<input type="checkbox"/> Edematous	<input type="checkbox"/> Pseudo Polyps
<input type="checkbox"/> Friable	<input type="checkbox"/> Radiation Proctitis
<input type="checkbox"/> Granular	<input type="checkbox"/> Ulcerated
Ulcers:	<input type="text"/>
Other Description:	<input type="text"/>
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments:	<input type="text"/>
	Therapy/ Dx Test-F9 <b>+</b>
	Save - F10 <b>✓</b>
	Delete - Esc <b>✗</b>

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

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

Finding Description	
Other Finding	
Description: <input type="text"/> Imaged From: <input type="text"/> Site: <input type="text"/> Diagnostics: <input type="checkbox"/> FNA Performed <input type="checkbox"/> FNA aspirant sent for cytology Path #: <input type="text"/> Device: <input type="text"/> # of Passes: <input type="text"/> Procedure Results: <input type="text"/> <input type="checkbox"/> Biopsy taken      Path #: <input type="text"/> Complications Occurred?      Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, complete complications page) <input type="checkbox"/> Brushing done      Path #: <input type="text"/> <input type="checkbox"/> RUT Pending <input type="checkbox"/> RUT Complete RUT Results: <input type="text"/> <input type="checkbox"/> Other Test Comments: <input type="text"/>	Therapy/ Dx Test-F9 +  Save - F10 ✓  Delete - Esc ✕

**Finding Description**

Perianal Fistula

Site:

Attributes:

Attribute	Attribute Value	Comments:

Intervention:

Intervention	Test or Result	Device	Passes

Injection Medication:  Injection Dose:

Pathology Sample to Lab

ICD9:  ICD9

Comments:

Therapy/  
Dx Test-F9  
+




Save - F10  
✓

Delete - Esc  
✗

Finding Description			
Perirectal Collaterals			
Site:		[Dropdown]	
Attributes:			
Attribute	Attribute Value	Comments:	
Intervention:			
Intervention	Test or Result	Device	Passes
Injection Medication: [Text]		Injection Dose: [Text]	
<input type="checkbox"/> Pathology Sample to Lab			
ICD9:		[Dropdown]	ICD9
Comments:			
[Text Area]			
		Therapy/ Dx Test-F9 +	
		Save - F10 ✓	
		Delete - Esc ✗	



Finding Description									
<input type="text" value="Polyp"/>									
Location: <input type="text"/>	Therapy/ Dx Test-F9 +								
M/ <input type="checkbox"/> Diminutive: <input type="text"/>									
Attachment: <input type="text"/> (cm) from Anus: <input type="text"/>									
Procedure: <input type="text"/>	Save - F10 ✓								
<input type="checkbox"/> Removed Piecemeal									
Procedure Results: <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Removed?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Retrieved?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Yes	No	Removed?	<input type="checkbox"/>	<input type="checkbox"/>	Retrieved?	<input type="checkbox"/>
	Yes	No							
Removed?	<input type="checkbox"/>	<input type="checkbox"/>							
Retrieved?	<input type="checkbox"/>	<input type="checkbox"/>							
Diagnostics: <table border="0"> <tr> <td><input type="checkbox"/> Polyp sent to path</td> <td>Path #: <input type="text"/></td> </tr> </table>	<input type="checkbox"/> Polyp sent to path	Path #: <input type="text"/>	Delete - Esc ✗						
<input type="checkbox"/> Polyp sent to path	Path #: <input type="text"/>								
ICD9: <input type="text"/> ICD9									
Comments: <input type="text"/>									

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

EUS Current User: CORI Tech Support Demonstration Only

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

**T-Staging**

Primary Site:	T-Score/Depth of Invasion	Comments

**N-Staging**

Primary Site	N-Score/Nodal Involvement	Comments

**M-Staging**

M1: Distant Metastasis       Mx: Distant Metastasis Cannot Be Assessed  
 M1: Celiac Nodes (Esophageal Cancer)       MO: No Distant Metastasis  
 Other

Staging Comments: Expand

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

EUS 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  
 Tracheal Compression  
 Death       Other  
 O2 Saturation less than 95%  
 O2 Sat (%):

**Gastrointestinal Events**

Bleeding       Peritonitis  
 Perforation       Abd Pain  
 N/V       Other

**Other Events**

Bleeding       Pain  
 Perforation  
 Procedure:   
 Other Procedure  
 Impaction       StentMigra  
 Rash       Drug React

**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

**EUS** 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

**Unplanned Events**

Any complications? Y  N

**Cardiopulmonary Events**

Chest Pain  Arrhythmia

Bradycardia  Tachycardia

Wheezing  Hypotension

Hypertension

Transient Hypoxia

**Gastrointestinal Events**

Bleeding  Peritonitis

Perforation  Abd Pain

N/V  Other

**Other Events**

Bleeding  Pain

Perforation

Procedure:

Other Procedure

Impaction  StentMigra

Rash  Drug React

**Intervention Results**

Successful? Y  N

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

Spontaneous Resolution

Notes:

**Intervention Medications**

Medication	Dosage

O2 Sat (%):

**Interventions and Events Comments:**

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

**EUS** 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

**Unplanned Events**

Any complications? Y  N

**Cardiopulmonary Events**

Chest Pain  Arrhythmia

Bradycardia  Tachycardia

Wheezing  Hypotension

Hypertension

Transient Hypoxia

Delayed Hypoxia

**Gastrointestinal Events**

Bleeding  Peritonitis

Perforation  Abd Pain

N/V  Other

**Other Events**

Bleeding  Pain

Perforation

Procedure:

Other Procedure

Impaction  StentMigra

Rash  Drug React

**Intervention Results**

Successful? Y  N

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

Spontaneous Resolution

Notes:

**Intervention Medications**

Medication	Dosage

O2 Sat (%):

**Code 99/CPR Detail**

Chest Compression

Ventilation

**Interventions and Events Comments:**

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

**EUS** Current User: CORI Tech Support Demonstration Only

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

<b>A: Home</b>	<b>Unplanned Interventions</b> <input type="checkbox"/> No Intervention Required	<b>Unplanned Events</b> Any complications? Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Gastrointestinal Events</b> <input type="checkbox"/> Bleeding <input type="checkbox"/> Peritonitis <input type="checkbox"/> Perforation <input type="checkbox"/> Abd Pain <input type="checkbox"/> N/V <input type="checkbox"/> Other										
<b>B: History</b>	<input type="checkbox"/> Sed. Reversed as Intervention	<b>Cardiopulmonary Events</b> <input type="checkbox"/> Chest Pain <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Bradycardia <input type="checkbox"/> Tachycardia <input type="checkbox"/> Wheezing <input type="checkbox"/> Hypotension	<b>Other Events</b> <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain <input type="checkbox"/> Perforation Procedure: <input type="text"/> <input type="checkbox"/> Celiac plexus neurolysis <input type="checkbox"/> Cyst aspiration <input type="checkbox"/> Diagnostic sampling <input type="checkbox"/> Dilatation <input checked="" type="checkbox"/> Endoscopic mucosal resection <input type="checkbox"/> Fine needle aspiration <input type="checkbox"/> Injection therapy <input type="checkbox"/> Stent placement <input type="checkbox"/> O2 Desaturation reversal <input type="checkbox"/> Spontaneous Resolution Notes: <input type="text"/>										
<b>C: PE / Labs</b>	<input type="checkbox"/> Oxygen <input type="checkbox"/> Transfusion <input type="checkbox"/> HospAdmit <input type="checkbox"/> Sent to ER <input type="checkbox"/> Surgery <input type="checkbox"/> Cautey <input type="checkbox"/> IV Fluids <input type="checkbox"/> Procedure Stopped <input type="checkbox"/> Code 99/CPR <input type="checkbox"/> Other	<input type="checkbox"/> Hypertension <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"/> Tracheal Compression <input type="checkbox"/> Death <input type="checkbox"/> Other <input type="checkbox"/> O2 Saturation less than 95% O2 Sat (%): <input type="text"/>											
<b>D: Proc. Info.</b>	<b>Intervention Medications</b>												
<b>E: *Indications</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Medication</th> <th style="width: 50%;">Dosage</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Medication	Dosage									
Medication	Dosage												
<b>F: Exam Info</b>	<b>Interventions and Events Comments:</b> <span style="float: right;">Expand</span>												

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

**EUS** Current User: CORI Tech Support Demonstration Only

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

<b>A: Home</b>	<b>Upper GI</b> <input type="checkbox"/> Incomplete Exam <input type="checkbox"/> Abnormal Findings <input type="checkbox"/> Normal	<b>Colon</b> <input type="checkbox"/> Incomplete Exam <input type="checkbox"/> Abnormal Findings <input type="checkbox"/> Normal																									
<b>B: History</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Diagnosis</th> <th>Qualifier</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> </tbody> </table>	Diagnosis	Qualifier	Comments										<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Diagnosis</th> <th>Qualifier</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> </tbody> </table>	Diagnosis	Qualifier	Comments										
Diagnosis	Qualifier	Comments																									
Diagnosis	Qualifier	Comments																									
<b>C: PE / Labs</b>	<b>Biliary/Pancreatic</b> <input type="checkbox"/> Incomplete Exam <input type="checkbox"/> Abnormal Findings <input type="checkbox"/> Normal	<b>Diagnoses</b>																									
<b>D: Proc. Info.</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Diagnosis</th> <th>Qualifier</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> </tbody> </table>	Diagnosis	Qualifier	Comments										<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <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> </tbody> </table>	Category	ICD-9 Codes	Comments										
Diagnosis	Qualifier	Comments																									
Category	ICD-9 Codes	Comments																									
<b>E: *Indications</b>	<b>Diagnosis Comments:</b> <span style="float: right;">Expand</span>																										

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

**EUS** 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	
<input type="checkbox"/> When to Call	<input type="checkbox"/> What to Expect	Standard Instructions For:	
<input type="checkbox"/> Sedation	<input type="checkbox"/> Activity Levels	<input type="checkbox"/> Aneurysm	<input type="checkbox"/> Achalasia
<input type="checkbox"/> Hm. Hemoccult Test	# of Cards: [ ]	<input type="checkbox"/> Adenopathy	<input type="checkbox"/> Stone
NPO for: [ ]	Liquids: [ ]	<input type="checkbox"/> Effusion	<input type="checkbox"/> Normal Exam
Resume Prior Diet: [ ]		<input type="checkbox"/> Other Finding	
No Alcohol: [ ]		Special Instructions:	
Hold ASA/NSAIDS: [ ]		[ ]	
Restart Medications: [ ]		[ ]	

Medication Plan						
<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					

Med Type	Med	Dose	sig	Start Date	Duration	DC'd

Treatment Plan Comments: [ ] Expand

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Disposition	
After Procedure Patient Sent:	[ ]
After Recovery Patient Sent:	[ ]

Scheduling and Referral				
<input type="checkbox"/> Await Pathology to schedule patient				
<input type="checkbox"/> Follow-up prn				
Activity	To Whom	Comments	when	Date

Scheduling Comments: [ ] Expand

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**Pathology**

Biopsy Description	Results	Modifier	Comments

**Pathology Report**

Correspondence - Results	Correspondence - Follow-Ups	Follow-Up Results												
<input type="checkbox"/> Normal <input type="checkbox"/> H. pylori <input type="checkbox"/> Barrett's <input type="checkbox"/> Ulcer <input type="checkbox"/> Polyps <input type="checkbox"/> Colitis <input type="checkbox"/> Notes:	<input type="checkbox"/> No further <input type="checkbox"/> PMD <input type="checkbox"/> Nurse Will Call <input type="checkbox"/> Notes:	<table border="1"> <thead> <tr> <th>Action</th> <th>Note</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Action	Note										
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Post Exam Comments: Expand

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

**Post Exam Patient Information**

Encounter Type:   
 Information From:   
 Any problems with where IV was inserted? Y  N   
 Did pt understand the dischg instructions? Y  N   
 Did pt have questions regarding follow-up? Y  N   
 Did pt take post exam Rxs as prescribed? Y  N   
 If not, explain:   
 Complete Post Exam Events section if necessary

**Patient Satisfaction**

How does pt feel post exam?:   
 Did pt feel prepared for procedure? Y  N   
 Was the pt groggy after procedure? Y  N   
 If yes, how many hours?:   
 Any complaints about Procedure? Y  N   
 If yes, what?:   
 Any suggestions for improvement? Y  N   
 if yes, what?:

**Post Exam Events**

Event Type	Event	Date Occurred	Intervention	Comments

Follow-up Information and Events Comments: Expand

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

Post Exam Patient Information		Patient Satisfaction	
Encounter Type:	<input type="text"/>	How does pt feel post exam?:	<input type="text"/>
Information From:	<input type="checkbox"/> Chart Review <input type="checkbox"/> Clinic visit <input type="checkbox"/> Letter <input type="checkbox"/> Telephone call	Did pt feel prepared for procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Any problems with where IV was placed?	<input type="text"/>	Was the pt groggy after procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did pt understand the discharge instructions?	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, how many hours?:	<input type="text"/>
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"/>
Did pt take post exam Rxs as prescribed?	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, what?:	<input type="text"/>
If not, explain:	<input type="text"/>	Any suggestions for improvement?	Y <input type="checkbox"/> N <input type="checkbox"/>
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

**R: F/up Info/Events**

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**EUS** Current User: CORI Tech Support Demonstration Only

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

Post Exam Patient Information		Patient Satisfaction	
Encounter Type:	<input type="text"/>	How does pt feel post exam?:	<input type="text"/>
Information From:	<input type="text"/>	Did pt feel prepared for procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Any problems with where IV was placed?	<input type="checkbox"/> family <input type="checkbox"/> guardian <input type="checkbox"/> patient	Was the pt groggy after procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did pt understand the discharge instructions?	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, how many hours?:	<input type="text"/>
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"/>
Did pt take post exam Rxs as prescribed?	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, what?:	<input type="text"/>
If not, explain:	<input type="text"/>	Any suggestions for improvement?	Y <input type="checkbox"/> N <input type="checkbox"/>
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

**R: F/up Info/Events**

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	Post Exam Patient Information	Patient Satisfaction																																													
A: Home	Encounter Type: <input type="text"/>	How does pt feel post exam?: <input type="text"/>																																													
B: History	Information From: <input type="text"/>	Did pt feel prepared for procedure? <input type="text"/>																																													
C: PE / Labs	Any problems with where IV was inserted? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the pt groggy after procedure? <input type="text"/>																																													
D: Proc. Info.	Did pt understand the dischg instructions? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many hours?: <input type="text"/>																																													
E: *Indications	Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N	Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N																																													
F: Exam Info	Did pt take post exam Rxs as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what?: <input type="text"/>																																													
G: EGD Visual	If not, explain: <input type="text"/>	Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N																																													
H: Colon Visual	Complete Post Exam Events section if necessary	if yes, what?: <input type="text"/>																																													
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