

## 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

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Indications Comments: Expand

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<b>K: Colon Findings</b>	Type of Visit:	<input type="text"/>		
<b>L: Staging</b>	Name of Study:	final follow-up initial screening		
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**Assessment**

Preoperative  Postoperative  
 Other

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Botox  CP Neurolysis  
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**Diagnostic Sampling**

FNA  Needle Biopsy  
 Forceps Biopsy  Brush Cytology  
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 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

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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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**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>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"/> <input type="checkbox"/> Images Were Taken <input type="checkbox"/> Video Taping Start: <input type="text"/> End: <input type="text"/> Tape #: <input type="text"/> Notes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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> <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#																				
	Medication	Dosage	Route																																																							
Instrument	Serial#																																																									
<b>Patient Information</b> ASA Class: <input type="text"/> Patient Tolerance: <input type="text"/>	<b>EUS Scopes</b> <table border="1"> <thead> <tr> <th>EUS</th> <th>Freq 1</th> <th>Freq 2</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	EUS	Freq 1	Freq 2																																																						
EUS	Freq 1	Freq 2																																																								
Exam Information Comments: <input type="text"/>		Expand																																																								

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

**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

**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

	Colon Endo	Colon EUS
	Incompl Compl Fail	Incompl Compl Fail
	Visualized	Visualized
	Not Sought Yes No	Not Sought Yes No
Visualization	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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"/>

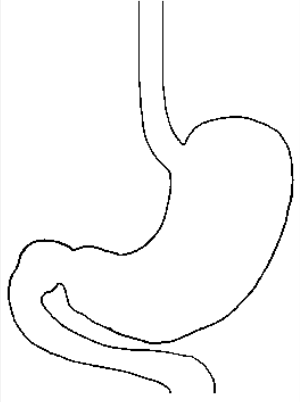
**Colon Visualization Comments:** Expand

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

**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**

- Anastomosis
- 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="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"/>	ICD9 <input type="text"/>
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			
Diverticulum			
Site:	[Dropdown]		
Min Size (mm):	[Spinner]	Max Size (mm):	[Spinner]
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**

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"/>	Save - F10 ✓
Diagnostics: <input type="checkbox"/> Brushing done Path #: <input type="text"/> <input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	Delete - Esc ✗
<input type="text"/>	



### 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	
<input type="text" value="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

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="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="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 Anastamosis 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	
<input type="text" value="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"/>
<div style="border: 1px solid gray; height: 100px;"></div>	
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		
<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"/>		

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 
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 
Comments: <input type="text"/>	
	Delete - Esc 

### 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

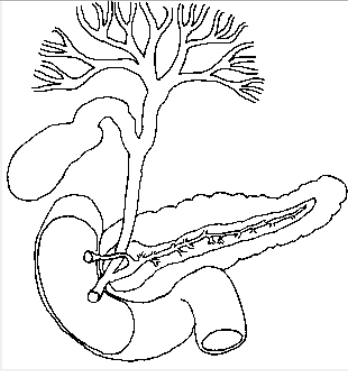


**EUS** Current User: CORI Tech Support Demonstration Only

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

Item for Multiple Selection:  Center  Print on Report  Erase

- A: Home
- B: History
- C: PE / Labs
- D: Proc. Info.
- E: \*Indications
- F: Exam Info
- G: EGD Visual
- H: Colon Visual
- I: EGD Findings
- J: Bil/Pan Findings
- K: Colon Findings
- L: Staging
- M: Intervent/Events
- N: Assess/Diag
- O: Treatment Plan
- P: Scheduling



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		
<input type="text" value="Anatomical Deformity"/>		
Location:	<input type="text"/>	
Description:	<input type="text"/>	
		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

Choledochocoele

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

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

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

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:	<input type="text"/>	Pancreatic Site:	<input type="text"/>
Min Size (mm):	<input type="text"/>	Max Size (mm):	<input type="text"/>
Number of Stones:	<input type="text"/>		
Attributes:			
Attribute	Attribute Value	Comments	
Intervention:			
Intervention	Test or Result	Device	Passes
Injection Medication:	<input type="text"/>	Injection Dose:	<input type="text"/>
<input type="checkbox"/> Pathology Sample to Lab			
ICD9:	<input type="text"/>	ICD9	<input type="text"/>
Comments:	<input type="text"/>		
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"/> 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



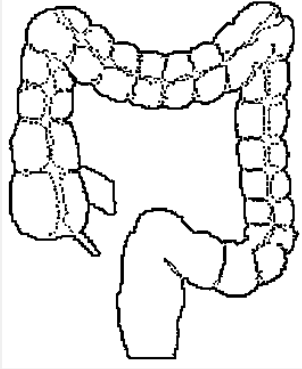
Delete - Esc



**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  <span style="color: green; font-size: 1.2em;">✓</span> </div> <div style="border: 1px solid gray; padding: 5px;">           Delete - Esc  <span style="color: red; font-size: 1.2em;">✗</span> </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"/>		
ICD9: <input type="text"/> ICD9		
Comments: <input type="text"/>		Save - F10 ✓
		Delete - Esc ✗

**Finding Description**

Anal Sphincter Defect

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	
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	Save - F10 
Path <input type="text"/>	
Aspirate sent for: <input type="text"/>	Delete - Esc 
Device: <input type="text"/> # of Passes: <input type="text"/>	
Procedure Results: <input type="text"/>	
Complications Occurred? Y <input type="checkbox"/> N <input type="checkbox"/>	
(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"/>	
Start Location: <input type="text"/>	
(to ) End Location: <input type="text"/>	
Not Seen: <input type="checkbox"/> Polyps <input type="checkbox"/> Colitis <input type="checkbox"/> Melanosis <input type="checkbox"/> Diverticulosis <input type="checkbox"/> Other <input type="checkbox"/> AVMs <input type="checkbox"/> Tumors <input type="checkbox"/> Crohn's <input type="checkbox"/> Hemorrhoids	Therapy/ Dx Test-F9 
Diagnostics: Path #: <input type="text"/>	Save - F10 
Comments: <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										
<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"/>	Save - F10 									
Procedure: <input type="text"/>										
<input type="checkbox"/> Removed Piecemeal										
Procedure Results:	Delete - Esc 									
<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"/>	<input type="checkbox"/>
		Yes	No							
Removed?	<input type="checkbox"/>	<input type="checkbox"/>								
Retrieved?	<input type="checkbox"/>	<input type="checkbox"/>								
Diagnostics:										
<input type="checkbox"/> Polyp sent to path      Path #: <input type="text"/>										
ICD9: <input type="text"/> ICD9										
Comments: <input type="text"/>										

Finding Description	
<input type="text" value="Prior Surgery"/>	
Location: <input type="text"/>	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

Bact  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:**  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

Bact  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:**  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  Cautey

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:

Celiac plexus neurolysis

Cyst aspiration

Diagnostic sampling

Dilatation

Endoscopic mucosal resection

Fine needle aspiration

Injection therapy

Stent placement

O2 Desaturation reversal

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

**Upper GI**

Incomplete Exam

Abnormal Findings

Normal

Diagnosis	Qualifier	Comments

**Colon**

Incomplete Exam

Abnormal Findings

Normal

Diagnosis	Qualifier	Comments

**Biliary/Pancreatic**

Incomplete Exam

Abnormal Findings

Normal

Diagnosis	Qualifier	Comments

**Diagnoses**

Category	ICD-9 Codes	Comments

Diagnosis Comments:  Expand

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

**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**

When to Call  What to Expect  
 Sedation  Activity Levels  
 Hm. Hemocult Test # of Cards: [ ]  
 NPO for: [ ] Liquids: [ ]

Resume Prior Diet: [ ]  
 No Alcohol: [ ]  
 Hold ASA/NSAIDS: [ ]  
 Restart Medications: [ ]

**Findings Related Recommendations**

Standard Instructions For:  
 Aneurysm  Achalasia  
 Adenopathy  Stone  
 Effusion  Normal Exam  
 Other Finding

Special Instructions: [ ]

**Medication Plan**

Await Pathology  DC Current Medications  No Meds Required  
 Medications per referring provider  Continue current medications

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

**EUS** 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: [ ]

**Scheduling and Referral**

Await Pathology to schedule patient  
 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

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

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

**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										
Action	Note													

Post Exam Comments: Expand

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

**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**

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 Rx 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

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 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**

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 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**

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 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"/>																																								
I: EGD Findings	<b>Post Exam Events</b>																																									
J: Bil/Pan Findings	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 25%;">Event Type</th> <th style="width: 25%;">Event</th> <th style="width: 15%;">Date Occurred</th> <th style="width: 15%;">Intervention</th> <th style="width: 20%;">Comments</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> </tbody> </table>		Event Type	Event	Date Occurred	Intervention	Comments																																			
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F1 Help
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F4 Study
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F8 Patient
F9 Staff
F10 Utilities
F11 Path Rpt
F12 Pathways