

Screenshots for Documentation of Flexible Sigmoidoscopy Procedures in CORI3

FLEX SIG
Current User: CORI Tech Support
Demonstration Only

A: Home

B: History

C: PE / Labs

D: Proc. Info.

E: *Indications

E: Exam Info

G: Findings/Therapy

H: Intervent/Events

I: Assess/Diag

J: Treatment Plan

K: Scheduling

Patient: Patient, Fake Prior exams New
Date: 01/01/2000 Time: 03:03 PM

Current Medications

ASA/NSAID COX-2 Insulin

Anticoagulant (AC) AC Plan:

Antibiotic Prophylaxis

Type	Med	Dose	sig	Start	End

Allergies

No known allergies

Allergic to:

Patient Habits

Patient Smokes? Y N

Cigarettes

Cigars

Pipe

/ Day:

Drinking Status: binge drinker

Drinks / Day:

Comments:

Past Medical / Surgical History

History must be within 30 days or updated today

No Co-Morbidities

System	Disease / Disorder	Comments

History Comments: Expand

? F1
Help

📅 F2
Schedule

💡 F3
New

🔍 F4
Study

📄 F5
Exam

📑 F6
Reports

🔒 F7
Lock

👤 F8
Patient

🚑 F9
Staff

🔧 F10
Utilities

📄 F11
Path Rpt

📌 F12
Pathways

FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

Current Medications

 ASA/NSAID COX-2 Insulin
 Anticoagulant (AC) AC Plan:
 Antibiotic Prophylaxis

Allergies

 No known allergies
 Allergic to:

Type	Med	Dose	Start	End
	Continue Coumadin			
	Heparin			
	LMWH			
	Stop Coumadin, measure PT			
	Stop Coumadin, no blood work			

Past Medical / Surgical History

 History must be within 30 days or updated today
 No Co-Morbidities

Patient Habits

 Patient Smokes? Y N F
 Cigarettes
 Cigars
 Pipe
 # / Day:
 Drinking Status:
 Drinks / Day:
 Comments:

System	Disease / Disorder	Comments

History Comments: Expand

F1 Help
F2 Schedule
F3 New
F4 Study
F5 Exam
F6 Reports
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Current Medications

 ASA/NSAID COX-2 Insulin
 Anticoagulant (AC) AC Plan:
 Antibiotic Prophylaxis

Allergies

 No known allergies
 Allergic to:

Type	Med	Dose	sig	Start	End

Past Medical / Surgical History

 History must be within 30 days or updated today
 No Co-Morbidities

Patient Habits

 Patient Smokes? Y N F
 Cigarettes
 Cigars
 Pipe
 # / Day:
 Drinking Status:
 Drinks / Day:
 Comments:

System	Disease / Disorder	Comments

History Comments: Expand

F1 Help
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FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

A. Home	Results of Prior Studies					Pre-Op Physical	
	B. History	Exam	Date	Results	Description	Date of Exam	/ /
C. PE / Labs						Ht (In): <input type="text" value="12"/>	Wt (lbs): <input type="text" value=""/>
D. Proc. Info.						Pulse: <input type="text" value="12"/>	BP: <input type="text" value=""/>
E: *Indications						<input type="checkbox"/> Entire PE WNL	
E: Exam Info						WNL Abn	
G: Findings/Therapy						Cardio-Pulm Exam	<input type="checkbox"/> <input type="checkbox"/>
H: Intervent/Events						Rectal Exam	<input type="checkbox"/> <input type="checkbox"/>
I: Assess/Diag						HEENT Exam	<input type="checkbox"/> <input type="checkbox"/>
J: Treatment Plan						Abdominal Exam	<input type="checkbox"/> <input type="checkbox"/>
K: Scheduling						Extremity Exam	<input type="checkbox"/> <input type="checkbox"/>
						Neuro Exam	<input type="checkbox"/> <input type="checkbox"/>
						Abn Findings:	<input type="text"/>
PE / Labs Comments:						Expand	

F1 Help
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FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

A. Home	Procedures Performed	Exam Personnel	Patient Consent																		
	D. Proc. Info.	<input type="checkbox"/> Flexible Proctosigmoidoscopy <input type="checkbox"/> Cancer Screening Proctosigmoidoscopy <input type="checkbox"/> Anoscopy <input type="checkbox"/> Other	<input type="checkbox"/> Attending Present <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Title</th> <th style="width: 45%;">Name</th> <th style="width: 40%;">LoS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Title	Name	LoS															
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G: Findings/Therapy		Location: <input type="text"/>																			
H: Intervent/Events		InPT/OutPT?: <input type="text"/>																			
I: Assess/Diag		InPT Room#: <input type="text"/>																			
J: Treatment Plan																					
K: Scheduling																					
Procedure Information Comments:			Expand																		

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Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

Procedures Performed

- Flexible Proctosigmoidoscopy
- Cancer Screening Proctosigmoidoscopy
- Anoscopy
- 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

Flexible Proctosigmoidoscopy Detail

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

Close

Procedure Information Comments: Expand

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

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Procedures Performed

- Flexible Proctosigmoidoscopy
- Cancer Screening Proctosigmoidoscopy
- Anoscopy
- 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

Anoscopy Detail

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

Close

Procedure Information Comments: Expand

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Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

Procedures Performed

- Flexible Proctosigmoidoscopy
- Cancer Screening Proctosigmoidoscopy
- Anoscopy
- Other

Exam Personnel

Title	Name	LoS

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contained by: family guardian patient Not Allowed

Exam Location

Location:

InPT/OutPT?:

InPT Room#:

Procedure Information Comments: Expand

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Procedures Performed

- Flexible Proctosigmoidoscopy
- Cancer Screening Proctosigmoidoscopy
- Anoscopy
- Other

Exam Personnel

Title	Name	LoS

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contained by: GIA Not Allowed physician RN

Exam Location

Location:

InPT/OutPT?:

InPT Room#:

Procedure Information Comments: Expand

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	<p>Therapeutic Intervention</p> ... as indication for this exam	<p>Research Study</p> Type of Visit: <input type="text"/> Study Name: <input type="text"/>	<p>Average Risk Screening</p> <input type="checkbox"/> Routine <input type="checkbox"/> Other												
	<p>Indications Comments: <input type="text"/></p>			<p>Expand</p>											

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

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Anemia Detail

 Low Ferritin
 Low Iron Saturation
 Pernicious
 RBC Size:

Close

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Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

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

Pos. FOBT Detail

Home Screening
 Digital Rectal Exam

Close

Indications Comments: Expand

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Constipation Detail

of Stools per Week: []

Infrequent Stools
 Small Caliper Stools
 Difficult Evacuation/Straining
 Last Stool [/ /]
 Other

Close

Indications Comments: Expand

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Diarrhea Detail

Frequent Stools

Stools/24 hrs.:

of Stools During Sleep:

Liquid Stools
 Seepage/Staining of Underwear
 Soft Stools
 Other

Indications Comments: Expand

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Adenomatous Polyp(s) Detail

Is this an Initial Surveillance Exam? Y N

Date of Index Polypectomy

Year:

Month:

of Polyps at Index Exam:

Size of Largest Polyp:

Location of Prior Polyp:

Pathology of Worst Polyp:

Prior Surgery? Y N

List Years Below

Exam 1 Year:

Exam 1

Exam 2 Year:

Exam 2

Exam 3 Year:

Exam 3

Exam 4 Year:

Exam 4

Indications Comments: Expand

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

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Patient: Patient, Fake Date: 01/01/2000 Time: 03:03 PM

Colorectal Cancer Detail

Cancer Stage - T Score: [Dropdown]
 Cancer Stage - N Score: [Dropdown]
 Cancer Stage - M Score: [Dropdown]
 Prior Cancer Staging? Y N
 Is this an Initial Surveillance Exam? Y N
 Date of Index Tumor Removal
 Year: [Dropdown] Month: [Dropdown]
 # Tumors at Index Exam: [Dropdown]
 Size of Largest Tumor: [Dropdown]
 Location of Prior Tumor: [Dropdown]
 Path of Worst Tumor: [Dropdown]
 Patient Had Previous Surveillance Exams:
 Previous surveillance exam(s): [],
 Year: [Dropdown]
 [],
 Year: [Dropdown]
 [],
 Year: [Dropdown]
 [],
 Year: [Dropdown]

Surveillance of
 Adenomatous Polyp(s)
 Colorectal Cancer
 Ulcerative Colitis
 Crohn's
 Other
 Last Exam: Mo: [Dropdown] Year: [Dropdown]

Increased Risk Screening
 Personal Hx of: [Dropdown]
 Fm Hx Polyps
 Other

Average Risk Screening
 Routine
 Other

Expand

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Evaluation Of
 Anemia Pos. FOBT
 Iron Deficiency without Anemia
 Established Crohn's Disease
 Established Ulcerative Colitis
 Polyps seen on:
 Flex Sig BaEnema
 Graft vs Host Disease
 Other

Symptoms
 Constipation Diarrhea
 Hematochezia
 Weight Loss
 Melena (unknown source)
 Abd Pain / Bloating
 Change in Bowel Habits
 GI Sx in Immune-Comp Host
 Other

Surveillance of
 Adenomatous Polyp(s)
 Colorectal Cancer
 Ulcerative Colitis
 Crohn's
 Other
 Last Exam: Mo: [Dropdown] Year: [Dropdown]

Evaluation of Suspected
 Inflammatory Bowel Disease
 Infect. Colitis Other

Abnormal Exams, Studies, Xrays

Study	Exam	Results

Therapeutic Intervention
 ... as indication for this exam

Research Study
 Type of Visit: [Dropdown]
 Study Name: [Text]

Increased Risk Screening
 Personal Hx of: [Dropdown]
 Fm Hx Polyps
 Other
 breast cancer
 cervical cancer
 liver cancer
 ovarian cancer
 prostate cancer
 vaginal cancer

Average Risk Screening
 Routine
 Other

Indications Comments: [Text]

Expand

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

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B. History	Evaluation	Research Study	Increased Risk Screening
C. PE / Labs	<input type="checkbox"/> Inflammatory B <input type="checkbox"/> Infect. Colitis	Type of Visit: Study Name:	Personal Hx of: <input checked="" type="checkbox"/> Fm Hx Polyps <input type="checkbox"/> Other
D. Proc. Info.	Therapeutic Intervention	Average Risk Screening	
E. *Indications	... as indication for this exam	<input type="checkbox"/> Routine <input type="checkbox"/> Other	
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I: Assess/Diag			
J: Treatment Plan			
K: Scheduling			

Indications Comments: Expand

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Fm Hx Polyps Detail

Parent Grandparent
 Sibling Child
 Other

Close

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D. Proc. Info.	Therapeutic Intervention	Research Study	Average Risk Screening												
E. *Indications	... as indication for this exam	Type of Visit: Study Name:	<input type="checkbox"/> Routine <input type="checkbox"/> Other												
E: Exam Info		final follow-up initial screening													
G. Findings/Therapy															
H: Intervent/Events															
I: Assess/Diag															
J: Treatment Plan															
K: Scheduling															

Indications Comments: Expand

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

FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

<p>A. Home</p> <p>B. History</p> <p>C. PE / Labs</p> <p>D. Proc. Info.</p> <p>E. *Indications</p> <p>E. Exam Info</p> <p>G. Findings/Therapy</p> <p>H. Intervent/Events</p> <p>I. Assess/Diag</p> <p>J. Treatment Plan</p> <p>K. Scheduling</p>	<p>Exam Information</p> <p>*Extent Visualized: []</p> <p>*Reached (cm): []</p> <p>Incomplete Due to: []</p> <p>Other Reason Incomplete: []</p> <p>PT Position: []</p> <p>Duration (mins): []</p> <p>Colon Retroflexion <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Image Taken <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>ASA Class: []</p> <p>Patient Tolerance: []</p>	<p>Monitoring</p> <p>Pulse/BP Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Oximetry <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><input type="checkbox"/> Supplemental O2</p>	<p>Sedation Medications Used</p> <p>Appropriate for: []</p> <p>Managed By: []</p> <p><input type="checkbox"/> General Anesthesia</p> <p><input type="checkbox"/> Residual sedation present</p> <p><input type="checkbox"/> No sedation given</p> <p>Patient Intubated? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Colon Prep</p> <p>Prep Used: []</p> <p>Prep Results: []</p> <p>Prep Dose Used: []</p> <p>Over # Hours: []</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Medication</th> <th>Dosage</th> <th>Route</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage	Route																														
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Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

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Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

Exam Information	Monitoring	Sedation Medications Used
*Extent Visualized:	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for:
*Reached (cm):	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By:
Incomplete Due to:	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia
Other Reason:		<input type="checkbox"/> Residual sedation present
PT Position:		<input type="checkbox"/> No sedation given
Duration (min):		Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>
Colon Retroflex:		
Image Taken:		
ASA Class:		
Patient Tolerance:		
Exam Information Comments: Expand		

Colon Prep

Prep Used: Prep Results: Prep Dose Used: Over # Hours:

Fluoroscopy

Fluoroscopy Used? Y N
 Fluoro Time/Mins: Fluoro Notes:

Instrument(s) Used

Instrument	Serial#

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Incomplete Due to: [dropdown]	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> General Anesthesia
Other Reason Incomplete: [text]		<input type="checkbox"/> Residual sedation present
PT Position: [dropdown]		<input type="checkbox"/> No sedation given
Duration (mins): [dropdown]		Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>
Colon Retroflexion: 10	Colon Prep	Medication Dosage Route
Image Taken: 100	Prep Used: [dropdown]	
ASA Class: 110	Prep Results: [dropdown]	
Patient Tolerance: 120	Prep Dose Used: [text]	
15	Over # Hours: [dropdown]	
20		
25	Fluoroscopy	
30	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	Instrument(s) Used
35	Fluoro Time/Mins: [dropdown]	Instrument Serial#
40	Fluoro Notes: [text]	
45		
5		

Exam Information Comments: [text] Expand

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Image Taken: Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Used: [dropdown]	
ASA Class: [dropdown]	Prep Results: [dropdown]	
Patient Tolerance: [dropdown]	Prep Dose Used: [text]	
I - Normally healthy patient.	Over # Hours: [dropdown]	
II - Mild systemic disease (hypertension, mild diabetes...).		
III - Severe systemic disease	Fluoroscopy	
IV - Severe systemic disease which is a constant threat to the patient's life.	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	Instrument(s) Used
V - Moribund patient who has little chance of survival.	Fluoro Time/Mins: [dropdown]	Instrument Serial#
	Fluoro Notes: [text]	

Exam Information Comments: [text] Expand

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excellent fair fair, adequate exam fair, exam compromised good poor	Over # Hours: [dropdown]	
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Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Used: [dropdown]	
ASA Class: [dropdown]	Prep Results: [dropdown]	
Patient Tolerance: [dropdown]	Prep Dose Used: [text]	
	Over # Hours: [dropdown]	
	B Prep Kit Fleets enema Fleets Prep Kit Golytely Mag Citrate none Phospho Soda Visicol	
	Fluoroscopy	Instrument(s) Used
	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	Instrument Serial#
	Fluoro Time/Mins: [dropdown]	
	Fluoro Notes: [text]	
Exam Information Comments: [text]		Expand

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Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Results: [dropdown]	
ASA Class: [dropdown]	Prep Do [dropdown]	
Patient Tolerance: [dropdown]	Over # [dropdown]	
	Fluoroscopy	
	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>	Instrument(s) Used
	Fluoro Time/Mins: [dropdown]	Instrument Serial#
	Fluoro Notes: [text]	
Exam Information Comments: [text]		Expand

Excellent: No more than small bits of adherent fecal matter
 Good: Small amounts of feces or fluid not interfering with exam
 Fair, adequate: Enough feces or fluid to prevent a complete exam
 Poor: Large amounts of fecal residue, additional cleansing required

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*Reached (cm): [dropdown]	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> anxiolytic sedation <input type="checkbox"/> deep sedation <input type="checkbox"/> general anesthesia <input type="checkbox"/> moderate (conscious) sedation <input type="checkbox"/> Naso-laryngeal Insufflation <input type="checkbox"/> no sedation
Incomplete Due to: [dropdown]	<input type="checkbox"/> Supplemental O2	Medication Dosage Route
Other Reason Incomplete: [text]		
PT Position: [dropdown]		
Duration (mins): [dropdown]	Colon Prep	
Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Used: [dropdown]	
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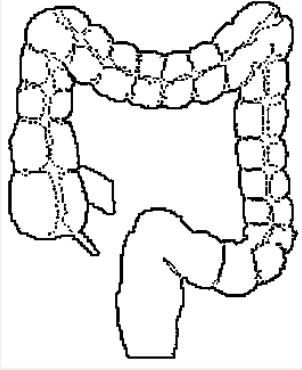
<p>A: Home</p> <p>B: History</p> <p>C: PE / Labs</p> <p>D: Proc. Info.</p> <p>E: *Indications</p> <p>E: Exam Info</p> <p>G: Findings/Therapy</p> <p>H: Intervent/Events</p> <p>I: Assess/Diag</p> <p>J: Treatment Plan</p> <p>K: Scheduling</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; background-color: #e0f0e0;"> <p>Exam Information</p> <p>*Extent Visualized: ▼</p> <p>*Reached (cm): ▲▼</p> <p>Incomplete Due to: ▼</p> <p>Other Reason Incomplete:</p> <p>PT Position: ▼</p> <p>Duration (mins): ▼</p> <p>Colon Retroflexion <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Image Taken <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>ASA Class: ▼</p> <p>Patient Tolerance: ▼</p> </td> <td style="width: 50%; background-color: #e0f0e0;"> <p>Monitoring</p> <p>Pulse/BP Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Oximetry <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><input type="checkbox"/> Supplemental O2</p> </td> </tr> <tr> <td style="background-color: #e0f0e0;"> <p>Colon Prep</p> <p>Prep Used: ▼</p> <p>Prep Results: ▼</p> <p>Prep Dose Used: ▼</p> <p>Over # Hours: ▲▼</p> </td> <td style="background-color: #e0f0e0;"> <p>Fluoroscopy</p> <p>Fluoroscopy Used? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Fluoro Time/Mins: ▲▼</p> <p>Fluoro Notes: ▼</p> </td> </tr> </table>	<p>Exam Information</p> <p>*Extent Visualized: ▼</p> <p>*Reached (cm): ▲▼</p> <p>Incomplete Due to: ▼</p> <p>Other Reason Incomplete:</p> <p>PT Position: ▼</p> <p>Duration (mins): ▼</p> <p>Colon Retroflexion <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Image Taken <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>ASA Class: ▼</p> <p>Patient Tolerance: ▼</p>	<p>Monitoring</p> <p>Pulse/BP Monitoring <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Oximetry <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p><input type="checkbox"/> Supplemental O2</p>	<p>Colon Prep</p> <p>Prep Used: ▼</p> <p>Prep Results: ▼</p> <p>Prep Dose Used: ▼</p> <p>Over # Hours: ▲▼</p>	<p>Fluoroscopy</p> <p>Fluoroscopy Used? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Fluoro Time/Mins: ▲▼</p> <p>Fluoro Notes: ▼</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e0f0e0;"> <p>Sedation Medications Used</p> <p>Appropriate for: ▼</p> <p>Managed By: ▼</p> <ul style="list-style-type: none"> <input type="checkbox"/> General Anesthesiologist <input type="checkbox"/> Endoscopist <input type="checkbox"/> Residual s ICU Staff <input type="checkbox"/> No sedatio Nurse Anesthetist Patient Intuba Nurse Practitioner Medicatio Physician Assistant </td> <td style="background-color: #e0f0e0;"> <p>Instrument(s) Used</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Instrument</th> <th style="width: 30%;">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> </td> </tr> </table>	<p>Sedation Medications Used</p> <p>Appropriate for: ▼</p> <p>Managed By: ▼</p> <ul style="list-style-type: none"> <input type="checkbox"/> General Anesthesiologist <input type="checkbox"/> Endoscopist <input type="checkbox"/> Residual s ICU Staff <input type="checkbox"/> No sedatio Nurse Anesthetist Patient Intuba Nurse Practitioner Medicatio Physician Assistant 	<p>Instrument(s) Used</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Instrument</th> <th style="width: 30%;">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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<p>Exam Information Comments: Expand</p>																														

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

FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 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




- Anatomical Deformity
- Angiodysplasia (AVMs)
- Colitis
- Crohn's
- Diagnostic Test
- Diverticulosis
- Fissure / Fistula
- Hemorrhoids
- Image Taken
- Melanosis
- Mucosal Abnormality
- Multiple Polyps
- Normal Exam
- NOT SEEN ON EXAM
- Other Finding
- Polyp
- Prior Surgery
- Solitary Ulcer
- Stricture / Stenosis
- Therapeutic Procedure
- Tumor




Therapy/ Dx Test-F9

Save - F10 ✓

Delete - Esc ✗

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

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" value="Sigmoid Colon"/>	
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	
Colitis	
Start Location: <input type="text" value="Rectum"/> (to) End Location: <input type="text" value="Rectum"/>	Therapy/ Dx Test-F9  Save - F10  Delete - Esc 
Etiology: <input type="text"/> Susp/Est: <input type="text"/>	
Erosions Present? <input type="checkbox"/> Y <input type="checkbox"/> N	
Granularity Present? <input type="checkbox"/> Y <input type="checkbox"/> N	
Radiation Proctitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Edema	
Friability: <input type="text"/>	
Ulcers: <input type="text"/>	
Diagnosics: <input type="checkbox"/> Biopsy taken	
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	
Pseudo Polyps Present? <input type="checkbox"/> Y <input type="checkbox"/> N Pouchitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N Ulcers Present? <input type="checkbox"/> Y <input type="checkbox"/> N Rectal sparing Present? <input type="checkbox"/> Y <input type="checkbox"/> N Stenosis: <input type="text"/> Fistula: <input type="text"/> Other Description: <input type="text"/> Path #: <input type="text"/>	

Finding Description

Crohn's

Start Location: Sigmoid Colon (to) End Location: Sigmoid Colon

Etiology: Crohn's Susp/Est:

Erosions Present? Y N Pseudo Polyps Present? Y N

Granularity Present? Y N Pouchitis Present? Y N

Radiation Proctitis Present? Y N Ulcers Present? Y N

Edema Rectal sparing Present? Y N

Stenosis

Friability: Fistula:

Ulcers:: Other Description:

Diagnostics:

Biopsy taken Path #:

ICD9: ICD9

Comments:

Therapy/
Dx Test-F9









Save - F10









Delete - Esc









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

Finding Description	
<input type="text" value="Diverticulosis"/>	
Start Location:	<input type="text" value="Sigmoid Colon"/>
(to) End Location:	<input type="text" value="Sigmoid Colon"/>
Bleeding 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="Fissure / Fistula"/>	
<input type="checkbox"/> Fissure	<input type="checkbox"/> Fistula
Location:	<input type="text" value="Sigmoid Colon"/>
Max Size (mm):	<input type="text"/>
<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	
<input type="text" value="Hemorrhoids"/>	
Type: <input type="text" value=""/>	Therapy/ Dx Test-F9 
Size: <input type="text" value=""/>	
Bleeding Status: <input type="text" value=""/>	
Thrombosis Status: <input type="text" value=""/>	
ICD9: <input type="text" value=""/> ICD9	
Comments: <input type="text" value=""/>	Save - F10 
	Delete - Esc 

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




Finding Description	
<input type="text" value="Melanosis"/>	
Start Location:	<input type="text" value="Sigmoid Colon"/>
(to) End Location:	<input type="text" value="Sigmoid Colon"/>
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	
Mucosal Abnormality	
Start Location: <input type="text" value="Sigmoid Colon"/> (to) End Location: <input type="text" value="Sigmoid Colon"/>	Therapy/ Dx Test-F9 +
Etiology: <input type="text"/> Susp/Est: <input type="text"/>	
Erosions Present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pseudo Polyps Present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Granularity Present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pouchitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Radiation Proctitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Ulcers Present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
<input type="checkbox"/> Edema Rectal sparing Present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Stenosis: <input type="text"/>	
Friability: <input type="text"/> Fistula: <input type="text"/>	
Ulcers: <input type="text"/> Other Description: <input type="text"/>	
Diagnostics: <input type="checkbox"/> Biopsy taken Path #: <input type="text"/>	
ICD9: <input type="text"/> ICD9	Delete - Esc ✗
Comments: <input type="text"/>	

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

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

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

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




Finding Description										
<input type="text" value="Polyp"/>										
Location: <input type="text" value="Sigmoid Colon"/>	Therapy/ Dx Test-F9 +									
Max Size (mm): <input type="text"/>										
<input type="checkbox"/> Diminutive										
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"/>	<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	Delete - Esc X									
Comments: <input type="text"/>										




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




Finding Description	
Solitary Ulcer	
Location:	Sigmoid Colon
Max Size (mm):	
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #:
ICD9:	
Comments:	
	Therapy/ Dx Test-F9 +
	Save - F10 ✓
	Delete - Esc ✗

Finding Description	
Stricture / Stenosis	
<input type="checkbox"/> Stenosis	<input type="checkbox"/> Stricture
Location:	Sigmoid Colon
Severity:	
Etiology:	
	Yes No
<input type="checkbox"/> Anastamosis site?	
Distance from Anus (cm):	
Lumen Diameter (mm):	
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #:
Comments:	
ICD9:	ICD9
	Therapy/ Dx Test-F9 +
	Save - F10 ✓
	Delete - Esc ✗




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




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

Finding Description	
<input type="text" value="Balloon Tamponade"/>	
Action:	<input type="text"/>
Location:	<input type="text" value="Sigmoid Colon"/>
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 	

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

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

Finding Description	
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 

Finding Description	
Clip(s)	
Location:	<input type="text" value="Sigmoid Colon"/>
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 

Finding 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






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

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

Finding Description	
<input type="text" value="Laser"/>	
Location:	<input type="text" value="Rectum"/>
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"/>
<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>	
Therapy/ Dx Test-F9 	
Save - F10 	
Delete - Esc 	

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

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

Finding 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
✗

Finding Description	
Tumor	
Benign / Malignant:	<input type="text"/>
Established / Suspected:	<input type="text"/>
Location:	<input type="text" value="Rectum"/>
Length (cm):	<input type="text"/>
Description:	
<input type="checkbox"/> Circumferential	<input type="checkbox"/> Fungating
<input type="checkbox"/> Submucosal	<input type="checkbox"/> Mucosal
Obstruction:	<input type="text"/>
Diagnostics:	
<input type="checkbox"/> Biopsy taken	Path #: <input type="text"/>
ICD9:	<input type="text"/> ICD9
Comments:	<input type="text"/>
	Therapy/ Dx Test-F9 
	Save - F10 
	Delete - Esc 

FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

<ul style="list-style-type: none"> A: Home B: History C: PE / Labs D: Proc. Info. E: *Indications E: Exam Info G: Findings/Therapy H: Intervent/Events I: Assess/Diag J: Treatment Plan K: Scheduling 	<p>Unplanned Interventions</p> <input type="checkbox"/> No Intervention Required	<p>Unplanned Events</p> Any complications? Y <input type="checkbox"/> N <input type="checkbox"/>	<p>Gastrointestinal Events</p> <input type="checkbox"/> Bleeding <input type="checkbox"/> Peritonitis <input type="checkbox"/> Perforation <input type="checkbox"/> Abd Pain <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Other									
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	Medication	Dosage										
	<p>Interventions and Events Comments: Expand</p>											

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

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	Medication	Dosage										
	<p>Interventions and Events Comments: Expand</p>											

IV Fluids Detail

ccs given:

IV Given:

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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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

Code 99/CPR Detail

Chest Compression

Ventilation

FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

<ul style="list-style-type: none"> A: Home B: History C: PE / Labs D: Proc. Info. E: *Indications E: Exam Info G: Findings/Therapy H: Intervent/Events I: Assess/Diag J: Treatment Plan K: Scheduling 	<p>Unplanned Interventions</p> <input type="checkbox"/> No Intervention Required <input type="checkbox"/> Sed. Reversed as Intervention <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"/> Cautery <input type="checkbox"/> IV Fluids <input type="checkbox"/> Procedure Stopped <input type="checkbox"/> Code 99/CPR <input type="checkbox"/> Other	<p>Unplanned Events</p> <p>Any complications? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Cardiopulmonary Events</p> <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 <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% <input type="text"/> O2 Saturation (%):	<p>Gastrointestinal Events</p> <input type="checkbox"/> Bleeding <input type="checkbox"/> Peritonitis <input type="checkbox"/> Perforation <input type="checkbox"/> Abd Pain <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Other							
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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

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	Medication	Dose	Rate	Start	Stop																											
	<p>Interventions and Events Comments:</p>			<p>Expand</p>																												

O2 Desaturation Reversed Detail

O2 Saturation (%):

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Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

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FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

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FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

Disposition
 After Procedure Patient Sent:
 After Recovery Patient Sent: back to hospital ward
 home
 remain in endo suite for second procedure
 remain in ICU

Scheduling at
 Follow-Up Prn
 Await Pathology

Activity	To Whom

Scheduling Comments: Expand

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

FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

Disposition
 After Procedure Patient Sent:
 After Recovery Patient Sent: back to hospital
 home
 to hospital for admission

Scheduling at
 Follow-Up Prn
 Await Pathology

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

FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:02 PM

Pathology			
Biopsy Description	Results	Modifier	Comments

Pathology Report

Correspondence - Results	Correspondence - Follow-Ups	Follow-Up Results												
<input type="checkbox"/> Normal <input type="checkbox"/> Ulcer <input type="checkbox"/> Colitis <input type="checkbox"/> Polyps <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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Action</th> <th style="width: 50%;">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

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

FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:02 PM

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

Post Exam Events

Event Type	Event	Date Occurred	Intervention	Comments

Follow-up Information and Events Comments: Expand

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

FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:02 PM

	Post Exam Patient Information	Patient Satisfaction																																			
B: History	Encounter Type: <input type="text"/>	How does pt feel post exam?: <input type="text"/>																																			
C: PE / Labs	Information From: <input type="text"/>	Did pt feel prepared for procedure? Y <input type="checkbox"/> N <input type="checkbox"/>																																			
D: Proc. Info.	Any problems with where IV was placed? <input type="text"/>	Was the pt groggy after procedure? Y <input type="checkbox"/> N <input type="checkbox"/>																																			
E: *Indications	Did pt understand the discharge instructions? <input type="text"/>	If yes, how many hours?: <input type="text"/>																																			
E: Exam Info	Did pt have questions regarding follow-up? Y <input type="checkbox"/> N <input type="checkbox"/>	Any complaints about Procedure? Y <input type="checkbox"/> N <input type="checkbox"/>																																			
G: Findings/Therapy	Did pt take post exam Rxs as prescribed? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, what?: <input type="text"/>																																			
H: Intervent/Events	If not, explain: <input type="text"/>	Any suggestions for improvement? Y <input type="checkbox"/> N <input type="checkbox"/>																																			
I: Assess/Diag	Complete Post Exam Events section if necessary																																				
J: Treatment Plan	if yes, what?: <input type="text"/>																																				
K: Scheduling	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Post Exam Events</th> </tr> <tr> <th>Event Type</th> <th>Event</th> <th>Date Occurred</th> <th>Intervention</th> <th>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> </tbody> </table>		Post Exam Events					Event Type	Event	Date Occurred	Intervention	Comments																									
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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

FLEX SIG Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:02 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? better			
C: PE / Labs	Any problems with where IV was inserted? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the pt groggy after procedure? just the same			
D: Proc. Info.	Did pt understand the dischg instructions? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many hours?: <input type="text"/>			
E: *Indications	Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N	Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N			
E: Exam Info	Did pt take post exam Rxs as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what?: <input type="text"/>			
G: Findings/Therapy	If not, explain: <input type="text"/>	Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N			
H: Intervent/Events	Complete Post Exam Events section if necessary	if yes, what?: <input type="text"/>			
Post Exam Events					
I: Assess/Diag	Event Type	Event	Date Occurred	Intervention	Comments
J: Treatment Plan					
K: Scheduling					
L: Post Exam					
M: F/up Info/Events	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
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