

Screenshots for Documentation of Flexible Sigmoidoscopy Procedures in CORI3

FLEX SIG
Current User: CORI Tech Support
Demonstration Only

Patient: Patient, Fake

Date: 01/01/2000 Time: 03:03 PM

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

Current Medications

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

Type	Med	Dose	sig	Start	End

Past Medical / Surgical History

History must be within 30 days or updated today

 No Co-Morbidities

System	Disease / Disorder	Comments

Allergies

 No known allergies
 Allergic to:

Patient Habits

 Patient Smokes? Y N
 Cigarettes
 Cigars
 Pipe
 # / Day:
 Drinking Status: binge drinker
 Drinks / Day:
 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
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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
F2 Schedule
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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

A. Home	Results of Prior Studies					Pre-Op Physical	
	B. History	Exam	Date	Results	Description	Date of Exam	/ /
C. PE / Labs						Ht (In): 12	Wt (lbs):
D. Proc. Info.						Pulse: 12	BP:
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"/>

Expand

PE / Labs Comments:

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

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; font-size: x-small;"> <thead> <tr> <th>Title</th> <th>Name</th> <th>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> <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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I: Assess/Diag		InPT Room#: <input type="text"/>																																		
J: Treatment Plan																																				
K: Scheduling																																				

Expand

Procedure Information Comments:

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

FLEX SIG Current User: CORI Tech Support Demonstration Only

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 Dilation of Stricture
- with Hemorrhoidal Banding
- with Other

Close

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 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

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

Procedures Performed

- Flexible Proctosigmoidoscopy
- Cancer Screening Proctosigmoidoscopy
- Anoscopy
- Other

Exam Personnel

Title	Name	LoS

Exam Location

Location:

InPT/OutPT?:

InPT Room#:

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contained: Not Allowed

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

FLEX SIG **Current User: CORI Tech Support** **Demonstration Only**

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

Exam Location

Location:

InPT/OutPT?:

InPT Room#:

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contained: Not Allowed

Procedure Information Comments: Expand

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Procedures Performed

Flexible Proctosigmoidoscopy
 Cancer Screening Proctosigmoidoscopy
 Anoscopy
 Other

Exam Personnel

Title	Name	LoS

Exam Location

Location:

- Emergency Department
- Endoscopy Suite
- Hospital Ward
- Intensive Care Unit
- NICU
- Operating Room
- Outpatient Clinic
- PICU
- Radiology
- Short Stay Unit

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contacted Obtained?
Not Asked Y N

Procedure Information Comments:

Expand

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Procedures Performed

Flexible Proctosigmoidoscopy
 Cancer Screening Proctosigmoidoscopy
 Anoscopy
 Other

Exam Personnel

Title	Name	LoS

Exam Location

Location:

InPT/OutPT?:

- Inpatient-ICU
- Inpatient-ward
- Outpatient

Patient Consent

Consent Obtained Y N

Obtained from:

Obtained By:

Consent to be Contacted Obtained?
Not Asked Y N

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												
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	<p>Indications Comments: <input type="text"/></p>			<p>Expand</p>											

Anemia Detail

 Low Ferritin
 Low Iron Saturation
 Pernicious
 RBC Size:

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

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:

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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Evaluation Of	Symptoms	Surveillance of
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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:

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: 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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E: *Indications

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<input type="checkbox"/> Inflammatory B <input type="checkbox"/> Infect. Colitis	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other	Increased Risk Screening Personal Hx of: <input checked="" type="checkbox"/> Fm Hx Polyps <input type="checkbox"/> Other
Therapeutic Intervention ... as indication for this exam	Research Study Type of Visit: Study Name:	Average Risk Screening <input type="checkbox"/> Routine <input type="checkbox"/> Other

Indications Comments: Expand

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E: *Indications

Evaluation Of	Symptoms	Surveillance of												
<input type="checkbox"/> Anemia <input 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:												
<input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Infect. Colitis <input type="checkbox"/> Other	Abnormal Exams, Studies, Xrays <table border="1"> <thead> <tr> <th>Study</th> <th>Exam</th> <th>Results</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Study	Exam	Results										Increased Risk Screening Personal Hx of: <input type="checkbox"/> Fm Hx Polyps <input type="checkbox"/> Other
Study	Exam	Results												
Therapeutic Intervention ... as indication for this exam	Research Study Type of Visit: Study Name: <ul style="list-style-type: none"> final follow-up initial screening 	Average Risk Screening <input type="checkbox"/> Routine <input type="checkbox"/> Other												

Indications Comments: Expand

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

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C. PE / Labs	*Extent Visualized:	Pulse/BP Monitoring		Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for: [Dropdown]
D. Proc. Info.	*Reached (cm):	Oximetry		Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By: [Dropdown]
E. *Indications	Incomplete Due to:	<input type="checkbox"/> Supplemental O2		<input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>	
E: Exam Info	Other Reason	Colon Prep		Medication Dosage Route	
G: Findings/Therapy	PT Position:	Prep Used: [Dropdown]			
H: Intervent/Events	Duration (min):	Prep Results: [Dropdown]			
I: Assess/Diag	Colon Retroflex:	Prep Dose Used: [Dropdown]			
J: Treatment Plan	Image Taken:	Over # Hours: [Dropdown]		Instrument(s) Used	
K: Scheduling	ASA Class:	Fluoroscopy		Instrument Serial#	
	Patient Tolerance:	Fluoroscopy Used? Y <input type="checkbox"/> N <input type="checkbox"/>			
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		Fluoro Notes: [Text]			
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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: <input type="text"/></p> <p>*Reached (cm): <input type="text"/></p> <p>Incomplete Due to: <input type="text"/></p> <p>Other Reason Incomplete: <input type="text"/></p> <p>PT Position: <input type="text"/></p> <p>Duration (mins): <input type="text"/></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: <input type="text"/></p> <p>Patient Tolerance: <input type="text"/></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: <input type="text"/></p> <p>Prep Results: <input type="text"/></p> <p>Prep Dose Used: <input type="text"/></p> <p>Over # Hours: <input type="text"/></p> <p>Fluoroscopy</p> <p>Fluoroscopy Used? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Fluoro Time/Mins: <input type="text"/></p> <p>Fluoro Notes: <input type="text"/></p>	<p>Sedation Medications Used</p> <p>Appropriate for: <input type="text"/></p> <p>Managed By: <input type="text"/></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> <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> <p>Instrument(s) Used</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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>	Medication	Dosage	Route																															Instrument	Serial#																				
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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

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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: [dropdown]	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for: [dropdown]
*Reached (cm): [dropdown]	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	Managed By: [dropdown]
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]	Colon Prep	Patient Intubated? Y <input type="checkbox"/> N <input type="checkbox"/>
Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Used: [dropdown]	Medication Dosage Route
Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Results: [dropdown]	
ASA Class: [dropdown]	Prep Do [dropdown]	
Patient Tolerance: [dropdown]	Over # [dropdown]	
	excellent	Excellent: No more than small bits of adherent fecal ma
	fair	Good: Small amounts of feces or fluid not interfering wi
	fair, adequate exam	Fair, adequate: Enough feces or fluid to prevent a comp
	fair, exam compromised	Poor: Large amounts of fecal residue, additional cleansi
	good	
	poor	
	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

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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: [dropdown]	Pulse/BP Monitoring Y <input type="checkbox"/> N <input type="checkbox"/>	Appropriate for: [dropdown]
*Reached (cm): [dropdown]	Oximetry Y <input type="checkbox"/> N <input type="checkbox"/>	M [dropdown]
Incomplete Due to: [dropdown]	<input type="checkbox"/> Supplemental O2	<input type="checkbox"/> anxiolytic sedation
Other Reason Incomplete: [text]		<input type="checkbox"/> deep sedation
PT Position: [dropdown]		<input type="checkbox"/> general anesthesia
Duration (mins): [dropdown]	Colon Prep	<input type="checkbox"/> moderate (conscious) sedation
Colon Retroflexion Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Used: [dropdown]	<input type="checkbox"/> Naso-laryngeal Insufflation
Image Taken Y <input type="checkbox"/> N <input type="checkbox"/>	Prep Results: [dropdown]	P no sedation
ASA Class: [dropdown]	Prep Dose Used: [text]	Medication Dosage Route
Patient Tolerance: [dropdown]	Over # Hours: [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

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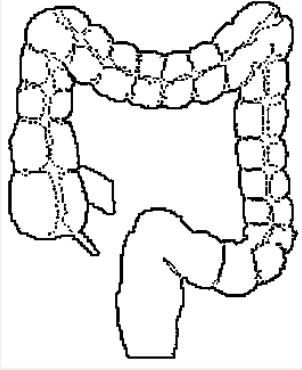
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F1 Help	F2 Schedule	F3 New	F4 Study	F5 Exam	F6 Reports	F7 Lock	F8 Patient	F9 Staff	F10 Utilities	F11 Path Rpt	F12 Pathways
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Patient: Patient, Fake Prior exams New Date: 01/01/2000 Time: 03:03 PM

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

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"/>
<div style="border: 1px solid gray; height: 100px;"></div>	
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 x	

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 + Save - F10 ✓ Delete - Esc ✗
Etiology: <input type="text"/> Susp/Est: <input type="text"/>	
Erosions Present? <input type="checkbox"/> Y <input type="checkbox"/> N Pseudo Polyps Present? <input type="checkbox"/> Y <input type="checkbox"/> N	
Granularity Present? <input type="checkbox"/> Y <input type="checkbox"/> N Pouchitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N	
Radiation Proctitis Present? <input type="checkbox"/> Y <input type="checkbox"/> N Ulcers Present? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Edema Rectal sparing Present? <input type="checkbox"/> Y <input type="checkbox"/> N	
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	
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:	
<input type="text"/>	
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	Delete - Esc 
ICD9: <input type="text"/> ICD9	
Comments: <input type="text"/>	




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

Finding 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 	

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

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

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 Saturation (%):

Gastrointestinal Events

Bleeding Peritonitis

Perforation Abd Pain

Nausea/Vomiting

Other

Other Events

Rash Drug React

ProlongdSed DVT

Seizure Other

Paradoxical Reaction

Intervention Results

Successful? Y N

Dilation Comp/s:

Other:

Comments:

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

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

FLEX SIG Current User: CORI Tech Support Demonstration Only

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

Gastrointestinal Events

Bleeding Peritonitis

Perforation Abd Pain

Nausea/Vomiting

Other

Other Events

Rash Drug React

ProlongdSed DVT

Seizure Other

Paradoxical Reaction

Intervention Results

Successful? Y N

Dilation Comp/s:

Other:

Comments:

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

Interventions and Events Comments: Expand

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

IV Fluids Detail

ccs given:

IV Given:

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								
	<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 checked="" type="checkbox"/> Code 99/CPR <input type="checkbox"/> Other	<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	<p>Other Events</p> <input type="checkbox"/> Rash <input type="checkbox"/> Drug React <input type="checkbox"/> ProlongdSed <input type="checkbox"/> DVT <input type="checkbox"/> Seizure <input type="checkbox"/> Other <input type="checkbox"/> Paradoxical Reaction	<p>Intervention Results</p> Successful? Y <input type="checkbox"/> N <input type="checkbox"/> Dilat Comp/s: <input type="text"/>							
	<p>Intervention Medications</p> <table border="1"> <thead> <tr> <th>Medication</th> <th>Dosage</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage							<input type="checkbox"/> Hemostasis Achieved <input type="checkbox"/> Vital Signs Stabilized <input type="checkbox"/> O2 Desaturation Reversed	<p>Interventions and Events Comments: Expand</p>
	Medication	Dosage									

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

Close

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									

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

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
- Prolonged Hypoxia
- Respiratory Distress
- Pulmonary Edema
- Vasovagal Reaction

Gastrointestinal Events

- Bleeding Peritonitis
- Perforation Abd Pain
- Nausea/Vomiting
- Other

Other Events

- Rash Drug React
- ProlongdSed DVT
- Seizure Other
- Paradoxical Reaction

Intervention Medical

Medication	Units

Intervention Results

Successful? Y N

on Comp/s:

ments:

- Hemostasis Achieved
- Vital Signs Stabilized
- O2 Desaturation Reversed

O2 Desaturation Reversed Detail

O2 Saturation (%):

[Close](#)

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

FLEX SIG Current User: CORI Tech Support Demonstration Only

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

Assessment

- Incomplete Exam
- Abnormal Findings
- Normal

Assessment Comments

Diagnoses

Category	ICD-9 Codes	Comments

Assessment and Diagnosis [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 style="background-color: #0056b3; color: white;">J: Treatment Plan</p> <p>K: Scheduling</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Post Exam Instructions</p> <input type="checkbox"/> When to Call <input type="checkbox"/> What to Expect <input type="checkbox"/> Sedation <input type="checkbox"/> Activity Levels <input type="checkbox"/> Hm. Hemoccult Tests # of Cards: <input type="text"/> NPO for: <input type="text"/> Liquids: <input type="text"/> Resume Prior Diet: <input type="text"/> No Alcohol: <input type="text"/> Hold ASA/NSAIDS: <input type="text"/> Restart Medications: <input type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Findings Related Recommendations</p> Standard Instructions For: <input type="checkbox"/> Polyps <input type="checkbox"/> Crohn's <input type="checkbox"/> Colitis <input type="checkbox"/> Diverticulosis <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Constipation <input type="checkbox"/> Normal Exam <input type="checkbox"/> Other Finding <input type="checkbox"/> Yearly Hemoccult Testing Colon Screen Every (yrs): <input type="text"/> Special Instructions: <input type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Medication Plan</p> <input type="checkbox"/> Await Pathology <input type="checkbox"/> DC Current Medications <input type="checkbox"/> No Meds Required <input type="checkbox"/> Medications per referring provider <input type="checkbox"/> Continue current medications </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th>Med Type</th> <th>Med</th> <th>Dose</th> <th>sig</th> <th>Start Date</th> <th>Duration</th> <th>DC'd</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p style="background-color: #333; color: white; padding: 2px;">Treatment Plan Comments:</p> <div style="text-align: right; padding: 2px;">Expand</div> </div>	Med Type	Med	Dose	sig	Start Date	Duration	DC'd																												
Med Type	Med	Dose	sig	Start Date	Duration	DC'd																														

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 style="background-color: #0056b3; color: white;">K: Scheduling</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Disposition</p> After Procedure Patient Sent: <input type="text"/> After Recovery Patient Sent: <input type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Scheduling and Referral</p> <input type="checkbox"/> Follow-Up Prn <input type="checkbox"/> Await Pathology </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th>Activity</th> <th>To Whom</th> <th>Comments</th> <th>when</th> <th>Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p style="background-color: #333; color: white; padding: 2px;">Scheduling Comments:</p> <div style="text-align: right; padding: 2px;">Expand</div> </div>	Activity	To Whom	Comments	when	Date																									
Activity	To Whom	Comments	when	Date																											

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:

Scheduling at

Follow-Up Prn
 Await Pathology

Activity	To Whom

Scheduling Comments:

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

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:

Scheduling at

Follow-Up Prn
 Await Pathology

Activity	To Whom	Comments	when	Date

Scheduling Comments:

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

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"/> No further	<input type="checkbox"/> PMD	Action	Note
<input type="checkbox"/> Colitis	<input type="checkbox"/> Polyps	<input type="checkbox"/> Nurse Will Call	<input type="checkbox"/> Notes:		
<input type="checkbox"/> Notes:					

Post Exam Comments: Expand

Navigation: 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

Navigation: 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:	<input type="text"/>	How does pt feel post exam?:	<input type="text"/>
Information From:	<input type="text"/> <ul style="list-style-type: none"> Chart Review Clinic visit Letter Telephone call 	Did pt feel prepared for procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Any problems with where IV was placed?	<input type="text"/>	Was the pt groggy after procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Did pt understand the discharge instructions?	<input type="text"/>	If yes, how many hours?:	<input type="text"/>
Did pt have questions regarding follow-up?	<input type="checkbox"/> Y <input type="checkbox"/> N	Any complaints about Procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Did pt take post exam Rxs as prescribed?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what?:	<input type="text"/>
If not, explain:	<input type="text"/>	Any suggestions for improvement?	<input type="checkbox"/> Y <input type="checkbox"/> N
Complete Post Exam Events section if necessary		if yes, what?: <input type="text"/>	

Post Exam Events				
Event Type	Event	Date Occurred	Intervention	Comments

Follow-up Information and Events Comments: Expand

M: 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

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:	<input type="text"/>	How does pt feel post exam?:	<input type="text"/>
Information From:	<input type="text"/> <ul style="list-style-type: none"> family guardian patient 	Did pt feel prepared for procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Any problems with where IV was placed?	<input type="text"/>	Was the pt groggy after procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Did pt understand the discharge instructions?	<input type="text"/>	If yes, how many hours?:	<input type="text"/>
Did pt have questions regarding follow-up?	<input type="checkbox"/> Y <input type="checkbox"/> N	Any complaints about Procedure?	<input type="checkbox"/> Y <input type="checkbox"/> N
Did pt take post exam Rxs as prescribed?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what?:	<input type="text"/>
If not, explain:	<input type="text"/>	Any suggestions for improvement?	<input type="checkbox"/> Y <input type="checkbox"/> N
Complete Post Exam Events section if necessary		if yes, what?: <input type="text"/>	

Post Exam Events				
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Follow-up Information and Events Comments: Expand

M: F/up Info/Events

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FLEX SIG
Current User: CORI Tech Support
Demonstration Only

Patient: Patient, Fake
Prior exams New
Date: 01/01/2000
Time: 03:02 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>L: Post Exam</p> <p style="background-color: #0056b3; color: white; padding: 2px;">M: F/up Info/Events</p>	<div style="background-color: #008080; color: white; padding: 2px; text-align: center;">Post Exam Patient Information</div> <p>Encounter Type: </p> <p>Information From: </p> <p>Any problems with where IV was inserted? Y<input type="checkbox"/> N<input type="checkbox"/></p> <p>Did pt understand the dischg instructions? Y<input type="checkbox"/> N<input type="checkbox"/></p> <p>Did pt have questions regarding follow-up? Y<input type="checkbox"/> N<input type="checkbox"/></p> <p>Did pt take post exam Rxs as prescribed? Y<input type="checkbox"/> N<input type="checkbox"/></p> <p>If not, explain: </p> <p>Complete Post Exam Events section if necessary</p>	<div style="background-color: #008080; color: white; padding: 2px; text-align: center;">Patient Satisfaction</div> <p>How does pt feel post exam? </p> <p>Did pt feel prepared for procedure? better just the same worse</p> <p>Was the pt groggy after procedure? If yes, how many hours?: </p> <p>Any complaints about Procedure? Y<input type="checkbox"/> N<input type="checkbox"/></p> <p>If yes, what?: </p> <p>Any suggestions for improvement? Y<input type="checkbox"/> N<input type="checkbox"/></p> <p>if yes, what?: </p>																									
	<div style="background-color: #008080; color: white; padding: 2px; text-align: center;">Post Exam Events</div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Event Type</th> <th style="padding: 5px;">Event</th> <th style="padding: 5px;">Date Occurred</th> <th style="padding: 5px;">Intervention</th> <th style="padding: 5px;">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> </tbody> </table>		Event Type	Event	Date Occurred	Intervention	Comments																				
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