

Screenshots for Documentation of Motility Procedures in CORI3

MOTILITY Current User: CORI Tech Support Demonstration Only

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

B: History

Current Medications

ASA/NSAID COX-2 Insulin

Anticoagulant (AC) AC Plan:

Antibiotic Prophylaxis

Type	Med	Dose	sig	Start	End

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

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B: History

Current Medications

ASA/NSAID COX-2 Insulin

Anticoagulant (AC) AC Plan: [dropdown]

Antibiotic Prophylaxis

Type	Med	Dose

Allegies

No known allergies

Allergic to:

Patient Habits

Patient Smokes? Y N

Cigarettes

Cigars

Pipe

/ Day: [dropdown]

Drinking Status: binge drinker

Drinks / Day: [dropdown]

Comments: [text area]

Past Medical / Surgical History

History must be within 30 days or updated today

No Co-Morbidities

System	Disease / Disorder	Comments

History Comments: [text area] Expand

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B: History

Current Medications

ASA/NSAID COX-2 Insulin

Anticoagulant (AC) AC Plan: [dropdown]

Antibiotic Prophylaxis

Type	Med	Dose	sig	Start	End

Allegies

No known allergies

Allergic to:

Patient Habits

Patient Smokes? Y N

Cigarettes

Cigars

Pipe

/ Day: [dropdown]

Drinking Status: [dropdown]

Drinks / Day: binge drinker

Comments: currently drinking
not currently drinking
occasional
social
unknown

Past Medical / Surgical History

History must be within 30 days or updated today

No Co-Morbidities

System	Disease / Disorder	Comments

History Comments: [text area] Expand

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MOTILITY Current User: CORI Tech Support Demonstration Only

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

<ul style="list-style-type: none"> A: Home B: History C: PE / Labs D: Proc. Info. E: *Indications F: Exam Info G: Eso Man H: Amb. pH Study I: Bil/Panc Man J: Lower GI Man K: Assess/Diag L: Intervent/Events M: Treatment Plan N: Scheduling 	Procedures Performed <input type="checkbox"/> Esophageal Manometry <input type="checkbox"/> Ambulatory Esophageal Manometry <input checked="" type="checkbox"/> Ambulatory pH Test <input type="checkbox"/> with Single Probe <input type="checkbox"/> with Dual Probe <input type="checkbox"/> with Other <input type="checkbox"/> Small Bowel Motility <input type="checkbox"/> Colonic Manometry <input type="checkbox"/> Bil/Panc Manometry <input type="checkbox"/> Anorectal Manometry <input type="checkbox"/> Other		Exam Personnel <input type="checkbox"/> Attending Present <table border="1"> <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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Title	Name	LoS																																		Patient Consent Consent Obtained Y <input type="checkbox"/> N <input type="checkbox"/> Obtained from: <input type="text"/> Obtained By: <input type="text"/> Consent to be Contacted Obtained? Not Asked <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
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MOTILITY Current User: CORI Tech Support Demonstration Only

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

Procedures Performed

- Esophageal Manometry
- Ambulatory Esophageal Manometry
- Ambulatory pH Test
- Small Bowel Motility
- Colonic Manometry
- Bil/Panc Manometry
- Anorectal Manometry
- 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 Contacted?
 Not Asked Y N

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

Procedures Performed

- Esophageal Manometry
- Ambulatory Esophageal Manometry
- Ambulatory pH Test
- Small Bowel Motility
- Colonic Manometry
- Bil/Panc Manometry
- Anorectal Manometry
- 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?
 Not Asked Y N

Procedure Information Comments Expand

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	Title	Name	LoS																																						
	Exam Location Location: <input type="text"/> InPT/OutPT?: <input type="text"/> Inpatient-ICU Inpatient-ward Outpatient																																								
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	Therapeutic Intervention <input type="checkbox"/> Pre-Operative Evaluation <input type="checkbox"/> Other		Evaluation of <input type="checkbox"/> Known GERD <input type="checkbox"/> Non-Cardiac Chest Pain <input type="checkbox"/> Aspiration <input type="checkbox"/> Asthma <input type="checkbox"/> Regurgitation <input type="checkbox"/> Scleroderma <input type="checkbox"/> Other		
	Research Study Type of Visit: <input type="text"/> Name of Study: <input type="text"/>				
	Indications Comments: Expand				
	<p style="text-align: center;"> 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 </p>				

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A: Home	Patient: Patient, Fake	Prior exams	New	Date: 01/01/2000	Time: 12:00 PM
B: History	Upper GI Symptoms <input checked="" type="checkbox"/> Dysphagia <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Esophageal <input type="checkbox"/> Solids <input type="checkbox"/> Liquids <input type="checkbox"/> Liquids and Solids <input type="checkbox"/> Reflux Symptoms (Heartburn) <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Bloating <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Early Satiety <input type="checkbox"/> Anorexia <input type="checkbox"/> Other	Cardiopulmonary Symptoms <input type="checkbox"/> Chest Pain <input type="checkbox"/> Globus <input type="checkbox"/> Cough <input type="checkbox"/> Laryngitis/Hoarseness <input type="checkbox"/> Odynophagia <input type="checkbox"/> Other <input type="checkbox"/> Asthma <input type="checkbox"/> ENT Tumor	Lower GI Evaluation <input type="checkbox"/> Distention <input type="checkbox"/> Constipation <input type="checkbox"/> Pseudo-obstruction <input type="checkbox"/> Decreased Sphincter Tone <input type="checkbox"/> Decreased Stool Caliber Pelvic Pressure: <input type="text"/> <input type="checkbox"/> Incontinence <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other	Therapeutic Intervention <input type="checkbox"/> Pre-Operative Evaluation <input type="checkbox"/> Other	
C: PE / Labs	Research Study Type of Visit: <input type="text"/> Name of Study: <input type="text"/>		Evaluation of <input type="checkbox"/> Known GERD <input type="checkbox"/> Non-Cardiac Chest Pain <input type="checkbox"/> Aspiration <input type="checkbox"/> Regurgitation <input type="checkbox"/> Scleroderma <input type="checkbox"/> Asthma <input type="checkbox"/> Other		
D: Proc. Info.	Indications Comments: <input type="text"/>				
E: *Indications	Expand				
E: Exam Info					
G: Eso Man					
H: Amb. pH Study					
I: Bil/Panc Man					
J: Lower GI Man					
K: Assess/Diag					
L: Intervent/Events					
M: Treatment Plan					
N: Scheduling					
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A: Home	Patient: Patient, Fake	Prior exams	New	Date: 01/01/2000	Time: 12:00 PM
B: History	Upper GI Symptoms <input type="checkbox"/> Dysphagia <input checked="" type="checkbox"/> Reflux Symptoms (Heartburn) Duration: <input type="text"/> Frequency: <input type="text"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Bloating <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Early Satiety <input type="checkbox"/> Anorexia <input type="checkbox"/> Other	Cardiopulmonary Symptoms <input type="checkbox"/> Chest Pain <input type="checkbox"/> Globus <input type="checkbox"/> Cough <input type="checkbox"/> Laryngitis/Hoarseness <input type="checkbox"/> Odynophagia <input type="checkbox"/> Other <input type="checkbox"/> Asthma <input type="checkbox"/> ENT Tumor	Lower GI Evaluation <input type="checkbox"/> Distention <input type="checkbox"/> Constipation <input type="checkbox"/> Pseudo-obstruction <input type="checkbox"/> Decreased Sphincter Tone <input type="checkbox"/> Decreased Stool Caliber Pelvic Pressure: <input type="text"/> <input type="checkbox"/> Incontinence <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other	Therapeutic Intervention <input type="checkbox"/> Pre-Operative Evaluation <input type="checkbox"/> Other	
C: PE / Labs	Research Study Type of Visit: <input type="text"/> Name of Study: <input type="text"/>		Evaluation of <input type="checkbox"/> Known GERD <input type="checkbox"/> Non-Cardiac Chest Pain <input type="checkbox"/> Aspiration <input type="checkbox"/> Regurgitation <input type="checkbox"/> Scleroderma <input type="checkbox"/> Asthma <input type="checkbox"/> Other		
D: Proc. Info.	Indications Comments: <input type="text"/>				
E: *Indications	Expand				
E: Exam Info					
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B: History	Upper GI Symptoms <input type="checkbox"/> Dysphagia <input checked="" type="checkbox"/> Reflux Symptoms (Heartburn) Duration: <input type="text"/> Frequency: 1-5 yrs 6-10 yrs <1 yr >10 yrs unknown duration		Cardiopulmonary Symptoms <input type="checkbox"/> Chest Pain <input type="checkbox"/> Asthma <input type="checkbox"/> Globus <input type="checkbox"/> ENT Tumor <input type="checkbox"/> Cough <input type="checkbox"/> Laryngitis/Hoarseness <input type="checkbox"/> Odynophagia <input type="checkbox"/> Other		Lower GI Evaluation <input type="checkbox"/> Distention <input type="checkbox"/> Incontinence <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Pseudo-obstruction <input type="checkbox"/> Decreased Sphincter Tone <input type="checkbox"/> Decreased Stool Caliber Pelvic Pressure: <input type="text"/> <input type="checkbox"/> Other
C: PE / Labs	<input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Bloating <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Early Satiety <input type="checkbox"/> Anorexia <input type="checkbox"/> Other		Therapeutic Intervention <input type="checkbox"/> Pre-Operative Evaluation <input type="checkbox"/> Other		Evaluation of <input type="checkbox"/> Known GERD <input type="checkbox"/> Non-Cardiac Chest Pain <input type="checkbox"/> Aspiration <input type="checkbox"/> Asthma <input type="checkbox"/> Regurgitation <input type="checkbox"/> Scleroderma <input type="checkbox"/> Other
D: Proc. Info.			Research Study Type of Visit: <input type="text"/> Name of Study: <input type="text"/>		
E: *Indications	Indications Comments:				Expand
E: Exam Info					
G: Eso Man					
H: Amb. pH Study					
J: Bil/Panc Man					
J: Lower GI Man					
K: Assess/Diag					
L: Intervent/Events					
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B: History	Upper GI Symptoms <input type="checkbox"/> Dysphagia <input checked="" type="checkbox"/> Reflux Symptoms (Heartburn) Duration: <input type="text"/> Frequency: 3-6 times/wk <3 times/wk daily with unknown frequency		Cardiopulmonary Symptoms <input type="checkbox"/> Chest Pain <input type="checkbox"/> Asthma <input type="checkbox"/> Globus <input type="checkbox"/> ENT Tumor <input type="checkbox"/> Cough <input type="checkbox"/> Laryngitis/Hoarseness <input type="checkbox"/> Odynophagia <input type="checkbox"/> Other		Lower GI Evaluation <input type="checkbox"/> Distention <input type="checkbox"/> Incontinence <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Pseudo-obstruction <input type="checkbox"/> Decreased Sphincter Tone <input type="checkbox"/> Decreased Stool Caliber Pelvic Pressure: <input type="text"/> <input type="checkbox"/> Other
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D: Proc. Info.	<input type="checkbox"/> Reflux Symptoms (Heartburn)	<input type="checkbox"/> Globus <input type="checkbox"/> ENT Tumor	<input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea		
E: *Indications	<input type="checkbox"/> Vomiting	<input checked="" type="checkbox"/> Cough	<input type="checkbox"/> Pseudo-obstruction		
E: Exam Info	<input type="checkbox"/> Nausea	<input type="checkbox"/> Night	<input type="checkbox"/> Decreased Sphincter Tone		
G: Eso Man	<input type="checkbox"/> Bloating	<input type="checkbox"/> Chronic	<input type="checkbox"/> Decreased Stool Caliber		
H: Amb. pH Study	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Laryngitis/Hoarseness	Pelvic Pressure: <input type="text"/>		
I: Bil/Panc Man	<input type="checkbox"/> Early Satiety	<input type="checkbox"/> Odynophagia	<input type="checkbox"/> Other		
J: Lower GI Man	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Other			
K: Assess/Diag	<input type="checkbox"/> Other				
L: Intervent/Events		Therapeutic Intervention	Evaluation of		
M: Treatment Plan		<input type="checkbox"/> Pre-Operative Evaluation	<input type="checkbox"/> Known GERD		
N: Scheduling		<input type="checkbox"/> Other	<input type="checkbox"/> Non-Cardiac Chest Pain		
			<input type="checkbox"/> Aspiration <input type="checkbox"/> Asthma		
			<input type="checkbox"/> Regurgitation		
			<input type="checkbox"/> Scleroderma		
			<input type="checkbox"/> Other		
		Research Study			
		Type of Visit: <input type="text"/>			
		Name of Study: <input type="text"/>			
	Indications Comments:				Expand
<div style="display: flex; justify-content: space-between;"> 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 </div>					

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D: Proc. Info.	<input type="checkbox"/> Reflux Symptoms (Heartburn)	<input type="checkbox"/> Globus <input type="checkbox"/> ENT Tumor	<input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea		
E: *Indications	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Cough	<input type="checkbox"/> Pseudo-obstruction		
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H: Amb. pH Study	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Other	Pelvic Pressure: <input type="text"/>		
I: Bil/Panc Man	<input type="checkbox"/> Early Satiety		<input type="checkbox"/> Other		
J: Lower GI Man	<input type="checkbox"/> Anorexia				
K: Assess/Diag	<input type="checkbox"/> Other				
L: Intervent/Events		Therapeutic Intervention	Evaluation of		
M: Treatment Plan		<input checked="" type="checkbox"/> Pre-Operative Evaluation	<input type="checkbox"/> Known GERD		
N: Scheduling		Procedure: <input type="text"/>	<input type="checkbox"/> Non-Cardiac Chest Pain		
		<input type="checkbox"/> Other	<input type="checkbox"/> Aspiration <input type="checkbox"/> Asthma		
		anti-reflux surgery	<input type="checkbox"/> Regurgitation		
		myotomy	<input type="checkbox"/> Scleroderma		
			<input type="checkbox"/> Other		
		Research Study			
		Type of Visit: <input type="text"/>			
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MOTILITY Current User: CORI Tech Support Demonstration Only

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

<ul style="list-style-type: none"> A: Home B: History C: PE / Labs D: Proc. Info. E: *Indications E: Exam Info G: Eso Man H: Amb. pH Study I: Bil/Panc Man J: Lower GI Man K: Assess/Diag L: Intervent/Events M: Treatment Plan N: Scheduling 	<p>Upper GI Symptoms</p> <input type="checkbox"/> Dysphagia <input type="checkbox"/> Reflux Symptoms (Heartburn) <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Bloating <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Early Satiety <input type="checkbox"/> Anorexia <input type="checkbox"/> Other	<p>Cardiopulmonary Symptoms</p> <input type="checkbox"/> Chest Pain <input type="checkbox"/> Asthma <input type="checkbox"/> Globus <input type="checkbox"/> ENT Tumor <input type="checkbox"/> Cough <input type="checkbox"/> Laryngitis/Hoarseness <input type="checkbox"/> Odynophagia <input type="checkbox"/> Other	<p>Lower GI Evaluation</p> <input type="checkbox"/> Distention <input type="checkbox"/> Incontinence <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Pseudo-obstruction <input type="checkbox"/> Decreased Sphincter Tone <input type="checkbox"/> Decreased Stool Caliber Pelvic Pressure: <input type="text"/> <input type="checkbox"/> Other	
	<p>Therapeutic Intervention</p> <input type="checkbox"/> Pre-Operative Evaluation <input type="checkbox"/> Other		<p>Evaluation of</p> <input type="checkbox"/> Known GERD <input type="checkbox"/> Non-Cardiac Chest Pain <input type="checkbox"/> Aspiration <input type="checkbox"/> Asthma <input type="checkbox"/> Regurgitation <input type="checkbox"/> Scleroderma <input type="checkbox"/> Other	
	<p>Research Study</p> Type of Visit: <input type="text"/> Name of Study: <input type="text"/>			
	<p>Indications Comments:</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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	<p>Indications Comments:</p>			<p>Expand</p>

Constipation Detail

of Stools/Week:

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	<p>Diarrhea Detail</p> # of Stools/Day: <input type="text"/> <input type="button" value="Close"/>			<p>Evaluation of</p> <input type="checkbox"/> Known GERD <input type="checkbox"/> Non-Cardiac Chest Pain <input type="checkbox"/> Aspiration <input type="checkbox"/> Asthma <input type="checkbox"/> Regurgitation <input type="checkbox"/> Scleroderma <input type="checkbox"/> Other
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	<input type="checkbox"/> Supplemental O2																			
Exam Information	Sedation Medications Used	pH Study Information																		
Patient Positioning:	Appropriate for: <input type="text"/>	# of Channels: <input type="text"/>																		
<input type="checkbox"/> Supine Position	<input type="checkbox"/> General Anesthesia																			
Side Position: <input type="text"/>	<input type="checkbox"/> Residual sedation present																			
Duration (mins): <input type="text"/>	<input type="checkbox"/> No sedation given																			
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	<input type="checkbox"/> excellent <input type="checkbox"/> fair <input type="checkbox"/> fair, adequate exam <input type="checkbox"/> fair, exam compromised <input type="checkbox"/> good <input type="checkbox"/> poor	Sedation Medications Used Appropriate for: <input type="text"/> <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given	pH Study Information # of Channels: <input type="text"/>	System Used: <input type="checkbox"/> Synectics <input type="checkbox"/> Sandhill <input type="checkbox"/> Beckman <input type="checkbox"/> Other																																																			
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Exam Info

Patient Information
 ASA Class:
 Patient Tolerance:

Monitoring
 BP/Pulse Monitoring Y N
 Oximetry Y N
 Supplemental O2

Motility Study Information
 Solid State Perfused
 # of Channels:

pH Study Information
 # of Channels:

Exam Information
 Patient Positioning:
 Supine Position
 Side Position:
 Duration (mins):

Sedation Medications Used
 Appropriate for:
 General Anesthesia
 Residual sedation present
 No sedation given

Medication	Dosage	Route

System Used:
 Synectics Sandhill
 Beckman Other

Instrument(s) Used

Instrument	Serial#

Exam Information (5) 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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Exam Info

Patient Information
 ASA Class:
 Patient Tolerance:

Monitoring
 BP/Pulse Monitoring Y N
 Oximetry Y N
 Supplemental O2

Motility Study Information
 Solid State Perfused
 # of Channels:

pH Study Information
 # of Channels:

Exam Information
 Patient Positioning:
 Supine Position
 Side Position:
 Duration (mins):

Sedation Medications Used
 Appropriate for:
 anxiolytic sedation
 deep sedation
 general anesthesia
 moderate (conscious) sedation
 Naso-laryngeal Insufflation
 no sedation

System Used:
 Synectics Sandhill
 Beckman Other

Instrument(s) Used

Instrument	Serial#

Exam Information Comments: Expand

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Side Position: <input type="text"/>	<input type="checkbox"/> Residual sedation present	System																								
Duration (mins): <input type="text"/>	<input type="checkbox"/> No sedation given	<input type="checkbox"/> Synectics <input type="checkbox"/> Beckman																								
<input type="checkbox"/> Fluoroscopic Placement	<table border="1"><thead><tr><th>Medication</th><th>Dosage</th><th>Route</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>	Medication	Dosage	Route																						Instrument(s) Used
Medication	Dosage	Route																								
<input type="checkbox"/> Endoscopic Placement		<table border="1"><thead><tr><th>Instrument</th><th>Serial#</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>	Instrument	Serial#																						
Instrument	Serial#																									
<input type="checkbox"/> Direct Placement																										
Exam 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

MOTILITY		Current User: CORI Tech Support		Demonstration Only													
A: Home	Patient: Patient, Fake	Prior exams	New	Date: 01/01/2000	Time: 12:00 PM												
B: History	Lower Esophageal Sphincter		Body - Peristalsis														
C: PE / Labs	SPHINCTER LOCATION (cm):		# of Swallows:														
D: Proc. Info.	Proximal:		Peristalsis Present Y <input type="checkbox"/> N <input type="checkbox"/>														
E: *Indications	Distal:		Mean Distal Amp.:														
E: Exam Info	Length (cm):		Duration (sec):														
G: Eso Man	<input type="checkbox"/> Unable to Assess		Velocity (cm/sec):														
H: Amb. pH Study	MEAN PRESSURES (mmHg):		Upper Esophageal Sphincter														
I: Bil/Panc Man	SPT:		SPHINCTER LOCATION (cm):														
J: Lower GI Man	RPT:		Proximal:														
K: Assess/Diag	RELAXATION		Distal:														
L: Intervent/Events	%:		Length (cm):														
M: Treatment Plan	Swallows:		MEAN PRESSURES (mmHg):														
N: Scheduling	Distal Eso Peristal:		SPT:														
	Note:		RPT:														
			RELAXATION														
			%:														
Esophageal Manometry Comments:					Expand												
<table border="0"> <tr> <td>F1 Help</td> <td>F2 Schedule</td> <td>F3 New</td> <td>F4 Study</td> <td>F5 Exam</td> <td>F6 Reports</td> <td>F7 Lock</td> <td>F8 Patient</td> <td>F9 Staff</td> <td>F10 Utilities</td> <td>F11 Path Rpt</td> <td>F12 Pathways</td> </tr> </table>						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
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						

MOTILITY		Current User: CORI Tech Support		Demonstration Only													
A: Home	Patient: Patient, Fake	Prior exams	New	Date: 01/01/2000	Time: 12:00 PM												
B: History	Probe Placement		Percent Time pH < 4														
C: PE / Labs	Probe Placement (cm) from Nares:		TOTAL:														
D: Proc. Info.	Proximal: Distal:		Prox.: Distal:														
E: *Indications	<input type="checkbox"/> Fluoroscopic Proc. <input type="checkbox"/> Endoscopic Proc.		UPRIGHT:														
E: Exam Info	<input type="checkbox"/> Manometrically Determined LES		Prox.: Distal:														
G: Eso Man	<input type="checkbox"/> Step Up Technique		SUPINE:														
H: Amb. pH Study	Under Direct Vision by:		Prox.: Distal:														
I: Bil/Panc Man	Note:		Note:														
J: Lower GI Man			Scores/Indexes														
K: Assess/Diag	Symptoms/Episodes		DeMeester Score:														
L: Intervent/Events	Longest Duration of Reflux Symptoms (mins):		Symptom Sensitivity Index (%):														
M: Treatment Plan	Proximal: Distal:		Prox.: Distal:														
N: Scheduling	Number of Episodes > 5 Minutes:		Other:														
	Proximal: Distal:		Monitoring Time														
	Note:		Hours: Minutes:														
Ambulatory pH Study Comments:					Expand												
<table border="0"> <tr> <td>F1 Help</td> <td>F2 Schedule</td> <td>F3 New</td> <td>F4 Study</td> <td>F5 Exam</td> <td>F6 Reports</td> <td>F7 Lock</td> <td>F8 Patient</td> <td>F9 Staff</td> <td>F10 Utilities</td> <td>F11 Path Rpt</td> <td>F12 Pathways</td> </tr> </table>						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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MOTILITY		Current User: CORI Tech Support		Demonstration Only	
A: Home	Patient: Patient, Fake	Prior exams	New	Date: 01/01/2000	Time: 12:00 PM
B: History	Biliary Manometry <input type="checkbox"/> Ill Through Technique: <input type="text"/>		Pancreatic Manometry <input type="checkbox"/> Ill Through Technique: <input type="text"/>		
C: PE / Labs	MEAN PRESSURES (mmHg):		MEAN PRESSURES (mmHg):		
D: Proc. Info.	Basal:	<input type="text"/>	Basal:	<input type="text"/>	
E: *Indications	Phasic:	<input type="text"/>	Phasic:	<input type="text"/>	
E: Exam Info	Intraductal:	<input type="text"/>	Intraductal:	<input type="text"/>	
G: Eso Man	Motor Abnormalities:	<input type="text"/>	Motor Abnormalities:	<input type="text"/>	
H: Amb. pH Study	Note:	<input type="text"/>	Aspiration Technique Used?	Y <input type="checkbox"/> N <input type="checkbox"/>	
I: Bil/Panc Man			Note:	<input type="text"/>	
J: Lower GI Man					
K: Assess/Diag					
L: Intervent/Events					
M: Treatment Plan					
N: Scheduling					
Biliary Pancreatic Manometry 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					

MOTILITY		Current User: CORI Tech Support		Demonstration Only	
A: Home	Patient: Patient, Fake	Prior exams	New	Date: 01/01/2000	Time: 12:00 PM
B: History	Biliary Manometry <input type="checkbox"/> Ill Through Technique: <input type="text"/>		Pancreatic Manometry <input type="checkbox"/> Ill Through Technique: <input type="text"/>		
C: PE / Labs	MEAN PRESSURES (mmHg):		MEAN PRESSURES (mmHg):		
D: Proc. Info.	Basal:	<input type="text"/>	Basal:	<input type="text"/>	
E: *Indications	Phasic:	<input type="text"/>	Phasic:	<input type="text"/>	
E: Exam Info	Intraductal:	<input type="text"/>	Intraductal:	<input type="text"/>	
G: Eso Man	Motor Abnormalities:	<input type="text"/>	Motor Abnormalities:	<input type="text"/>	
H: Amb. pH Study	Note:	<input type="text"/>	Aspiration Technique Used?	Y <input type="checkbox"/> N <input type="checkbox"/>	
I: Bil/Panc Man			Note:	<input type="text"/>	
J: Lower GI Man					
K: Assess/Diag					
L: Intervent/Events					
M: Treatment Plan					
N: Scheduling					
Biliary Pancreatic Manometry 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					

MOTILITY		Current User: CORI Tech Support		Demonstration Only													
A: Home	Patient: Patient, Fake	Prior exams	New	Date: 01/01/2000	Time: 12:00 PM												
B: History	Biliary Manometry <input type="checkbox"/> ill Through Technique: <input type="text"/> MEAN PRESSURES (mmHg): Basal: <input type="text"/> Phasic: <input type="text"/> Intraductal: <input type="text"/> Motor Abnormalities: <input type="text"/> Note: <input type="text"/>		Pancreatic Manometry <input type="checkbox"/> ill Through Technique: <input type="text"/> MEAN PRESSURES (mmHg): Rapid Pull Through Station Pull Through Basal: <input type="text"/> Phasic: <input type="text"/> Intraductal: <input type="text"/> Motor Abnormalities: <input type="text"/> Aspiration Technique Used? Y <input type="checkbox"/> N <input type="checkbox"/> Note: <input type="text"/>														
C: PE / Labs	Biliary Pancreatic Manometry Comments: Expand																
D: Proc. Info.	<table border="0"> <tr> <td>F1 Help</td> <td>F2 Schedule</td> <td>F3 New</td> <td>F4 Study</td> <td>F5 Exam</td> <td>F6 Reports</td> <td>F7 Lock</td> <td>F8 Patient</td> <td>F9 Staff</td> <td>F10 Utilities</td> <td>F11 Path Rpt</td> <td>F12 Pathways</td> </tr> </table>					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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MOTILITY		Current User: CORI Tech Support		Demonstration Only													
A: Home	Patient: Patient, Fake	Prior exams	New	Date: 01/01/2000	Time: 12:00 PM												
B: History	Colon Manometry FASTING STATE Fasting Time (hrs): <input type="text"/> Motility <input type="checkbox"/> Normal <input type="checkbox"/> Abn Abnormality: <input type="text"/> Note: <input type="text"/> FED STATE Fed Time (hrs): <input type="text"/> Motility <input type="checkbox"/> Normal <input type="checkbox"/> Abn Abnormality: <input type="text"/> Note: <input type="text"/>		Ano-Rectal Manometry Balloon Expulsion Y <input type="checkbox"/> N <input type="checkbox"/> Sensation (ccs): <input type="text"/> Note: <input type="text"/> Ano-Rectal IAS Findings Pressures (mmHg) Mean: <input type="text"/> Max.: <input type="text"/> Percent Relax. (%): <input type="text"/> Air Used (ccs): <input type="text"/> Fatigue at (secs): <input type="text"/> Note: <input type="text"/>		Ano-Rectal EAS Findings Pressures (mmHg) Mean: <input type="text"/> Max.: <input type="text"/> Percent Relax. (%): <input type="text"/> Air Used (ccs): <input type="text"/> Fatigue at (secs): <input type="text"/> Note: <input type="text"/>												
C: PE / Labs	Lower GI Manometry Comments: Expand																
D: Proc. Info.	<table border="0"> <tr> <td>F1 Help</td> <td>F2 Schedule</td> <td>F3 New</td> <td>F4 Study</td> <td>F5 Exam</td> <td>F6 Reports</td> <td>F7 Lock</td> <td>F8 Patient</td> <td>F9 Staff</td> <td>F10 Utilities</td> <td>F11 Path Rpt</td> <td>F12 Pathways</td> </tr> </table>					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
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						

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Assessment

Incomplete Exam
 Abnormal Findings
 Normal

Eso Man Assessment

LES Assessment:
 Body Assessment:
 Dysmotility:
 Pre-op Eval:
 Note:

Bil/Panc Man Assessment

Bil Sphincter Assessment:
 Bil/Panc Assessment Note:
 Panc Sphincter Assessment:
 Panc Assessment Note:

Amb pH Assessment

Assessment:
 Note:

Lower GI Man Assessment

Assessment:

Diagnoses

Category	ICD

Assessment and Diagnoses 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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Assessment

Incomplete Exam
 Abnormal Findings
 Normal

Eso Man Assessment

LES Assessment:
 Body Assessment:
 Dysmotility:
 Pre-op Eval:
 Note:

Bil/Panc Man Assessment

Bil Sphincter Assessment:
 Bil/Panc Assessment Note:
 Panc Sphincter Assessment:
 Panc Assessment Note:

Amb pH Assessment

Assessment:
 Note:

Lower GI Man Assessment

Assessment:

Diagnoses

Category	ICD

Assessment and Diagnoses 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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Assessment

Incomplete Exam
 Abnormal Findings
 Normal

Eso Man Assessment

LES Assessment:
 Body Assessment:
 Dysmotility:
 Pre-op Eval:
 Note:

Bil/Panc Man Assessment

Bil Sphincter Assessment:
 Bil/Panc Assessment Note:
 Panc Sphincter Assessment:
 Panc Assessment Note:

Lower GI Man Assessment

Assessment:

- Abnormal exam
- Abnormal exam, see findings
- Absent pressure
- Hypertensive, SOD confirmed
- Normal exam
- Not done
- Post-Sphincterotomy physiology

Amb pH Assessment

Assessment:
 Note:

Assessment Comments

Category | ICD

Assessment and Diagnoses 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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Assessment

Incomplete Exam
 Abnormal Findings
 Normal

Eso Man Assessment

LES Assessment:
 Body Assessment:
 Dysmotility:
 Pre-op Eval:
 Note:

Bil/Panc Man Assessment

Bil Sphincter Assessment:
 Bil/Panc Assessment Note:
 Panc Sphincter Assessment:
 Panc Assessment Note:

Lower GI Man Assessment

Assessment:

- Abnormal exam
- Abnormal exam, see findings
- Hypertensive with incomplete relaxation
- Hypertensive with normal relaxation
- Hypotensive LES / effective esophageal peristalsis
- Hypotensive LES/ineffective peristalsis
- Ineffective peristalsis
- Normal exam
- NS Esophageal Motor Disorder
- Post surgical physiology

Amb pH Assessment

Assessment:
 Note:

Assessment Comments

Category | ICD

Assessment and Diagnoses 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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Assessment

Incomplete Exam
 Abnormal Findings
 Normal

Eso Man Assessment

LES Assessment:

Abnormal exam
 Abnormal exam, see findings
 Hypertensive with incomplete relaxation
 Hypertensive with normal relaxation
 Hypotensive LES / effective esophageal peristalsis
 Hypotensive LES/ineffective peristalsis
 Ineffective peristalsis
 Normal exam
 NS Esophageal Motor Disorder
 Post surgical physiology

Bil/Panc Man Assessment

Bil Sphincter Assessment:
 Bil/Panc Assessment Note:

Panc Sphincter Assessment:
 Panc Assessment Note:

Lower GI Man Assessment

Assessment:

Diagnoses

Category	ICD

Assessment and Diagnoses 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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Assessment

Incomplete Exam
 Abnormal Findings
 Normal

Eso Man Assessment

LES Assessment:

Body Assessment:

Dysmotility: Abnormal, see findings
 Aperistalsis
 Pre-op Eval: DES
 Note: Effective peristaltic function
 Hypertensive peristaltic contractions
 Ineffective peristaltic function
 Assessment: Motile
 Note: Normal

Bil/Panc Man Assessment

Bil Sphincter Assessment:
 Bil/Panc Assessment Note:

Panc Sphincter Assessment:
 Panc Assessment Note:

Lower GI Man Assessment

Assessment:

Diagnoses

Category	ICD

Assessment and Diagnoses 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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

A: Home	Assessment		Eso Man Assessment											
B: History	Incomplete Exam <input type="checkbox"/>	Abnormal Findings <input type="checkbox"/>	LES Assessment: <input type="text"/>	Body Assessment: <input type="text"/>										
C: PE / Labs	Normal <input type="checkbox"/>		Dysmotility: <input type="text"/>	Achalasia										
D: Proc. Info.				Diffuse Esophageal Spasm										
E: *Indications	Bil/Panc Man Assessment			Hypertensive LES Pressure / incomplete relaxation										
E: Exam Info	Bil Sphincter Assessment: <input type="text"/>	Bil/Panc Assessment Note: <input type="text"/>		Hypertensive LES Pressure with complete relaxation										
G: Eso Man	Panc Sphincter Assessment: <input type="text"/>	Panc Assessment Note: <input type="text"/>		Nut Cracker Esophagus										
H: Amb. pH Study	Lower GI Man Assessment			Note: <input type="text"/>										
I: Bil/Panc Man	Assessment: <input type="text"/>		Assessment Comments											
J: Lower GI Man			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Category</th> <th>ICD</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Category	ICD								
Category	ICD													
K: Assess/Diag														
L: Intervent/Events														
M: Treatment Plan														
N: Scheduling			Expand											

Assessment and Diagnoses

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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

A: Home	Assessment		Eso Man Assessment											
B: History	Incomplete Exam <input type="checkbox"/>	Abnormal Findings <input type="checkbox"/>	LES Assessment: <input type="text"/>	Body Assessment: <input type="text"/>										
C: PE / Labs	Normal <input type="checkbox"/>		Dysmotility: <input type="text"/>	Pre-op Eval: <input type="text"/>										
D: Proc. Info.				Note: <input type="text"/>										
E: *Indications	Bil/Panc Man Assessment			Hypertensive										
E: Exam Info	Bil Sphincter Assessment: <input type="text"/>	Bil/Panc Assessment Note: <input type="text"/>		Hypotensive										
G: Eso Man	Panc Sphincter Assessment: <input type="text"/>	Panc Assessment Note: <input type="text"/>		Normotensive										
H: Amb. pH Study	Lower GI Man Assessment			Note: <input type="text"/>										
I: Bil/Panc Man	Assessment: <input type="text"/>		Assessment Comments											
J: Lower GI Man			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Category</th> <th>ICD</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Category	ICD								
Category	ICD													
K: Assess/Diag														
L: Intervent/Events														
M: Treatment Plan														
N: Scheduling			Expand											

Assessment and Diagnoses

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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Assessment

Incomplete Exam
 Abnormal Findings
 Normal

Eso Man Assessment

LES Assessment:
 Body Assessment:
 Dysmotility:
 Pre-op Eval:
 Note:

Bil/Panc Man Assessment

Bil Sphincter Assessment:
 Bil/Panc Assessment Note:
 Panc Sphincter Assessment:
 Panc Assessment Note:

Amb pH Assessment

Assessment:
 Note:

Lower GI Man Assessment

Assessment:

Asses:

- Abnormal exam
- Abnormal exam, see findings
- GERD confirmed
- GERD not confirmed
- Normal exam

Diag:

Category	ICD

Assessment and Diagnoses 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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Unplanned Interventions

No Intervention Required

Sed. Reversed as Intervention
 Oxygen Transfusion
 HospAdmit Sent to ER
 Surgery Cautery
 IV Fluids
 Procedure Stopped
 Code 99/CPR
 Other

Intervention Medications

Medication	Dosage

Unplanned Events

Any complications? Y N

Cardiopulmonary Complications

Chest Pain Arrhythmia
 Bradycardia Tachycardia
 Wheezing Hypotension
 Hypertension
 Transient Hypoxia
 Prolonged Hypoxia
 Respiratory Distress
 Pulmonary Edema
 Vasovagal Reaction
 Tracheal Compression
 Death Other
 O2 Saturation less than 95%
 O2 Sat (%):

Gastrointestinal Complications

Bleeding Perforation
 Abd Pain Peritonitis
 Nausea/Vomiting Pancreatitis
 Other

Other Events

Epistaxis Sinusitis
 Rash Drug React
 Impaction:
 ContrastReact
 Stent Migration

Intervention Results

Successful? Y N

Hemostasis Achieved
 Vital Signs Stabilized
 O2 Desaturation Reversed
 Spontaneous Resolution
 Notes:

Interventions and Events Comments: Expand

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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Unplanned Interventions

No Intervention Required

Sed. Reversed as Intervention

Oxygen Transfusion

HospAdmit Sent to ER

Surgery Cautery

IV Fluids

Procedure Stopped

Code 99/CPR

Other

Unplanned Events

Any complications? Y N

Cardiopulmonary Complications

Chest Pain Arrhythmia

Bradycardia Tachycardia

Wheezing Hypotension

Hypertension

Transient Hypoxia

Gastrointestinal Complications

Bleeding Perforation

Abd Pain Peritonitis

Nausea/Vomiting Pancreatitis

Other

Other Events

Epistaxis Sinusitis

Rash Drug React

Impaction:

ContrastReact

Stent Migration

Intervention Results

Successful? Y N

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

Spontaneous Resolution

Notes:

Intervention Medications

Medication	Dosage

IV Fluids Detail

ccs given:

IV Given:

Interventions and Events Comments:

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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Unplanned Interventions

No Intervention Required

Sed. Reversed as Intervention

Oxygen Transfusion

HospAdmit Sent to ER

Surgery Cautery

IV Fluids

Procedure Stopped

Code 99/CPR

Other

Unplanned Events

Any complications? Y N

Cardiopulmonary Complications

Chest Pain Arrhythmia

Bradycardia Tachycardia

Wheezing Hypotension

Hypertension

Transient Hypoxia

Prolonged Hypoxia

Gastrointestinal Complications

Bleeding Perforation

Abd Pain Peritonitis

Nausea/Vomiting Pancreatitis

Other

Other Events

Epistaxis Sinusitis

Rash Drug React

Impaction:

ContrastReact

Stent Migration

Intervention Results

Successful? Y N

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

Spontaneous Resolution

Notes:

Intervention Medications

Medication	Dosage

Code 99/CPR Detail

Chest Compression

Ventilation

Interventions and Events Comments:

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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Unplanned Interventions

No Intervention Required

Sed. Reversed as Intervention

Oxygen Transfusion

HospAdmit Sent to ER

Surgery Cautery

IV Fluids

Procedure Stopped

Code 99/CPR

Other

Intervention Medications

Medication	Dosage

Unplanned Events

Any complications? Y N

Cardiopulmonary Complications

Chest Pain Arrhythmia

Bradycardia Tachycardia

Wheezing Hypotension

Hypertension

Transient Hypoxia

Prolonged Hypoxia

Respiratory Distress

Pulmonary Edema

Vasovagal Reaction

Tracheal Compression

Death Other

O2 Saturation less than 95%

O2 Sat (%):

Gastrointestinal Complications

Bleeding Perforation

Abd Pain Peritonitis

Nausea/Vomiting Pancreatitis

Other

Other Events

Epistaxis Sinusitis

Rash Drug React

Impaction:

ContrastReact active

Stent Migration

Intervention Results

Successful? Y N

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

Spontaneous Resolution

Notes:

Interventions and Events Comments: Expand

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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Unplanned Interventions

No Intervention Required

Sed. Reversed as Intervention

Oxygen Transfusion

HospAdmit Sent to ER

Surgery Cautery

IV Fluids

Procedure Stopped

Code 99/CPR

Other

Intervention Medications

Medication	Dosage

Unplanned Events

Any complications? Y N

Cardiopulmonary Complications

Chest Pain Arrhythmia

Bradycardia Tachycardia

Wheezing Hypotension

Hypertension

Transient Hypoxia

Prolonged Hypoxia

Gastrointestinal Complications

Bleeding Perforation

Abd Pain Peritonitis

Nausea/Vomiting Pancreatitis

Other

Other Events

Epistaxis Sinusitis

Rash Drug React

Impaction:

ContrastReact

Stent Migration

Intervention Results

Successful? Y N

Hemostasis Achieved

Vital Signs Stabilized

O2 Desaturation Reversed

Spontaneous Resolution

Notes:

Interventions and Events Comments: Expand

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

O2 Desaturation Reversed Detail

O2 Saturation (%):

Close

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Post Exam Instructions

When to Call What to Expect
 Sedation Activity Levels

NPO for: Liquids:

Resume Prior Diet:
No Alcohol:

Hold NSAIDS for:
Restart Meds in:

Findings Related Recommendations

Standard Instructions For:

Reflux Dysphagia
 Incontinence Diarrhea
 Constipation N/S Motility Disorder
 Normal Exam Achalasia
 Other Finding

For N/S Motility Disorder, complete instruc. below

Special Instructions:

Medication Plan

Await Pathology DC Current Meds No Meds Required
 Rxs / referring Prov Cont Current Meds

Med Type	Med	Dose	sig	Start Date	Duration	DC'd

Treatment Plan Comments: Expand

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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Disposition

After Procedure Patient Sent:
After Recovery Patient Sent:

Scheduling and Referral

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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Pathology

Biopsy Description	Results	Modifier	Comments

Pathology Report

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

Post Exam Comments: Expand

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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Post Exam Patient Information

Encounter Type:

Information From:

Any problems with where IV was inserted? Y N

Did pt understand the dischg instructions? Y N

Did pt have questions regarding follow-up? Y N

Did pt take post exam Rxs as prescribed? Y N

If not, explain:

Complete Post Exam Events section if necessary

Patient Satisfaction

How does pt feel post exam?:

Did pt feel prepared for procedure? Y N

Was the pt groggy after procedure? Y N

If yes, how many hours?:

Any complaints about Procedure? Y N

If yes, what?:

Any suggestions for improvement? Y N

if yes, what?:

Post Exam Events

Event Type	Event	Date Occurred	Intervention	Comments

Follow-up Information and Events Comments: Expand

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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Post Exam Patient Information		Patient Satisfaction	
Encounter Type:		How does pt feel post exam?:	
Information From:	<ul style="list-style-type: none"> Chart Review Clinic visit Letter Telephone call 	Did pt feel prepared for procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Any problems with where IV was placed?		Was the pt groggy after procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did pt understand the discharge instructions?	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, how many hours?:	
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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

Post Exam Patient Information		Patient Satisfaction	
Encounter Type:		How does pt feel post exam?:	
Information From:	<ul style="list-style-type: none"> family guardian patient 	Did pt feel prepared for procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Any problems with where IV was placed?		Was the pt groggy after procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did pt understand the discharge instructions?	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, how many hours?:	
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

MOTILITY Current User: CORI Tech Support Demonstration Only

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

	Post Exam Patient Information	Patient Satisfaction																																			
A: Home	Encounter Type: <input type="text"/>	How does pt feel post exam?: <input type="text"/>																																			
B: History	Information From: <input type="text"/>	Did pt feel prepared for procedure? <input type="text"/>																																			
C: PE / Labs	Any problems with where IV was inserted? <input type="checkbox"/> Y <input type="checkbox"/> N	Was the pt groggy after procedure? <input type="text"/>																																			
D: Proc. Info.	Did pt understand the dischg instructions? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, how many hours?: <input type="text"/>																																			
E: *Indications	Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N	Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N																																			
F: Exam Info	Did pt take post exam Rxs as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what?: <input type="text"/>																																			
G: Eso Man	If not, explain: <input type="text"/>	Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N																																			
H: Amb. pH Study	Complete Post Exam Events section if necessary	if yes, what?: <input type="text"/>																																			
I: Bil/Panc Man	Post Exam Events																																				
J: Lower GI Man	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 25%;">Event Type</th> <th style="width: 25%;">Event</th> <th style="width: 15%;">Date Occurred</th> <th style="width: 15%;">Intervention</th> <th style="width: 20%;">Comments</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Event Type	Event	Date Occurred	Intervention	Comments																														
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F1 Help
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F3 New
F4 Study
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