

## Screenshots for Documentation of Non-Endoscopic Procedures in CORI3

Non-ENDO 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

Non-ENDO 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: [dropdown]

Antibiotic Prophylaxis

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

**Allergies**

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

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

Non-ENDO 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: [dropdown]

Antibiotic Prophylaxis

Type	Med	Dose	sig	Start	End

**Allergies**

No known allergies

Allergic to:

**Patient Habits**

Patient Smokes? Y  N

Cigarettes

Cigars

Pipe

# / Day: [dropdown]

Drinking Status: binge drinker

Drinks / Day: binge drinker

currently drinking

not currently drinking

occasional

social

unknown

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

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



**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

**Procedures Performed**

- Percutaneous Liver Biopsy
- Large Volume Paracentesis
- Home Hemocult Testing
- Non-Endoscopic Dilation
- Anoscopy
- PEG Tube Replacement
- PEG Tube Removal
- PEG Tube
- PEG Tube
- H. Pylori E
- Other Pro

**Exam Personnel**

Attending Present		
Title	Name	LoS

**Exam Location**

Location:

InPT/OutPT?:

InPT Room#:

**Patient Consent**

Consent Obtained Y  N

Obtained from:

Obtained By:

Consent to be Contacted Obtained? Not Asked  Y  N

**Percutaneous Liver Biopsy Detail**

- with Biopsy(s) / Brushing(s)
- with Multiple Biopsies (>10)
- Blind Exam
- Ultrasound Guided
- 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

**Procedures Performed**

- Percutaneous Liver Biopsy
- Large Volume Paracentesis
- Home Hemocult Testing
- Non-Endoscopic Dilation
- Anoscopy
- PEG Tube Replacement
- PEG Tube Removal
- PEG Tube
- PEG Tube
- H. Pylori E
- Other Pro

**Exam Personnel**

Attending Present		
Title	Name	LoS

**Exam Location**

Location:

InPT/OutPT?:

InPT Room#:

**Patient Consent**

Consent Obtained Y  N

Obtained from:

Obtained By:

Consent to be Contacted Obtained? Not Asked  Y  N

**Percutaneous Liver Biopsy Detail**

- with Biopsy(s) / Brushing(s)
- with Multiple Biopsies (>10)
- Blind Exam
- Ultrasound Guided
- with Other

**Percutaneous Liver Biopsy Detail**

Please select the reason/s for this modifier:

- Greater than 10 biopsies taken
- Anatomical Deformity
- The Duration of the Exam was Prolonged

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

**Procedures Performed**

- Percutaneous Liver Biopsy
- Large Volume Paracentesis
- Home Hemocult Testing
- Non-Endoscopic Dilation
- Anoscopy
- PEG Tube Replacement
- PEG Tube Removal
- PEG Tube Check
- PEG Tube
- H. Pylori E
- Other Pro

**Exam Personnel**

Attending Present

Title	Name	LoS

**Exam Location**

Location:

InPT/OutPT?:

InPT Room#:

**Patient Consent**

Consent Obtained Y  N

Obtained from:

Obtained By:

Consent to be Contacted Obtained? Not Asked Y  N

**Large Volume Paracentesis Detail**

- with Biopsy(s) / Brushing(s)
- Blind Exam
- Ultrasound Guided
- 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

**Procedures Performed**

- Percutaneous Liver Biopsy
- Large Volume Paracentesis
- Home Hemocult Testing
- Non-Endoscopic Dilation
- Anoscopy
- PEG Tube Replacement
- PEG Tube Removal
- PEG Tube
- PEG Tube
- H. Pylori E
- Other Pro

**Exam Personnel**

Attending Present

Title	Name	LoS

**Exam Location**

Location:

InPT/OutPT?:

InPT Room#:

**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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

**Procedures Performed**

- Percutaneous Liver Biopsy
- Large Volume Paracentesis
- Home Hemocult Testing
- Non-Endoscopic Dilation
- Anoscopy
- PEG Tube Replacement
- PEG Tube Removal
- PEG Tube
- PEG Tube
- PEG Tube
- H. Pylori
- Other Pro

**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 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

**Anoscopy Detail**

Please select the reason/s for this modifier:

- Greater than 10 biopsies taken
- Anatomical Deformity
- The Duration of the Exam was Prolonged

Procedure

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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

**Procedures Performed**

- Percutaneous Liver Biopsy
- Large Volume Paracentesis
- Home Hemocult Testing
- Non-Endoscopic Dilation
- Anoscopy
- PEG Tube Replacement
- PEG Tube Removal
- PEG Tube Check
- PEG Tube Insertion
- H. Pylori Breath Test
- Other Procedure

**Exam Personnel**

Title	Name	LoS

**Exam Location**

Location:

InPT/OutPT?:

InPT Room#:

**Patient Consent**

Obtained Y  N

from:

By:

to be Contacted Obtained? Not Asked  Y  N

**H. Pylori Breath Test Detail**

- C-14
- Py Test
- C-13
- Other

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<p><b>Procedures Performed</b></p> <p><input type="checkbox"/> Percutaneous Liver Biopsy</p> <p><input type="checkbox"/> Large Volume Paracentesis</p> <p><input type="checkbox"/> Home Hemocult Testing</p> <p><input type="checkbox"/> Non-Endoscopic Dilation</p> <p><input type="checkbox"/> Anoscopy</p> <p><input type="checkbox"/> PEG Tube Replacement</p> <p><input type="checkbox"/> PEG Tube Removal</p> <p><input type="checkbox"/> PEG Tube Check</p> <p><input type="checkbox"/> PEG Tube Insertion</p> <p><input type="checkbox"/> H.Pylori Breath Test</p> <p><input type="checkbox"/> Other Procedure</p>	<p><b>Exam Personnel</b></p> <p><input type="checkbox"/> Attending Present</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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																															<p><b>Exam Location</b></p> <p>Location: <input type="text"/></p> <p>InPT/Out: <input type="text"/></p> <p>InPT Room#: <input type="text"/></p> <p>Emergency Department</p> <p>Endoscopy Suite</p> <p>Hospital Ward</p> <p>Intensive Care Unit</p> <p>NICU</p> <p>Operating Room</p> <p>Outpatient Clinic</p> <p>PICU</p> <p>Consent Radiology</p> <p>Obtained Short Stay Unit</p> <p>Obtained By: <input type="text"/></p> <p>Consent to be Contacted Obtained?</p> <p>Not Asked <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/></p>
Title	Name	LoS																																		
<p><b>Ultrasound Marking</b></p> <p><input type="checkbox"/> Ultrasound Marking for Liver Biopsy</p> <p><input type="checkbox"/> Ultrasound Marking for Paracentesis</p>																																				
<p>Procedure Information Comments: <span style="float: right;">Expand</span></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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<p><b>Procedures Performed</b></p> <p><input type="checkbox"/> Percutaneous Liver Biopsy</p> <p><input type="checkbox"/> Large Volume Paracentesis</p> <p><input type="checkbox"/> Home Hemocult Testing</p> <p><input type="checkbox"/> Non-Endoscopic Dilation</p> <p><input type="checkbox"/> Anoscopy</p> <p><input type="checkbox"/> PEG Tube Replacement</p> <p><input type="checkbox"/> PEG Tube Removal</p> <p><input type="checkbox"/> PEG Tube Check</p> <p><input type="checkbox"/> PEG Tube Insertion</p> <p><input type="checkbox"/> H.Pylori Breath Test</p> <p><input type="checkbox"/> Other Procedure</p>	<p><b>Exam Personnel</b></p> <p><input type="checkbox"/> Attending Present</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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																															<p><b>Exam Location</b></p> <p>Location: <input type="text"/></p> <p>InPT/OutPT?: <input type="text"/></p> <p>InPT Room#: <input type="text"/></p> <p>Inpatient-ICU</p> <p>Inpatient-ward</p> <p>Outpatient</p> <p><b>Patient Consent</b></p> <p>Consent Obtained Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Obtained from: <input type="text"/></p> <p>Obtained By: <input type="text"/></p> <p>Consent to be Contacted Obtained?</p> <p>Not Asked <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/></p>
Title	Name	LoS																																		
<p><b>Ultrasound Marking</b></p> <p><input type="checkbox"/> Ultrasound Marking for Liver Biopsy</p> <p><input type="checkbox"/> Ultrasound Marking for Paracentesis</p>																																				
<p>Procedure Information Comments: <span style="float: right;">Expand</span></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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<p><b>Procedures Performed</b></p> <p><input type="checkbox"/> Percutaneous Liver Biopsy</p> <p><input type="checkbox"/> Large Volume Paracentesis</p> <p><input type="checkbox"/> Home Hemocult Testing</p> <p><input type="checkbox"/> Non-Endoscopic Dilation</p> <p><input type="checkbox"/> Anoscopy</p> <p><input type="checkbox"/> PEG Tube Replacement</p> <p><input type="checkbox"/> PEG Tube Removal</p> <p><input type="checkbox"/> PEG Tube Check</p> <p><input type="checkbox"/> PEG Tube Insertion</p> <p><input type="checkbox"/> H.Pylori Breath Test</p> <p><input type="checkbox"/> Other Procedure</p>	<p><b>Exam Personnel</b></p> <p><input type="checkbox"/> Attending Present</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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																																		<p><b>Exam Location</b></p> <p>Location: <input type="text"/></p> <p>InPT/OutPT?: <input type="text"/></p> <p>InPT Room#: <input type="text"/></p>
Title	Name	LoS																																					
<p><b>Ultrasound Marking</b></p> <p><input type="checkbox"/> Ultrasound Marking for Liver Biopsy</p> <p><input type="checkbox"/> Ultrasound Marking for Paracentesis</p>			<p><b>Patient Consent</b></p> <p>Consent Obtained <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Obtained from: <input type="text"/></p> <p>Obtained By: <input type="text"/></p> <p>Consent to be Contained <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																				
<p>Procedure Information 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<p><b>Procedures Performed</b></p> <p><input type="checkbox"/> Percutaneous Liver Biopsy</p> <p><input type="checkbox"/> Large Volume Paracentesis</p> <p><input type="checkbox"/> Home Hemocult Testing</p> <p><input type="checkbox"/> Non-Endoscopic Dilation</p> <p><input type="checkbox"/> Anoscopy</p> <p><input type="checkbox"/> PEG Tube Replacement</p> <p><input type="checkbox"/> PEG Tube Removal</p> <p><input type="checkbox"/> PEG Tube Check</p> <p><input type="checkbox"/> PEG Tube Insertion</p> <p><input type="checkbox"/> H.Pylori Breath Test</p> <p><input type="checkbox"/> Other Procedure</p>	<p><b>Exam Personnel</b></p> <p><input type="checkbox"/> Attending Present</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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																																		<p><b>Exam Location</b></p> <p>Location: <input type="text"/></p> <p>InPT/OutPT?: <input type="text"/></p> <p>InPT Room#: <input type="text"/></p>
Title	Name	LoS																																					
<p><b>Ultrasound Marking</b></p> <p><input type="checkbox"/> Ultrasound Marking for Liver Biopsy</p> <p><input type="checkbox"/> Ultrasound Marking for Paracentesis</p>			<p><b>Patient Consent</b></p> <p>Consent Obtained <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Obtained from: <input type="text"/></p> <p>Obtained By: <input type="text"/></p> <p>Consent to be Contained <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																				
<p>Procedure Information 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



**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<ul style="list-style-type: none"> <li>A: Home</li> <li>B: History</li> <li>C: PE / Labs</li> <li>D: Proc. Info.</li> <li style="background-color: #0056b3; color: white;">E: *Indications</li> <li>F: Liver Disease</li> <li>G: Exam Info</li> <li>H: Exam Prep</li> <li>I: Results</li> <li>J: Intervent/Events</li> <li>K: Assess/Diag</li> <li>L: Treatment Plan</li> <li>M: Scheduling</li> </ul>	<p style="text-align: center; background-color: #008080; color: white; margin: 0;">Symptoms</p> <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Weight Loss <input type="checkbox"/> Jaundice <input type="checkbox"/> Dysphagia <input type="checkbox"/> Abd Pain / Bloating <input type="checkbox"/> Rectal Bleeding <input type="checkbox"/> Hematemesis <input type="checkbox"/> Melena <input type="checkbox"/> Stricture <input type="checkbox"/> Asymptomatic Screening <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Biliary Attrition <input type="checkbox"/> Neonatal Hepatitis <input type="checkbox"/> Other	<p style="text-align: center; background-color: #008080; color: white; margin: 0;">Evaluation of</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;">Susp.</td> <td style="width: 10%; text-align: center;">Estab.</td> <td style="width: 20%;"></td> </tr> <tr> <td>Alpha 1 Antiripsin</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Auto-Immune Hepatitis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Benign Tumor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Cryptogenic</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Drug Induced Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Hemochromatosis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Liver Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Liver Metastases</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Mass</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Malignant Tumor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Non-ETOH Steatohep.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Primary Bili Cirrhosis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>PSC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Wilson's Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> <td></td> </tr> </table>		Susp.	Estab.		Alpha 1 Antiripsin	<input type="checkbox"/>	<input type="checkbox"/>		Auto-Immune Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		Benign Tumor	<input type="checkbox"/>	<input type="checkbox"/>		Cryptogenic	<input type="checkbox"/>	<input type="checkbox"/>		Drug Induced Disease	<input type="checkbox"/>	<input type="checkbox"/>		Hemochromatosis	<input type="checkbox"/>	<input type="checkbox"/>		Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>		Liver Metastases	<input type="checkbox"/>	<input type="checkbox"/>		Mass	<input type="checkbox"/>	<input type="checkbox"/>		Malignant Tumor	<input type="checkbox"/>	<input type="checkbox"/>		Non-ETOH Steatohep.	<input type="checkbox"/>	<input type="checkbox"/>		Primary Bili Cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>		PSC	<input type="checkbox"/>	<input type="checkbox"/>		Wilson's Disease	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Other				<p style="text-align: center; background-color: #008080; color: white; margin: 0;">Therapeutic Interventions</p> <p>As Reason for Exam</p> <input type="checkbox"/> Peg Replacement <input type="checkbox"/> LVP for Relief of Ascites <input type="checkbox"/> Esophageal Dilation <input type="checkbox"/> Other
	Susp.	Estab.																																																																	
Alpha 1 Antiripsin	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Auto-Immune Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Benign Tumor	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Cryptogenic	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Drug Induced Disease	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Hemochromatosis	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Liver Metastases	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Mass	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Malignant Tumor	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Non-ETOH Steatohep.	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Primary Bili Cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
PSC	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Wilson's Disease	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
<input type="checkbox"/> Other																																																																			
		Post Liver Transplant Evaluation																																																																	
		Type of Exam: <input type="text"/>																																																																	
		<input type="checkbox"/> Rejection <input type="checkbox"/> Infection <input type="checkbox"/> Recurrent Hepatitis C <input type="checkbox"/> Other																																																																	
		Research Study																																																																	
		Type of Visit: <input type="text"/>																																																																	
		Name of Study: <input type="text"/>																																																																	
		Indications Comments: <span style="float: right;">Expand</span>																																																																	

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

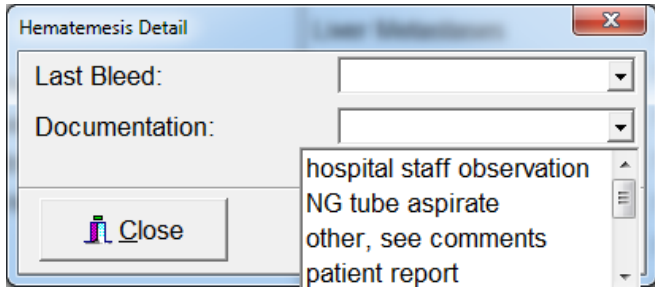
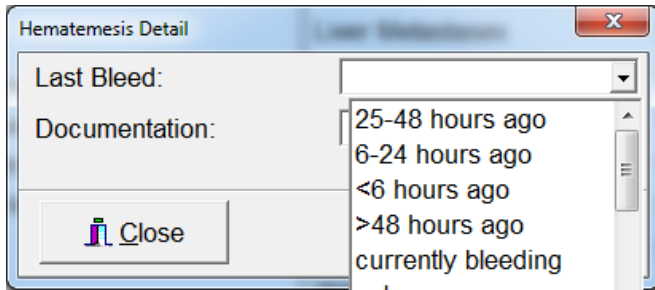
<ul style="list-style-type: none"> <li>A: Home</li> <li>B: History</li> <li>C: PE / Labs</li> <li>D: Proc. Info.</li> <li style="background-color: #0056b3; color: white;">E: *Indications</li> <li>F: Liver Disease</li> <li>G: Exam Info</li> <li>H: Exam Prep</li> <li>I: Results</li> <li>J: Intervent/Events</li> <li>K: Assess/Diag</li> <li>L: Treatment Plan</li> <li>M: Scheduling</li> </ul>	<p style="text-align: center; background-color: #008080; color: white; margin: 0;">Symptoms</p> <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Weight Loss <input type="checkbox"/> Jaundice <input type="checkbox"/> Dysphagia <input type="checkbox"/> Abd Pain / Bloating <input type="checkbox"/> Rectal Bleeding <input checked="" type="checkbox"/> Hematemesis <input type="checkbox"/> Melena <input type="checkbox"/> Stricture <input type="checkbox"/> Asymptom <input type="checkbox"/> Hemorrhoid <input type="checkbox"/> Biliary At <input type="checkbox"/> Neonatal <input type="checkbox"/> Other	<p style="text-align: center; background-color: #008080; color: white; margin: 0;">Evaluation of</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;">Susp.</td> <td style="width: 10%; text-align: center;">Estab.</td> <td style="width: 20%;"></td> </tr> <tr> <td>Alpha 1 Antiripsin</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Auto-Immune Hepatitis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Benign Tumor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Cryptogenic</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Drug Induced Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Hemochromatosis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Liver Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Wilson's Disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> <td></td> </tr> </table>		Susp.	Estab.		Alpha 1 Antiripsin	<input type="checkbox"/>	<input type="checkbox"/>		Auto-Immune Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		Benign Tumor	<input type="checkbox"/>	<input type="checkbox"/>		Cryptogenic	<input type="checkbox"/>	<input type="checkbox"/>		Drug Induced Disease	<input type="checkbox"/>	<input type="checkbox"/>		Hemochromatosis	<input type="checkbox"/>	<input type="checkbox"/>		Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>		Wilson's Disease	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Other				<p style="text-align: center; background-color: #008080; color: white; margin: 0;">Therapeutic Interventions</p> <p>As Reason for Exam</p> <input type="checkbox"/> Peg Replacement <input type="checkbox"/> LVP for Relief of Ascites <input type="checkbox"/> Esophageal Dilation <input type="checkbox"/> Other
	Susp.	Estab.																																									
Alpha 1 Antiripsin	<input type="checkbox"/>	<input type="checkbox"/>																																									
Auto-Immune Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>																																									
Benign Tumor	<input type="checkbox"/>	<input type="checkbox"/>																																									
Cryptogenic	<input type="checkbox"/>	<input type="checkbox"/>																																									
Drug Induced Disease	<input type="checkbox"/>	<input type="checkbox"/>																																									
Hemochromatosis	<input type="checkbox"/>	<input type="checkbox"/>																																									
Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>																																									
Wilson's Disease	<input type="checkbox"/>	<input type="checkbox"/>																																									
<input type="checkbox"/> Other																																											
		Post Liver Transplant Evaluation																																									
		Type of Exam: <input type="text"/>																																									
		<input type="checkbox"/> Rejection <input type="checkbox"/> Infection <input type="checkbox"/> Recurrent Hepatitis C <input type="checkbox"/> Other																																									
		Research Study																																									
		Type of Visit: <input type="text"/>																																									
		Name of Study: <input type="text"/>																																									
		Indications Comments: <span style="float: right;">Expand</span>																																									

**Hematemesis Detail** Close

Last Bleed:

Documentation:

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



Non-ENDO Current User: CORI Tech Support Demonstration Only

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

	Symptoms	Evaluation of	Therapeutic Interventions
<input type="checkbox"/> Vomiting		Susp. Estab.	As Reason for Exam
<input type="checkbox"/> Nausea		Alpha 1 Antiripsin	<input type="checkbox"/> Peg Replacement
<input type="checkbox"/> Weight Loss		Auto-Immune Hepatitis	<input type="checkbox"/> LVP for Relief of Ascites
<input type="checkbox"/> Jaundice		Benign Tumor	<input type="checkbox"/> Esophageal Dilation
<input type="checkbox"/> Dysphagia		Cryptogenic	<input type="checkbox"/> Other
<input type="checkbox"/> Abd Pain / Bloating		Drug Induced Disease	
<input type="checkbox"/> Rectal Bleeding		Hemochromatosis	
<input type="checkbox"/> Hematemesis		Liver Disease	
<input checked="" type="checkbox"/> Melena			
<input type="checkbox"/> Stricture			
<input type="checkbox"/> Asymptom			
<input type="checkbox"/> Hemorrhoid			
<input type="checkbox"/> Biliary Atresia			
<input type="checkbox"/> Neonatal			
<input type="checkbox"/> Other			

**Post Liver Transplant Evaluation**

Type of Exam: [Dropdown]

Rejection  Infection

Recurrent Hepatitis C

Other

**Research Study**

Type of Visit: [Dropdown]

Name of Study: [Text Box]

Indications Comments: [Text Box] 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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

Symptoms	Evaluation of	Therapeutic Interventions
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Alpha 1 Antiripsin	<input type="checkbox"/> As Reason for Exam
<input type="checkbox"/> Nausea	<input type="checkbox"/> Auto-Immune Hepatitis	<input type="checkbox"/> Peg Replacement
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Benign Tumor	<input type="checkbox"/> LVP for Relief of Ascites
<input type="checkbox"/> Jaundice	<input type="checkbox"/> Cryptogenic	<input type="checkbox"/> Esophageal Dilatation
<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Drug Induced Disease	<input type="checkbox"/> Other
<input type="checkbox"/> Abd Pain / Bloating	<input type="checkbox"/> Hemochromatosis	
<input type="checkbox"/> Rectal Bleeding	<input type="checkbox"/> Liver Disease	
<input type="checkbox"/> Hematemesis		
<input type="checkbox"/> Melena		
<input checked="" type="checkbox"/> Stricture		
<input type="checkbox"/> Asymptomatic Screening		
<input type="checkbox"/> Hemorrhoids		
<input type="checkbox"/> Biliary Attrition		
<input type="checkbox"/> Neonatal Hepatitis		
<input type="checkbox"/> Other		

Stricture Detail

Schatzki Ring

Esophageal Ring

Close

Post Liver Transplant Evaluation

Type of Exam: [ ]

Rejection  Infection

Recurrent Hepatitis C

Other

Research Study

Type of Visit: [ ]

Name of Study: [ ]

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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

Symptoms	Evaluation of	Therapeutic Interventions
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Alpha 1 Antiripsin	<input type="checkbox"/> As Reason for Exam
<input type="checkbox"/> Nausea	<input type="checkbox"/> Auto-Immune Hepatitis	<input checked="" type="checkbox"/> Peg Replacement
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Benign Tumor	Reason: [ ]
<input type="checkbox"/> Jaundice	<input type="checkbox"/> Cryptogenic	<input type="checkbox"/> LVP for Relief of Ascites
<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Drug Induced Disease	<input type="checkbox"/> Esophageal Dilatation
<input type="checkbox"/> Abd Pain / Bloating	<input type="checkbox"/> Hemochromatosis	<input type="checkbox"/> Other
<input type="checkbox"/> Rectal Bleeding	<input type="checkbox"/> Liver Disease	
<input type="checkbox"/> Hematemesis	<input type="checkbox"/> Liver Metastases	
<input type="checkbox"/> Melena	<input type="checkbox"/> Mass	
<input type="checkbox"/> Stricture	<input type="checkbox"/> Malignant Tumor	
<input type="checkbox"/> Asymptomatic Screening	<input type="checkbox"/> Non-ETOH Steatohep.	
<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Primary Bili Cirrhosis	
<input type="checkbox"/> Biliary Attrition	<input type="checkbox"/> PSC	
<input type="checkbox"/> Neonatal Hepatitis	<input type="checkbox"/> Wilson's Disease	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

clogged tube

leaking tube

malfunctioning tube

outdated tube

Post Liver Transplant Evaluation

Type of Exam: [ ]

Rejection  Infection

Recurrent Hepatitis C

Other

Research Study

Type of Visit: [ ]

Name of Study: [ ]

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<p style="text-align: center;"><b>Symptoms</b></p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Weight Loss</p> <p><input type="checkbox"/> Jaundice</p> <p><input type="checkbox"/> Dysphagia</p> <p><input type="checkbox"/> Abd Pain / Bloating</p> <p><input type="checkbox"/> Rectal Bleeding</p> <p><input type="checkbox"/> Hematemesis</p> <p><input type="checkbox"/> Melena</p> <p><input type="checkbox"/> Stricture</p> <p><input type="checkbox"/> Asymptomatic Screening</p> <p><input type="checkbox"/> Hemorrhoids</p> <p><input type="checkbox"/> Biliary Attrition</p> <p><input type="checkbox"/> Neonatal Hepatitis</p> <p><input type="checkbox"/> Other</p>	<p style="text-align: center;"><b>Evaluation of</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Susp.</th> <th style="width: 10%; text-align: center;">Estab.</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr><td>Alpha 1 Antiripsin</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Auto-Immune Hepatitis</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Benign Tumor</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Cryptogenic</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Drug Induced Disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Hemochromatosis</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Liver Disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Liver Metastases</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Mass</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Malignant Tumor</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Non-ETOH Steatohep.</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Primary Bili Cirrhosis</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>PSC</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Wilson's Disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/> Other</td><td></td><td></td><td></td></tr> </tbody> </table>		Susp.	Estab.		Alpha 1 Antiripsin	<input type="checkbox"/>	<input type="checkbox"/>		Auto-Immune Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		Benign Tumor	<input type="checkbox"/>	<input type="checkbox"/>		Cryptogenic	<input type="checkbox"/>	<input type="checkbox"/>		Drug Induced Disease	<input type="checkbox"/>	<input type="checkbox"/>		Hemochromatosis	<input type="checkbox"/>	<input type="checkbox"/>		Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>		Liver Metastases	<input type="checkbox"/>	<input type="checkbox"/>		Mass	<input type="checkbox"/>	<input type="checkbox"/>		Malignant Tumor	<input type="checkbox"/>	<input type="checkbox"/>		Non-ETOH Steatohep.	<input type="checkbox"/>	<input type="checkbox"/>		Primary Bili Cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>		PSC	<input type="checkbox"/>	<input type="checkbox"/>		Wilson's Disease	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Other				<p style="text-align: center;"><b>Therapeutic Interventions</b></p> <p>As Reason for Exam</p> <p><input type="checkbox"/> Peg Replacement</p> <p><input type="checkbox"/> LVP for Relief of Ascites</p> <p><input type="checkbox"/> Esophageal Dilation</p> <p><input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;"><b>Post Liver Transplant Evaluation</b></p> <p>Type of Exam: <span style="border: 1px solid black; padding: 2px;">evaluation</span></p> <p><input type="checkbox"/> Rejection</p> <p><input type="checkbox"/> Recurrent Hepatitis surveillance</p> <p><input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;"><b>Research Study</b></p> <p>Type of Visit: <span style="border: 1px solid black; padding: 2px;">initial</span></p> <p>Name of Study: <span style="border: 1px solid black; padding: 2px;">initial</span></p>
	Susp.	Estab.																																																																	
Alpha 1 Antiripsin	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Auto-Immune Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Benign Tumor	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Cryptogenic	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Drug Induced Disease	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Hemochromatosis	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Liver Metastases	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Mass	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Malignant Tumor	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Non-ETOH Steatohep.	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Primary Bili Cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
PSC	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Wilson's Disease	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
<input type="checkbox"/> 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<p style="text-align: center;"><b>Symptoms</b></p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Weight Loss</p> <p><input type="checkbox"/> Jaundice</p> <p><input type="checkbox"/> Dysphagia</p> <p><input type="checkbox"/> Abd Pain / Bloating</p> <p><input type="checkbox"/> Rectal Bleeding</p> <p><input type="checkbox"/> Hematemesis</p> <p><input type="checkbox"/> Melena</p> <p><input type="checkbox"/> Stricture</p> <p><input type="checkbox"/> Asymptomatic Screening</p> <p><input type="checkbox"/> Hemorrhoids</p> <p><input type="checkbox"/> Biliary Attrition</p> <p><input type="checkbox"/> Neonatal Hepatitis</p> <p><input type="checkbox"/> Other</p>	<p style="text-align: center;"><b>Evaluation of</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Susp.</th> <th style="width: 10%; text-align: center;">Estab.</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr><td>Alpha 1 Antiripsin</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Auto-Immune Hepatitis</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Benign Tumor</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Cryptogenic</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Drug Induced Disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Hemochromatosis</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Liver Disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Liver Metastases</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Mass</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Malignant Tumor</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Non-ETOH Steatohep.</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Primary Bili Cirrhosis</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>PSC</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td>Wilson's Disease</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/> Other</td><td></td><td></td><td></td></tr> </tbody> </table>		Susp.	Estab.		Alpha 1 Antiripsin	<input type="checkbox"/>	<input type="checkbox"/>		Auto-Immune Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		Benign Tumor	<input type="checkbox"/>	<input type="checkbox"/>		Cryptogenic	<input type="checkbox"/>	<input type="checkbox"/>		Drug Induced Disease	<input type="checkbox"/>	<input type="checkbox"/>		Hemochromatosis	<input type="checkbox"/>	<input type="checkbox"/>		Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>		Liver Metastases	<input type="checkbox"/>	<input type="checkbox"/>		Mass	<input type="checkbox"/>	<input type="checkbox"/>		Malignant Tumor	<input type="checkbox"/>	<input type="checkbox"/>		Non-ETOH Steatohep.	<input type="checkbox"/>	<input type="checkbox"/>		Primary Bili Cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>		PSC	<input type="checkbox"/>	<input type="checkbox"/>		Wilson's Disease	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Other				<p style="text-align: center;"><b>Therapeutic Interventions</b></p> <p>As Reason for Exam</p> <p><input type="checkbox"/> Peg Replacement</p> <p><input type="checkbox"/> LVP for Relief of Ascites</p> <p><input type="checkbox"/> Esophageal Dilation</p> <p><input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;"><b>Post Liver Transplant Evaluation</b></p> <p>Type of Exam: <span style="border: 1px solid black; padding: 2px;">initial</span></p> <p><input type="checkbox"/> Rejection <span style="margin-left: 20px;"><input type="checkbox"/> Infection</span></p> <p><input type="checkbox"/> Recurrent Hepatitis C</p> <p><input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;"><b>Research Study</b></p> <p>Type of Visit: <span style="border: 1px solid black; padding: 2px;">initial</span></p> <p>Name of Study: <span style="border: 1px solid black; padding: 2px;">initial</span></p>
	Susp.	Estab.																																																																	
Alpha 1 Antiripsin	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Auto-Immune Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Benign Tumor	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Cryptogenic	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Drug Induced Disease	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Hemochromatosis	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Liver Metastases	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Mass	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Malignant Tumor	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Non-ETOH Steatohep.	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Primary Bili Cirrhosis	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
PSC	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
Wilson's Disease	<input type="checkbox"/>	<input type="checkbox"/>																																																																	
<input type="checkbox"/> 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

Non-ENDO		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	<b>Reason for Exam</b> <input type="checkbox"/> To Assess Degree of Liver Injury <input type="checkbox"/> Evidence of Liver Disease: <input type="checkbox"/> Based on Evidence of: <input type="checkbox"/> Other	<b>Etiology</b> <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> PBC/PSC <input type="checkbox"/> Cryptogenic <input type="checkbox"/> Alcohol <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Biliary Atresia <input type="checkbox"/> Other	<b>Liver Disease Severity</b> <b>Score Child's-Pugh</b> Childs-Pugh Class:		
C: PE / Labs			<b>Evidence of Liver Disease</b> <input type="checkbox"/> Histologic Cirrhosis <input type="checkbox"/> Evidence of Portal HTN <input type="checkbox"/> Portal Vein Thrombosis <input type="checkbox"/> Abnormal Labs <input type="checkbox"/> Other		
D: Proc. Info.	<b>Liver Disease Comments:</b>				
E: *Indications	Expand				
<b>E: Liver Disease</b>					
G: Exam Info					
H: Exam Prep					
I: Results					
J: Intervent/Events					
K: Assess/Diag					
L: Treatment Plan					
M: Scheduling					
? F1 Help    K3 F2 Schedule    F3 New    F4 Study    F5 Exam    F6 Reports    F7 Lock    F8 Patient    F9 Staff    F10 Utilities    F11 Path Rpt    F12 Pathways					

Non-ENDO		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	<b>Reason for Exam</b> <input type="checkbox"/> To Assess Degree of Liver Injury <input checked="" type="checkbox"/> <b>Evidence of Liver Disease:</b> <input type="checkbox"/> Histologic Cirrhosis <input type="checkbox"/> Based on Evidence of: <input type="checkbox"/> Other	<b>Etiology</b> <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> PBC/PSC <input type="checkbox"/> Cryptogenic <input type="checkbox"/> Alcohol <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Biliary Atresia <input type="checkbox"/> Other	<b>Liver Disease Severity</b> <b>Score Child's-Pugh</b> Childs-Pugh Class:		
C: PE / Labs			<b>Evidence of Liver Disease</b> <input type="checkbox"/> Histologic Cirrhosis <input type="checkbox"/> Evidence of Portal HTN <input type="checkbox"/> Portal Vein Thrombosis <input type="checkbox"/> Abnormal Labs <input type="checkbox"/> Other		
D: Proc. Info.	<b>Liver Disease Comments:</b>				
E: *Indications	Expand				
<b>E: Liver Disease</b>					
G: Exam Info					
H: Exam Prep					
I: Results					
J: Intervent/Events					
K: Assess/Diag					
L: Treatment Plan					
M: Scheduling					
? F1 Help    K3 F2 Schedule    F3 New    F4 Study    F5 Exam    F6 Reports    F7 Lock    F8 Patient    F9 Staff    F10 Utilities    F11 Path Rpt    F12 Pathways					

Non-ENDO		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	<b>Reason for Exam</b> <input type="checkbox"/> To Assess Degree of Liver Injury <input type="checkbox"/> Evidence of Liver Disease: <input checked="" type="checkbox"/> Based on Evidence of: <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Portal Hypertension <input type="checkbox"/> Portal Vein Thrombosis <input type="checkbox"/> Other	<b>Etiology</b> <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> PBC/PSC <input type="checkbox"/> Cryptogenic <input type="checkbox"/> Alcohol <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Biliary Atresia <input type="checkbox"/> Other	<b>Liver Disease Severity</b> <b>Score Child's-Pugh</b> Childs-Pugh Class: <input type="text"/>		
C: PE / Labs			<b>Evidence of Liver Disease</b> <input type="checkbox"/> Histologic Cirrhosis <input type="checkbox"/> Evidence of Portal HTN <input type="checkbox"/> Portal Vein Thrombosis <input type="checkbox"/> Abnormal Labs <input type="checkbox"/> Other		
D: Proc. Info.			<b>Liver Disease Comments:</b> <span style="float: right;">Expand</span>		
E: *Indications					
<b>E: Liver Disease</b>					
G: Exam Info					
H: Exam Prep					
I: Results					
J: Intervent/Events					
K: Assess/Diag					
L: Treatment Plan					
M: Scheduling					
? F1 Help    K3 F2 Schedule    F3 New    F4 Study    F5 Exam    F6 Reports    F7 Lock    F8 Patient    F9 Staff    F10 Utilities    F11 Path Rpt    F12 Pathways					

Non-ENDO		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	<b>Reason for Exam</b> <input type="checkbox"/> To Assess Degree of Liver Injury <input type="checkbox"/> Evidence of Liver Disease: <input type="checkbox"/> Based on Evidence of: <input type="checkbox"/> Other	<b>Etiology</b> <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> PBC/PSC <input type="checkbox"/> Cryptogenic <input checked="" type="checkbox"/> Alcohol Drinking Status: <input type="checkbox"/> binge drinker <input type="checkbox"/> currently drinking <input type="checkbox"/> not currently drinking <input type="checkbox"/> occasional <input type="checkbox"/> social <input type="checkbox"/> unknown	<b>Liver Disease Severity</b> <b>Score Child's-Pugh</b> Childs-Pugh Class: <input type="text"/>		
C: PE / Labs			<b>Evidence of Liver Disease</b> <input type="checkbox"/> Histologic Cirrhosis <input type="checkbox"/> Evidence of Portal HTN <input type="checkbox"/> Portal Vein Thrombosis <input type="checkbox"/> Abnormal Labs <input type="checkbox"/> Other		
D: Proc. Info.			<b>Liver Disease Comments:</b> <span style="float: right;">Expand</span>		
E: *Indications					
<b>E: Liver Disease</b>					
G: Exam Info					
H: Exam Prep					
I: Results					
J: Intervent/Events					
K: Assess/Diag					
L: Treatment Plan					
M: Scheduling					
? F1 Help    K3 F2 Schedule    F3 New    F4 Study    F5 Exam    F6 Reports    F7 Lock    F8 Patient    F9 Staff    F10 Utilities    F11 Path Rpt    F12 Pathways					

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

**Reason for Exam**  
 To Assess Degree of Liver Injury  
 Evidence of Liver Disease:  
 Based on Evidence of:  
 Other

**Etiology**  
 Hepatitis B  
 Hepatitis C  
 PBC/PSC  
 Cryptogenic

**Liver Disease Severity**  
**Score Child's-Pugh**  
 Childs-Pugh Class: [ ]

**Evidence of Liver Disease**  
 Histologic Cirrhosis  
 Evidence of Portal HTN  
 Portal Vein Thrombosis  
 Abnormal Labs

**Calculate Child's-Pugh Score**

Factor	1	2	3
encephalopathy:	none <input type="checkbox"/>	mild <input type="checkbox"/>	severe <input type="checkbox"/>
ascites:	none <input type="checkbox"/>	non-tense <input type="checkbox"/>	tense <input type="checkbox"/>
bilirubin:	< 2 <input type="checkbox"/>	2 - 3 <input type="checkbox"/>	> 3 <input type="checkbox"/>
albumin:	> 3.5 <input type="checkbox"/>	2.8 - 3.5 <input type="checkbox"/>	< 2.8 <input type="checkbox"/>
INR or PT (secs > 13):	INR < 1.7 <input type="checkbox"/> PT < 4	INR 1.7 - 2.3 <input type="checkbox"/> PT 5 - 6	INR > 2.3 <input type="checkbox"/> PT > 6

OK Cancel

Liver Disease 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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

**Reason for Exam**  
 To Assess Degree of Liver Injury  
 Evidence of Liver Disease:  
 Based on Evidence of:  
 Other

**Etiology**  
 Hepatitis B  
 Hepatitis C  
 PBC/PSC  
 Cryptogenic  
 Alcohol  
 Cystic Fibrosis  
 Biliary Atresia  
 Other

**Liver Disease Severity**  
**Score Child's-Pugh**  
 Childs-Pugh Class: [Not Known] [A] [B] [C]  
**Evidence of Liver Disease**  
 Histologic Cirrhosis  
 Evidence of Portal HTN  
 Portal Vein Thrombosis  
 Abnormal Labs  
 Other

Liver Disease 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Reason for Exam</th> <th style="text-align: left;">Etiology</th> <th style="text-align: left;">Liver Disease Severity</th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> To Assess Degree of Liver Injury  <input type="checkbox"/> Evidence of Liver Disease:  <input type="checkbox"/> Based on Evidence of:  <input type="checkbox"/> Other                 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Hepatitis B  <input type="checkbox"/> Hepatitis C  <input type="checkbox"/> PBC/PSC  <input type="checkbox"/> Cryptogenic  <input type="checkbox"/> Alcohol  <input type="checkbox"/> Cystic Fibrosis  <input type="checkbox"/> Biliary Atresia  <input type="checkbox"/> Other                 </td> <td style="vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Score Child's-Pugh</th></tr> <tr><td>Childs-Pugh Class:</td><td><input type="text"/></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Evidence of Liver Disease</th></tr> <tr><td><input type="checkbox"/> Histologic Cirrhosis</td><td></td></tr> <tr><td><input type="checkbox"/> Evidence of Portal HTN</td><td></td></tr> <tr><td><input type="checkbox"/> Portal Vein Thrombosis</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Abnormal Labs</td><td></td></tr> <tr><td><input type="checkbox"/> Albumin</td><td><input type="checkbox"/> Alk Phos</td></tr> <tr><td><input type="checkbox"/> AST/ALT</td><td><input type="checkbox"/> Bilirubin</td></tr> <tr><td><input type="checkbox"/> GGTP</td><td><input type="checkbox"/> Platelets</td></tr> <tr><td><input type="checkbox"/> Prottime</td><td><input type="checkbox"/> Serology</td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> </table> </td> </tr> </table> <p><b>Liver Disease Comments:</b> <span style="float: right;">Expand</span></p>	Reason for Exam	Etiology	Liver Disease Severity	<input type="checkbox"/> To Assess Degree of Liver Injury <input type="checkbox"/> Evidence of Liver Disease: <input type="checkbox"/> Based on Evidence of: <input type="checkbox"/> Other	<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> PBC/PSC <input type="checkbox"/> Cryptogenic <input type="checkbox"/> Alcohol <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Biliary Atresia <input type="checkbox"/> Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Score Child's-Pugh</th></tr> <tr><td>Childs-Pugh Class:</td><td><input type="text"/></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Evidence of Liver Disease</th></tr> <tr><td><input type="checkbox"/> Histologic Cirrhosis</td><td></td></tr> <tr><td><input type="checkbox"/> Evidence of Portal HTN</td><td></td></tr> <tr><td><input type="checkbox"/> Portal Vein Thrombosis</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Abnormal Labs</td><td></td></tr> <tr><td><input type="checkbox"/> Albumin</td><td><input type="checkbox"/> Alk Phos</td></tr> <tr><td><input type="checkbox"/> AST/ALT</td><td><input type="checkbox"/> Bilirubin</td></tr> <tr><td><input type="checkbox"/> GGTP</td><td><input type="checkbox"/> Platelets</td></tr> <tr><td><input type="checkbox"/> Prottime</td><td><input type="checkbox"/> Serology</td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> </table>	Score Child's-Pugh		Childs-Pugh Class:	<input type="text"/>	Evidence of Liver Disease		<input type="checkbox"/> Histologic Cirrhosis		<input type="checkbox"/> Evidence of Portal HTN		<input type="checkbox"/> Portal Vein Thrombosis		<input checked="" type="checkbox"/> Abnormal Labs		<input type="checkbox"/> Albumin	<input type="checkbox"/> Alk Phos	<input type="checkbox"/> AST/ALT	<input type="checkbox"/> Bilirubin	<input type="checkbox"/> GGTP	<input type="checkbox"/> Platelets	<input type="checkbox"/> Prottime	<input type="checkbox"/> Serology	<input type="checkbox"/> Other		<input type="checkbox"/> Other		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Exam Duration:</th> <th style="text-align: left;">Sedation Medications Used</th> <th style="text-align: left;">Fluoroscopy</th> </tr> <tr> <td style="vertical-align: top;">                     Duration (mins): <input type="text"/> </td> <td style="vertical-align: top;">                     Appropriate for: <input type="text"/>                      Managed By: <input type="text"/>  <input type="checkbox"/> General Anesthesia  <input type="checkbox"/> Residual sedation present  <input type="checkbox"/> No sedation given                      Patient Intubated? <input type="text"/> Y <input type="text"/> N                 </td> <td style="vertical-align: top;">                     Fluoroscopy Used? <input type="text"/> Y <input type="text"/> N                      Fluoro Time/Mins: <input type="text"/>                      Fluoro Notes: <input type="text"/> </td> </tr> <tr> <th style="text-align: left;">Patient Information</th> <th style="text-align: left;">Medication</th> <th style="text-align: left;">Instrument(s) Used</th> </tr> <tr> <td style="vertical-align: top;">                     ASA Class: <input type="text"/>                      Patient Tolerance: <input type="text"/> </td> <td style="vertical-align: top;"> <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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> </td> <td style="vertical-align: top;"> <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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> </td> </tr> </table> <p><b>Exam Information Comments:</b> <span style="float: right;">Expand</span></p>	Exam Duration:	Sedation Medications Used	Fluoroscopy	Duration (mins): <input type="text"/>	Appropriate for: <input type="text"/> Managed By: <input type="text"/> <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated? <input type="text"/> Y <input type="text"/> N	Fluoroscopy Used? <input type="text"/> Y <input type="text"/> N Fluoro Time/Mins: <input type="text"/> Fluoro Notes: <input type="text"/>	Patient Information	Medication	Instrument(s) Used	ASA Class: <input type="text"/> Patient Tolerance: <input type="text"/>	<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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage	Route																																		<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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Instrument	Serial#																								
Reason for Exam	Etiology	Liver Disease Severity																																																																																																										
<input type="checkbox"/> To Assess Degree of Liver Injury <input type="checkbox"/> Evidence of Liver Disease: <input type="checkbox"/> Based on Evidence of: <input type="checkbox"/> Other	<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> PBC/PSC <input type="checkbox"/> Cryptogenic <input type="checkbox"/> Alcohol <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Biliary Atresia <input type="checkbox"/> Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Score Child's-Pugh</th></tr> <tr><td>Childs-Pugh Class:</td><td><input type="text"/></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Evidence of Liver Disease</th></tr> <tr><td><input type="checkbox"/> Histologic Cirrhosis</td><td></td></tr> <tr><td><input type="checkbox"/> Evidence of Portal HTN</td><td></td></tr> <tr><td><input type="checkbox"/> Portal Vein Thrombosis</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Abnormal Labs</td><td></td></tr> <tr><td><input type="checkbox"/> Albumin</td><td><input type="checkbox"/> Alk Phos</td></tr> <tr><td><input type="checkbox"/> AST/ALT</td><td><input type="checkbox"/> Bilirubin</td></tr> <tr><td><input type="checkbox"/> GGTP</td><td><input type="checkbox"/> Platelets</td></tr> <tr><td><input type="checkbox"/> Prottime</td><td><input type="checkbox"/> Serology</td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> </table>	Score Child's-Pugh		Childs-Pugh Class:	<input type="text"/>	Evidence of Liver Disease		<input type="checkbox"/> Histologic Cirrhosis		<input type="checkbox"/> Evidence of Portal HTN		<input type="checkbox"/> Portal Vein Thrombosis		<input checked="" type="checkbox"/> Abnormal Labs		<input type="checkbox"/> Albumin	<input type="checkbox"/> Alk Phos	<input type="checkbox"/> AST/ALT	<input type="checkbox"/> Bilirubin	<input type="checkbox"/> GGTP	<input type="checkbox"/> Platelets	<input type="checkbox"/> Prottime	<input type="checkbox"/> Serology	<input type="checkbox"/> Other		<input type="checkbox"/> Other																																																																																	
Score Child's-Pugh																																																																																																												
Childs-Pugh Class:	<input type="text"/>																																																																																																											
Evidence of Liver Disease																																																																																																												
<input type="checkbox"/> Histologic Cirrhosis																																																																																																												
<input type="checkbox"/> Evidence of Portal HTN																																																																																																												
<input type="checkbox"/> Portal Vein Thrombosis																																																																																																												
<input checked="" type="checkbox"/> Abnormal Labs																																																																																																												
<input type="checkbox"/> Albumin	<input type="checkbox"/> Alk Phos																																																																																																											
<input type="checkbox"/> AST/ALT	<input type="checkbox"/> Bilirubin																																																																																																											
<input type="checkbox"/> GGTP	<input type="checkbox"/> Platelets																																																																																																											
<input type="checkbox"/> Prottime	<input type="checkbox"/> Serology																																																																																																											
<input type="checkbox"/> Other																																																																																																												
<input type="checkbox"/> Other																																																																																																												
Exam Duration:	Sedation Medications Used	Fluoroscopy																																																																																																										
Duration (mins): <input type="text"/>	Appropriate for: <input type="text"/> Managed By: <input type="text"/> <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated? <input type="text"/> Y <input type="text"/> N	Fluoroscopy Used? <input type="text"/> Y <input type="text"/> N Fluoro Time/Mins: <input type="text"/> Fluoro Notes: <input type="text"/>																																																																																																										
Patient Information	Medication	Instrument(s) Used																																																																																																										
ASA Class: <input type="text"/> Patient Tolerance: <input type="text"/>	<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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage	Route																																		<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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Instrument	Serial#																																																																				
Medication	Dosage	Route																																																																																																										
Instrument	Serial#																																																																																																											

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Exam Duration:</th> <th style="text-align: left;">Sedation Medications Used</th> <th style="text-align: left;">Fluoroscopy</th> </tr> <tr> <td style="vertical-align: top;">                     Duration (mins): <input type="text"/> </td> <td style="vertical-align: top;">                     Appropriate for: <input type="text"/>                      Managed By: <input type="text"/>  <input type="checkbox"/> General Anesthesia  <input type="checkbox"/> Residual sedation present  <input type="checkbox"/> No sedation given                      Patient Intubated? <input type="text"/> Y <input type="text"/> N                 </td> <td style="vertical-align: top;">                     Fluoroscopy Used? <input type="text"/> Y <input type="text"/> N                      Fluoro Time/Mins: <input type="text"/>                      Fluoro Notes: <input type="text"/> </td> </tr> <tr> <th style="text-align: left;">Patient Information</th> <th style="text-align: left;">Medication</th> <th style="text-align: left;">Instrument(s) Used</th> </tr> <tr> <td style="vertical-align: top;">                     ASA Class: <input type="text"/>                      Patient Tolerance: <input type="text"/> </td> <td style="vertical-align: top;"> <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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> </td> <td style="vertical-align: top;"> <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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> </td> </tr> </table> <p><b>Exam Information Comments:</b> <span style="float: right;">Expand</span></p>	Exam Duration:	Sedation Medications Used	Fluoroscopy	Duration (mins): <input type="text"/>	Appropriate for: <input type="text"/> Managed By: <input type="text"/> <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated? <input type="text"/> Y <input type="text"/> N	Fluoroscopy Used? <input type="text"/> Y <input type="text"/> N Fluoro Time/Mins: <input type="text"/> Fluoro Notes: <input type="text"/>	Patient Information	Medication	Instrument(s) Used	ASA Class: <input type="text"/> Patient Tolerance: <input type="text"/>	<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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage	Route																																		<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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Instrument	Serial#																									<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Reason for Exam</th> <th style="text-align: left;">Etiology</th> <th style="text-align: left;">Liver Disease Severity</th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> To Assess Degree of Liver Injury  <input type="checkbox"/> Evidence of Liver Disease:  <input type="checkbox"/> Based on Evidence of:  <input type="checkbox"/> Other                 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Hepatitis B  <input type="checkbox"/> Hepatitis C  <input type="checkbox"/> PBC/PSC  <input type="checkbox"/> Cryptogenic  <input type="checkbox"/> Alcohol  <input type="checkbox"/> Cystic Fibrosis  <input type="checkbox"/> Biliary Atresia  <input type="checkbox"/> Other                 </td> <td style="vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Score Child's-Pugh</th></tr> <tr><td>Childs-Pugh Class:</td><td><input type="text"/></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Evidence of Liver Disease</th></tr> <tr><td><input type="checkbox"/> Histologic Cirrhosis</td><td></td></tr> <tr><td><input type="checkbox"/> Evidence of Portal HTN</td><td></td></tr> <tr><td><input type="checkbox"/> Portal Vein Thrombosis</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Abnormal Labs</td><td></td></tr> <tr><td><input type="checkbox"/> Albumin</td><td><input type="checkbox"/> Alk Phos</td></tr> <tr><td><input type="checkbox"/> AST/ALT</td><td><input type="checkbox"/> Bilirubin</td></tr> <tr><td><input type="checkbox"/> GGTP</td><td><input type="checkbox"/> Platelets</td></tr> <tr><td><input type="checkbox"/> Prottime</td><td><input type="checkbox"/> Serology</td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> </table> </td> </tr> </table> <p><b>Liver Disease Comments:</b> <span style="float: right;">Expand</span></p>	Reason for Exam	Etiology	Liver Disease Severity	<input type="checkbox"/> To Assess Degree of Liver Injury <input type="checkbox"/> Evidence of Liver Disease: <input type="checkbox"/> Based on Evidence of: <input type="checkbox"/> Other	<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> PBC/PSC <input type="checkbox"/> Cryptogenic <input type="checkbox"/> Alcohol <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Biliary Atresia <input type="checkbox"/> Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Score Child's-Pugh</th></tr> <tr><td>Childs-Pugh Class:</td><td><input type="text"/></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Evidence of Liver Disease</th></tr> <tr><td><input type="checkbox"/> Histologic Cirrhosis</td><td></td></tr> <tr><td><input type="checkbox"/> Evidence of Portal HTN</td><td></td></tr> <tr><td><input type="checkbox"/> Portal Vein Thrombosis</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Abnormal Labs</td><td></td></tr> <tr><td><input type="checkbox"/> Albumin</td><td><input type="checkbox"/> Alk Phos</td></tr> <tr><td><input type="checkbox"/> AST/ALT</td><td><input type="checkbox"/> Bilirubin</td></tr> <tr><td><input type="checkbox"/> GGTP</td><td><input type="checkbox"/> Platelets</td></tr> <tr><td><input type="checkbox"/> Prottime</td><td><input type="checkbox"/> Serology</td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> </table>	Score Child's-Pugh		Childs-Pugh Class:	<input type="text"/>	Evidence of Liver Disease		<input type="checkbox"/> Histologic Cirrhosis		<input type="checkbox"/> Evidence of Portal HTN		<input type="checkbox"/> Portal Vein Thrombosis		<input checked="" type="checkbox"/> Abnormal Labs		<input type="checkbox"/> Albumin	<input type="checkbox"/> Alk Phos	<input type="checkbox"/> AST/ALT	<input type="checkbox"/> Bilirubin	<input type="checkbox"/> GGTP	<input type="checkbox"/> Platelets	<input type="checkbox"/> Prottime	<input type="checkbox"/> Serology	<input type="checkbox"/> Other		<input type="checkbox"/> Other	
Exam Duration:	Sedation Medications Used	Fluoroscopy																																																																																																										
Duration (mins): <input type="text"/>	Appropriate for: <input type="text"/> Managed By: <input type="text"/> <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated? <input type="text"/> Y <input type="text"/> N	Fluoroscopy Used? <input type="text"/> Y <input type="text"/> N Fluoro Time/Mins: <input type="text"/> Fluoro Notes: <input type="text"/>																																																																																																										
Patient Information	Medication	Instrument(s) Used																																																																																																										
ASA Class: <input type="text"/> Patient Tolerance: <input type="text"/>	<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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage	Route																																		<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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Instrument	Serial#																																																																				
Medication	Dosage	Route																																																																																																										
Instrument	Serial#																																																																																																											
Reason for Exam	Etiology	Liver Disease Severity																																																																																																										
<input type="checkbox"/> To Assess Degree of Liver Injury <input type="checkbox"/> Evidence of Liver Disease: <input type="checkbox"/> Based on Evidence of: <input type="checkbox"/> Other	<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> PBC/PSC <input type="checkbox"/> Cryptogenic <input type="checkbox"/> Alcohol <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Biliary Atresia <input type="checkbox"/> Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Score Child's-Pugh</th></tr> <tr><td>Childs-Pugh Class:</td><td><input type="text"/></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Evidence of Liver Disease</th></tr> <tr><td><input type="checkbox"/> Histologic Cirrhosis</td><td></td></tr> <tr><td><input type="checkbox"/> Evidence of Portal HTN</td><td></td></tr> <tr><td><input type="checkbox"/> Portal Vein Thrombosis</td><td></td></tr> <tr><td><input checked="" type="checkbox"/> Abnormal Labs</td><td></td></tr> <tr><td><input type="checkbox"/> Albumin</td><td><input type="checkbox"/> Alk Phos</td></tr> <tr><td><input type="checkbox"/> AST/ALT</td><td><input type="checkbox"/> Bilirubin</td></tr> <tr><td><input type="checkbox"/> GGTP</td><td><input type="checkbox"/> Platelets</td></tr> <tr><td><input type="checkbox"/> Prottime</td><td><input type="checkbox"/> Serology</td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> <tr><td><input type="checkbox"/> Other</td><td></td></tr> </table>	Score Child's-Pugh		Childs-Pugh Class:	<input type="text"/>	Evidence of Liver Disease		<input type="checkbox"/> Histologic Cirrhosis		<input type="checkbox"/> Evidence of Portal HTN		<input type="checkbox"/> Portal Vein Thrombosis		<input checked="" type="checkbox"/> Abnormal Labs		<input type="checkbox"/> Albumin	<input type="checkbox"/> Alk Phos	<input type="checkbox"/> AST/ALT	<input type="checkbox"/> Bilirubin	<input type="checkbox"/> GGTP	<input type="checkbox"/> Platelets	<input type="checkbox"/> Prottime	<input type="checkbox"/> Serology	<input type="checkbox"/> Other		<input type="checkbox"/> Other																																																																																	
Score Child's-Pugh																																																																																																												
Childs-Pugh Class:	<input type="text"/>																																																																																																											
Evidence of Liver Disease																																																																																																												
<input type="checkbox"/> Histologic Cirrhosis																																																																																																												
<input type="checkbox"/> Evidence of Portal HTN																																																																																																												
<input type="checkbox"/> Portal Vein Thrombosis																																																																																																												
<input checked="" type="checkbox"/> Abnormal Labs																																																																																																												
<input type="checkbox"/> Albumin	<input type="checkbox"/> Alk Phos																																																																																																											
<input type="checkbox"/> AST/ALT	<input type="checkbox"/> Bilirubin																																																																																																											
<input type="checkbox"/> GGTP	<input type="checkbox"/> Platelets																																																																																																											
<input type="checkbox"/> Prottime	<input type="checkbox"/> Serology																																																																																																											
<input type="checkbox"/> Other																																																																																																												
<input type="checkbox"/> Other																																																																																																												

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



**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

**Exam Duration:**

Duration (mins): 10

10  
100  
110  
120

**Patient Info**

ASA Class: 15  
20  
25  
30  
35  
40  
45

**Monito**

Supplemental O2  
BP/Pulse Monitoring  5  
Oximetry  Y  N

Vital Signs q 15 min X 4  
 Vital Signs q 30 mins X 2  
 Vital Signs Hourly until Discharge

**Sedation Medications Used**

Appropriate for:  

Managed By:  

General Anesthesia  
 Residual sedation present  
 No sedation given

Patient Intubated?  Y  N

Medication	Dosage	Route

**Fluoroscopy**

Fluoroscopy Used?  Y  N

Fluoro Time/Mins:  

Fluoro Notes:  

**Instrument(s) Used**

Instrument	Serial#

**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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

**Exam Duration:**

Duration (mins):  

10  
100  
110  
120

**Patient Information**

ASA Class:  

Patient Tolerance:  

I  
II  
III  
IV  
V

**Monito**

Supplemental O2  
BP/Pulse Monitoring  Y  N  
Oximetry  Y  N

Vital Signs q 15 min X 4  
 Vital Signs q 30 mins X 2  
 Vital Signs Hourly until Discharge

**Sedation Medications Used**

Appropriate for:  

Managed By:  

General Anesthesia  
 Residual sedation present  
 No sedation given

Patient Intubated?  Y  N

Medication	Dosage	Route

**Fluoroscopy**

Fluoroscopy Used?  Y  N

Fluoro Time/Mins:  

Fluoro Notes:  

**Instrument(s) Used**

Instrument	Serial#

**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

**Non-ENDO**      **Current User: CORI Tech Support**      **Demonstration Only**

Patient:     Prior exams    New      Date:     Time:

<ul style="list-style-type: none"> <li>A: Home</li> <li>B: History</li> <li>C: PE / Labs</li> <li>D: Proc. Info.</li> <li>E: *Indications</li> <li>F: Liver Disease</li> <li><b>G: Exam Info</b></li> <li>H: Exam Prep</li> <li>I: Results</li> <li>J: Intervent/Events</li> <li>K: Assess/Diag</li> <li>L: Treatment Plan</li> <li>M: Scheduling</li> </ul>	<b>Exam Duration:</b> Duration (mins): <input type="text"/>	<b>Sedation Medications Used</b> Appropriate for: <input type="text"/> Managed By: <input type="text"/> <input type="checkbox"/> General Anesthesia <input type="checkbox"/> Residual sedation present <input type="checkbox"/> No sedation given Patient Intubated?    Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Fluoroscopy</b> Fluoroscopy Used?    Y <input type="checkbox"/> N <input type="checkbox"/> Fluoro Time/Mins: <input type="text"/> Fluoro Notes: <input type="text"/>																																																				
	<b>Patient Information</b> ASA Class: <input type="text"/> Patient Tolerance: <input type="text"/>	<table border="1"> <thead> <tr> <th>Medication</th> <th>Dosage</th> <th>Route</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage	Route																												<b>Instrument(s) Used</b> <table border="1"> <thead> <tr> <th>Instrument</th> <th>Serial#</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Instrument	Serial#																				
	Medication	Dosage	Route																																																				
Instrument	Serial#																																																						
<input type="checkbox"/> Supplemental O2 BP/Pulse Monitoring    Y <input type="checkbox"/> N <input type="checkbox"/> Oximetry    Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Vital Signs q 15 min X 4 <input type="checkbox"/> Vital Signs q 30 mins X 2 <input type="checkbox"/> Vital Signs Hourly until Discharge																																																							
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

**Non-ENDO**      **Current User: CORI Tech Support**      **Demonstration Only**

Patient:     Prior exams    New      Date:     Time:

<ul style="list-style-type: none"> <li>A: Home</li> <li>B: History</li> <li>C: PE / Labs</li> <li>D: Proc. Info.</li> <li>E: *Indications</li> <li>F: Liver Disease</li> <li><b>G: Exam Info</b></li> <li>H: Exam Prep</li> <li>I: Results</li> <li>J: Intervent/Events</li> <li>K: Assess/Diag</li> <li>L: Treatment Plan</li> <li>M: Scheduling</li> </ul>	<b>Exam Duration:</b> Duration (mins): <input type="text"/>	<b>Sedation Medications Used</b> Appropriate for: <input type="text"/> <input type="checkbox"/> anxiolytic sedation <input type="checkbox"/> deep sedation <input type="checkbox"/> general anesthesia <input type="checkbox"/> moderate (conscious) sedation <input type="checkbox"/> Naso-laryngeal Insufflation <input type="checkbox"/> no sedation	<b>Fluoroscopy</b> Fluoroscopy Used?    Y <input type="checkbox"/> N <input type="checkbox"/> Fluoro Time/Mins: <input type="text"/> Fluoro Notes: <input type="text"/>																																																				
	<b>Patient Information</b> ASA Class: <input type="text"/> Patient Tolerance: <input type="text"/>	<table border="1"> <thead> <tr> <th>Medication</th> <th>Dosage</th> <th>Route</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dosage	Route																												<b>Instrument(s) Used</b> <table border="1"> <thead> <tr> <th>Instrument</th> <th>Serial#</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Instrument	Serial#																				
	Medication	Dosage	Route																																																				
Instrument	Serial#																																																						
<b>Monitoring</b> <input type="checkbox"/> Supplemental O2 BP/Pulse Monitoring    Y <input type="checkbox"/> N <input type="checkbox"/> Oximetry    Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Vital Signs q 15 min X 4 <input type="checkbox"/> Vital Signs q 30 mins X 2 <input type="checkbox"/> Vital Signs Hourly until Discharge																																																							
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

**Non-ENDO** Current User: CORI Tech Support    Demonstration Only

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

A: Home	<b>Exam Duration:</b> Duration (mins):	<b>Sedation Medications Used</b> Appropriate for: Managed By: <input type="checkbox"/> General Anesth <input type="checkbox"/> Residual sedation <input type="checkbox"/> No sedation Patient Intubation: <b>Medications</b>	<b>Fluoroscopy</b> Fluoroscopy Used?    Y <input type="checkbox"/> N <input type="checkbox"/> Fluoro Time/Mins: Fluoro Notes:																										
B: History	<b>Patient Information</b> ASA Class: Patient Tolerance:	<input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Endoscopist <input type="checkbox"/> ICU Staff <input type="checkbox"/> Nurse Anesthetist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant																											
C: PE / Labs			<b>Instrument(s) Used</b>																										
D: Proc. Info.	<b>Monitoring</b> <input type="checkbox"/> Supplemental O2 BP/Pulse Monitoring    Y <input type="checkbox"/> N <input type="checkbox"/> Oximetry    Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Vital Signs q 15 min X 4 <input type="checkbox"/> Vital Signs q 30 mins X 2 <input type="checkbox"/> Vital Signs Hourly until Discharge		<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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Instrument	Serial#																								
Instrument	Serial#																												
E: *Indications																													
F: Liver Disease																													
G: Exam Info																													
H: Exam Prep																													
I: Results																													
J: Intervent/Events																													
K: Assess/Diag																													
L: Treatment Plan																													
M: Scheduling																													
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

**Non-ENDO** Current User: CORI Tech Support    Demonstration Only

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

A: Home	<b>Positioning</b> <input type="checkbox"/> Patient in Supine Position <input type="checkbox"/> Other Position <input type="checkbox"/> Right Arm Raised	<b>Prep</b> <input type="checkbox"/> R Side Percussed for Site Loc <input type="checkbox"/> Ultrasound used for Site Location Site Prepped with: Number of Swabs: <input type="checkbox"/> Sterile Drapes Placed Local Anesthesia: Number of Passes: Needle Used: Needle Gauge:	<b>Exam Completion</b> <input type="checkbox"/> Bandage Placed Over Site Patient Placed on Side    Right    Left For (mins):
B: History			
C: PE / Labs			
D: Proc. Info.			
E: *Indications			
F: Liver Disease			
G: Exam Info			
H: Exam Prep			
I: Results			
J: Intervent/Events			
K: Assess/Diag			
L: Treatment Plan			
M: Scheduling			
Exam Prep 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

Non-ENDO		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	<b>Positioning</b> <input type="checkbox"/> Patient in Supine Position <input type="checkbox"/> Other Position <input type="checkbox"/> Right Arm Raised	<b>Prep</b> <input type="checkbox"/> R Side Percussed for Site Loc <input type="checkbox"/> Ultrasound used for Site Location Site Prepped with: <input type="text"/> Number of Swab: <input type="text"/> Betadine Swabs <input type="checkbox"/> Sterile Drapes Placed Local Anesthesia: <input type="text"/> Number of Passes: <input type="text"/> Needle Used: <input type="text"/> Needle Gauge: <input type="text"/>	<b>Exam Completion</b> <input type="checkbox"/> Bandage Placed Over Site Patient Placed on Side: <input type="text"/> Right <input type="text"/> Left For (mins): <input type="text"/>		
C: PE / Labs	Exam Prep Comments:				Expand
D: Proc. Info.					
E: *Indications					
F: Liver Disease					
G: Exam Info					
H: Exam Prep					
I: Results					
J: Intervent/Events					
K: Assess/Diag					
L: Treatment Plan					
M: Scheduling					
? 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					

Non-ENDO		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	<b>Positioning</b> <input type="checkbox"/> Patient in Supine Position <input type="checkbox"/> Other Position <input type="checkbox"/> Right Arm Raised	<b>Prep</b> <input type="checkbox"/> R Side Percussed for Site Loc <input type="checkbox"/> Ultrasound used for Site Location Site Prepped with: <input type="text"/> Number of Swabs: <input type="text"/> <input type="checkbox"/> Sterile Drapes Placed Local Anesthesia: <input type="text"/> Number of Passes: <input type="text"/> Needle Used: <input type="text"/> Needle Gauge: <input type="text"/>	<b>Exam Completion</b> <input type="checkbox"/> Bandage Placed Over Site Patient Placed on Side: <input type="text"/> Right <input type="text"/> Left For (mins): <input type="text"/>		
C: PE / Labs	Exam Prep Comments:				Expand
D: Proc. Info.					
E: *Indications					
F: Liver Disease					
G: Exam Info					
H: Exam Prep					
I: Results					
J: Intervent/Events					
K: Assess/Diag					
L: Treatment Plan					
M: Scheduling					
? 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					

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

	Positioning	Prep	Exam Completion
<b>A:</b> Home	<input type="checkbox"/> Patient in Supine Position	<input type="checkbox"/> R Side Percussed for Site Loc	<input type="checkbox"/> Bandage Placed Over Site
<b>B:</b> History	<input type="checkbox"/> Other Position	<input type="checkbox"/> Ultrasound used for Site Location	Right Left
<b>C:</b> PE / Labs	<input type="checkbox"/> Right Arm Raised	Site Prepped with: <span style="border: 1px solid black; padding: 2px;"> </span>	Patient Placed on Side <input type="checkbox"/> <input type="checkbox"/>
<b>D:</b> Proc. Info.		Number of Swabs: <span style="border: 1px solid black; padding: 2px;"> </span>	For (mins): <span style="border: 1px solid black; padding: 2px;"> </span>
<b>E:</b> *Indications		<input type="checkbox"/> Sterile Drapes Placed	
<b>F:</b> Liver Disease		Local Anesthesia: <span style="border: 1px solid black; padding: 2px;"> </span>	
<b>G:</b> Exam Info		Number of Passes: <span style="border: 1px solid black; padding: 2px;"> </span>	
<b>H:</b> Exam Prep		Needle Used: <span style="border: 1px solid black; padding: 2px;"> </span>	
<b>I:</b> Results		Needle Gauge: <span style="border: 1px solid black; padding: 2px;"> </span>	
<b>J:</b> Intervent/Events			
<b>K:</b> Assess/Diag			
<b>L:</b> Treatment Plan			
<b>M:</b> Scheduling			

Exam Prep 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

	Positioning	Prep	Exam Completion
<b>A:</b> Home	<input type="checkbox"/> Patient in Supine Position	<input type="checkbox"/> R Side Percussed for Site Loc	<input type="checkbox"/> Bandage Placed Over Site
<b>B:</b> History	<input type="checkbox"/> Other Position	<input type="checkbox"/> Ultrasound used for Site Location	Right Left
<b>C:</b> PE / Labs	<input type="checkbox"/> Right Arm Raised	Site Prepped with: <span style="border: 1px solid black; padding: 2px;"> </span>	Patient Placed on Side <input type="checkbox"/> <input type="checkbox"/>
<b>D:</b> Proc. Info.		Number of Swabs: <span style="border: 1px solid black; padding: 2px;"> </span>	For (mins): <span style="border: 1px solid black; padding: 2px;"> </span>
<b>E:</b> *Indications		<input type="checkbox"/> Sterile Drapes Placed	
<b>F:</b> Liver Disease		Local Anesthesia: <span style="border: 1px solid black; padding: 2px;"> </span>	
<b>G:</b> Exam Info		Number of Passes: <span style="border: 1px solid black; padding: 2px;"> </span>	
<b>H:</b> Exam Prep		Needle Used: <span style="border: 1px solid black; padding: 2px;">1</span>	
<b>I:</b> Results		Needle Gauge: <span style="border: 1px solid black; padding: 2px;">3</span>	
<b>J:</b> Intervent/Events			
<b>K:</b> Assess/Diag			
<b>L:</b> Treatment Plan			
<b>M:</b> Scheduling			

Exam Prep 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

	Positioning	Prep	Exam Completion
<b>A:</b> Home	<input type="checkbox"/> Patient in Supine Position	<input type="checkbox"/> R Side Percussed for Site Loc	<input type="checkbox"/> Bandage Placed Over Site
<b>B:</b> History	<input type="checkbox"/> Other Position	<input type="checkbox"/> Ultrasound used for Site Location	Right Left
<b>C:</b> PE / Labs	<input type="checkbox"/> Right Arm Raised	Site Prepped with: <span style="border: 1px solid gray; padding: 2px;"> </span>	Patient Placed on Side <input type="checkbox"/> <input type="checkbox"/>
<b>D:</b> Proc. Info.		Number of Swabs: <span style="border: 1px solid gray; padding: 2px;"> </span>	For (mins): <span style="border: 1px solid gray; padding: 2px;"> </span>
<b>E:</b> *Indications		<input type="checkbox"/> Sterile Drapes Placed	
<b>F:</b> Liver Disease		Local Anesthesia: <span style="border: 1px solid gray; padding: 2px;"> </span>	
<b>G:</b> Exam Info		Number of Passes: <span style="border: 1px solid gray; padding: 2px;"> </span>	
<b>H:</b> Exam Prep		Needle Used: <span style="border: 1px solid gray; padding: 2px;"> </span>	
<b>I:</b> Results		Needle Gauge: <span style="border: 1px solid gray; padding: 2px;">Angiocath Denver Jamshidi Klatskin Paracentesis Trucut Trucut/Gun</span>	
<b>J:</b> Intervent/Events			
<b>K:</b> Assess/Diag			
<b>L:</b> Treatment Plan			
<b>M:</b> Scheduling			
Exam Prep 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

	Positioning	Prep	Exam Completion
<b>A:</b> Home	<input type="checkbox"/> Patient in Supine Position	<input type="checkbox"/> R Side Percussed for Site Loc	<input type="checkbox"/> Bandage Placed Over Site
<b>B:</b> History	<input type="checkbox"/> Other Position	<input type="checkbox"/> Ultrasound used for Site Location	Right Left
<b>C:</b> PE / Labs	<input type="checkbox"/> Right Arm Raised	Site Prepped with: <span style="border: 1px solid gray; padding: 2px;"> </span>	Patient Placed on Side <input type="checkbox"/> <input type="checkbox"/>
<b>D:</b> Proc. Info.		Number of Swabs: <span style="border: 1px solid gray; padding: 2px;"> </span>	For (mins): <span style="border: 1px solid gray; padding: 2px;"> </span>
<b>E:</b> *Indications		<input type="checkbox"/> Sterile Drapes Placed	
<b>F:</b> Liver Disease		Local Anesthesia: <span style="border: 1px solid gray; padding: 2px;"> </span>	
<b>G:</b> Exam Info		Number of Passes: <span style="border: 1px solid gray; padding: 2px;"> </span>	
<b>H:</b> Exam Prep		Needle Used: <span style="border: 1px solid gray; padding: 2px;"> </span>	
<b>I:</b> Results		Needle Gauge: <span style="border: 1px solid gray; padding: 2px;">10 12 14 16 17 18 20 22</span>	
<b>J:</b> Intervent/Events			
<b>K:</b> Assess/Diag			
<b>L:</b> Treatment Plan			
<b>M:</b> Scheduling			
Exam Prep 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Positioning</th> <th style="width: 33%;">Prep</th> <th style="width: 33%;">Exam Completion</th> </tr> <tr> <td> <input type="checkbox"/> Patient in Supine Position  <input type="checkbox"/> Other Position  <input type="checkbox"/> Right Arm Raised         </td> <td> <input type="checkbox"/> R Side Percussed for Site Loc  <input type="checkbox"/> Ultrasound used for Site Location            Site Prepped with: <input type="text"/>            Number of Swabs: <input type="text"/>  <input type="checkbox"/> Sterile Drapes Placed            Local Anesthesia: <input type="text"/>            Number of Passes: <input type="text"/>            Needle Used: <input type="text"/>            Needle Gauge: <input type="text"/> </td> <td> <input type="checkbox"/> Bandage Placed Over Site  <div style="text-align: right;">Right Left</div>           Patient Placed on Side <input type="checkbox"/> <input type="checkbox"/>            For (mins): <input type="text"/>  <div style="border: 1px solid black; padding: 2px;">             10 100 110 120 15 20 25 30 35 40 45 5           </div> </td> </tr> </table> <p><b>Exam Prep Comments:</b> <span style="float: right;">Expand</span></p>	Positioning	Prep	Exam Completion	<input type="checkbox"/> Patient in Supine Position <input type="checkbox"/> Other Position <input type="checkbox"/> Right Arm Raised	<input type="checkbox"/> R Side Percussed for Site Loc <input type="checkbox"/> Ultrasound used for Site Location Site Prepped with: <input type="text"/> Number of Swabs: <input type="text"/> <input type="checkbox"/> Sterile Drapes Placed Local Anesthesia: <input type="text"/> Number of Passes: <input type="text"/> Needle Used: <input type="text"/> Needle Gauge: <input type="text"/>	<input type="checkbox"/> Bandage Placed Over Site <div style="text-align: right;">Right Left</div> Patient Placed on Side <input type="checkbox"/> <input type="checkbox"/> For (mins): <input type="text"/> <div style="border: 1px solid black; padding: 2px;">             10 100 110 120 15 20 25 30 35 40 45 5           </div>
Positioning	Prep	Exam Completion					
<input type="checkbox"/> Patient in Supine Position <input type="checkbox"/> Other Position <input type="checkbox"/> Right Arm Raised	<input type="checkbox"/> R Side Percussed for Site Loc <input type="checkbox"/> Ultrasound used for Site Location Site Prepped with: <input type="text"/> Number of Swabs: <input type="text"/> <input type="checkbox"/> Sterile Drapes Placed Local Anesthesia: <input type="text"/> Number of Passes: <input type="text"/> Needle Used: <input type="text"/> Needle Gauge: <input type="text"/>	<input type="checkbox"/> Bandage Placed Over Site <div style="text-align: right;">Right Left</div> Patient Placed on Side <input type="checkbox"/> <input type="checkbox"/> For (mins): <input type="text"/> <div style="border: 1px solid black; padding: 2px;">             10 100 110 120 15 20 25 30 35 40 45 5           </div>					

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Hemocult Testing Results</th> <th style="width: 50%;">Dilation</th> </tr> <tr> <td> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done         </td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Dilator</th> <th>Size (mm)</th> <th>Resistance</th> <th>Heme/Extraction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </td> </tr> <tr> <th>Paracentesis Results</th> <th>Dilation Results</th> </tr> <tr> <td>           Diagnostic Sample            Needle Gauge: <input type="text"/>            ccs fluid: <input type="text"/> Fluid Color: <input type="text"/>            Fluid Description: <input type="text"/>  <input type="checkbox"/> Fluid Sample Sent to Lab            Analysis for:  <input type="checkbox"/> Cell Count <input type="checkbox"/> Differential  <input type="checkbox"/> Albumin <input type="checkbox"/> Total Protein            Paracentesis Results            Total ccs fluid: <input type="text"/>  <input type="checkbox"/> Other         </td> <td>           Outcome: <input type="text"/>  <input type="checkbox"/> Biopsy taken <span style="margin-left: 20px;">Path #: <input type="text"/></span> </td> </tr> <tr> <th>Peg Replacement Results</th> <th>Liver Biopsy Results</th> </tr> <tr> <td> <input type="checkbox"/> Irrigated            Placement was Successful? <span style="margin-left: 20px;">Y <input type="checkbox"/> N <input type="checkbox"/></span> </td> <td> <input type="checkbox"/> Core Material Obtained            Length of Core (cms): <input type="text"/>            Fragmentation: <input type="text"/>  <input type="checkbox"/> Specimen Sent to Lab         </td> </tr> <tr> <th>Other Exam Results</th> <th>Results Comments:</th> </tr> <tr> <td>           Results: <input type="text"/>  <input type="checkbox"/> Biopsy taken         </td> <td> <span style="float: right;">Expand</span> </td> </tr> </table>	Hemocult Testing Results	Dilation	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Dilator</th> <th>Size (mm)</th> <th>Resistance</th> <th>Heme/Extraction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Dilator	Size (mm)	Resistance	Heme/Extraction													Paracentesis Results	Dilation Results	Diagnostic Sample Needle Gauge: <input type="text"/> ccs fluid: <input type="text"/> Fluid Color: <input type="text"/> Fluid Description: <input type="text"/> <input type="checkbox"/> Fluid Sample Sent to Lab Analysis for: <input type="checkbox"/> Cell Count <input type="checkbox"/> Differential <input type="checkbox"/> Albumin <input type="checkbox"/> Total Protein Paracentesis Results Total ccs fluid: <input type="text"/> <input type="checkbox"/> Other	Outcome: <input type="text"/> <input type="checkbox"/> Biopsy taken <span style="margin-left: 20px;">Path #: <input type="text"/></span>	Peg Replacement Results	Liver Biopsy Results	<input type="checkbox"/> Irrigated Placement was Successful? <span style="margin-left: 20px;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	<input type="checkbox"/> Core Material Obtained Length of Core (cms): <input type="text"/> Fragmentation: <input type="text"/> <input type="checkbox"/> Specimen Sent to Lab	Other Exam Results	Results Comments:	Results: <input type="text"/> <input type="checkbox"/> Biopsy taken	<span style="float: right;">Expand</span>
Hemocult Testing Results	Dilation																																
<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Dilator</th> <th>Size (mm)</th> <th>Resistance</th> <th>Heme/Extraction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Dilator	Size (mm)	Resistance	Heme/Extraction																												
Dilator	Size (mm)	Resistance	Heme/Extraction																														
Paracentesis Results	Dilation Results																																
Diagnostic Sample Needle Gauge: <input type="text"/> ccs fluid: <input type="text"/> Fluid Color: <input type="text"/> Fluid Description: <input type="text"/> <input type="checkbox"/> Fluid Sample Sent to Lab Analysis for: <input type="checkbox"/> Cell Count <input type="checkbox"/> Differential <input type="checkbox"/> Albumin <input type="checkbox"/> Total Protein Paracentesis Results Total ccs fluid: <input type="text"/> <input type="checkbox"/> Other	Outcome: <input type="text"/> <input type="checkbox"/> Biopsy taken <span style="margin-left: 20px;">Path #: <input type="text"/></span>																																
Peg Replacement Results	Liver Biopsy Results																																
<input type="checkbox"/> Irrigated Placement was Successful? <span style="margin-left: 20px;">Y <input type="checkbox"/> N <input type="checkbox"/></span>	<input type="checkbox"/> Core Material Obtained Length of Core (cms): <input type="text"/> Fragmentation: <input type="text"/> <input type="checkbox"/> Specimen Sent to Lab																																
Other Exam Results	Results Comments:																																
Results: <input type="text"/> <input type="checkbox"/> Biopsy taken	<span style="float: right;">Expand</span>																																

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>E:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>J: Results</b></p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<div style="border: 1px solid gray; padding: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Hemocult Testing Results</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Paracentesis Results</p> <p>Diagnostic Sample</p> <p>Needle Gauge: <input type="text"/></p> <p>ccs fluid: <input type="text"/></p> <p>Fluid Description: <input type="text"/></p> <p><input type="checkbox"/> Fluid Sample Sent to Lab</p> <p>Analysis for:</p> <p><input type="checkbox"/> Cell Count</p> <p><input type="checkbox"/> Albumin</p> <p>Paracentesis Results</p> <p>Total ccs fluid: <input type="text"/></p> <p><input type="checkbox"/> Other</p> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Peg Replacement Results</p> <p><input type="checkbox"/> Irrigated</p> <p>Placement was Successful? <span style="margin-left: 20px;">Y <input type="checkbox"/></span> <span style="margin-left: 20px;">N <input type="checkbox"/></span></p> </div>	<div style="border: 1px solid gray; padding: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Dilation</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Dilator</th> <th>Size (mm)</th> <th>Resistance</th> <th>Heme/Extraction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Dilation Results</p> <p>Outcome: <input type="text"/></p> <p><input type="checkbox"/> Biopsy taken <span style="margin-left: 20px;">Path #: <input type="text"/></span></p> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Liver Biopsy Results</p> <p><input type="checkbox"/> Core Material Obtained</p> <p>Length of Core (cms): <input type="text"/></p> <p>Fragmentation: <input type="text"/></p> <p><input type="checkbox"/> Specimen Sent to Lab</p> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Other Exam Results</p> <p>Results: <input type="text"/></p> <p><input type="checkbox"/> Biopsy taken</p> </div>	Dilator	Size (mm)	Resistance	Heme/Extraction												
Dilator	Size (mm)	Resistance	Heme/Extraction															
<p style="background-color: #333; color: white; padding: 2px;">Results Comments:</p> <div style="border: 1px solid gray; height: 20px; width: 100%;"></div> <p style="text-align: right; margin: 0;"><a href="#" style="background-color: #333; color: white; padding: 2px 5px;">Expand</a></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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>E:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>J: Results</b></p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<div style="border: 1px solid gray; padding: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Hemocult Testing Results</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Paracentesis Results</p> <p>Diagnostic Sample</p> <p>Needle Gauge: <input type="text"/></p> <p>ccs fluid: <input type="text"/> <span style="margin-left: 20px;">Fluid Color: <input type="text"/></span></p> <p>Fluid Description: <input type="text"/></p> <p><input type="checkbox"/> Fluid Sample Sent to Lab</p> <p>Analysis for:</p> <p><input type="checkbox"/> Cell Count</p> <p><input type="checkbox"/> Albumin</p> <p><input type="checkbox"/> Total Protein</p> <p>Paracentesis Results</p> <p>Total ccs fluid: <input type="text"/></p> <p><input type="checkbox"/> Other</p> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Peg Replacement Results</p> <p><input type="checkbox"/> Irrigated</p> <p>Placement was Successful? <span style="margin-left: 20px;">Y <input type="checkbox"/></span> <span style="margin-left: 20px;">N <input type="checkbox"/></span></p> </div>	<div style="border: 1px solid gray; padding: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Dilation</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Dilator</th> <th>Size (mm)</th> <th>Resistance</th> <th>Heme/Extraction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Dilation Results</p> <p>Outcome: <input type="text"/></p> <p><input type="checkbox"/> Biopsy taken <span style="margin-left: 20px;">Path #: <input type="text"/></span></p> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Liver Biopsy Results</p> <p><input type="checkbox"/> Core Material Obtained</p> <p>Length of Core (cms): <input type="text"/></p> <p>Fragmentation: <input type="text"/></p> <p><input type="checkbox"/> Specimen Sent to Lab</p> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Other Exam Results</p> <p>Results: <input type="text"/></p> <p><input type="checkbox"/> Biopsy taken</p> </div>	Dilator	Size (mm)	Resistance	Heme/Extraction												
Dilator	Size (mm)	Resistance	Heme/Extraction															
<p style="background-color: #333; color: white; padding: 2px;">Results Comments:</p> <div style="border: 1px solid gray; height: 20px; width: 100%;"></div> <p style="text-align: right; margin: 0;"><a href="#" style="background-color: #333; color: white; padding: 2px 5px;">Expand</a></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



**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>E:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<div style="border: 1px solid black; padding: 2px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Hemocult Testing Results</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Paracentesis Results</p> <p>Diagnostic Sample</p> <p>Needle Gauge: <input type="text"/></p> <p>ccs fluid: <input type="text"/> Fluid Color: <input type="text"/></p> <p>Fluid Description: <input type="text"/></p> <p><input type="checkbox"/> Fluid Sample Sent to Lab</p> <p>Analysis for:</p> <p><input type="checkbox"/> Cell Count <input type="checkbox"/> Differential</p> <p><input type="checkbox"/> Albumin <input type="checkbox"/> Total Protein</p> <p>Paracentesis Results</p> <p>Total ccs fluid: <input type="text"/></p> <p><input type="checkbox"/> Other</p> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Peg Replacement Results</p> <p><input type="checkbox"/> Irrigated</p> <p>Placement was Successful? <span style="margin-left: 20px;">Y <input type="checkbox"/></span> <span style="margin-left: 20px;">N <input type="checkbox"/></span></p> </div>	<div style="border: 1px solid black; padding: 2px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Dilation</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Dilator</th> <th>Size (mm)</th> <th>Resistance</th> <th>Heme/Extraction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Dilation Results</p> <p>Outcome: <input type="text"/></p> <p><input type="checkbox"/> Biopsy taken</p> <p style="font-size: small;">bleeding continues bleeding precipitated hemostasis achieved not successful successful</p> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Liver Biopsy</p> <p><input type="checkbox"/> Core Material Obtained</p> <p>Length of Core (cms): <input type="text"/></p> <p>Fragmentation: <input type="text"/></p> <p><input type="checkbox"/> Specimen Sent to Lab</p> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Other Exam Results</p> <p>Results: <input type="text"/></p> <p><input type="checkbox"/> Biopsy taken</p> </div>	Dilator	Size (mm)	Resistance	Heme/Extraction												
Dilator	Size (mm)	Resistance	Heme/Extraction															
Results Comments: <span style="float: right;">Expand</span>																		

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>E:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p>	<div style="border: 1px solid black; padding: 2px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Hemocult Testing Results</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done</p> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Paracentesis Results</p> <p>Diagnostic Sample</p> <p>Needle Gauge: <input type="text"/></p> <p>ccs fluid: <input type="text"/> Fluid Color: <input type="text"/></p> <p>Fluid Description: <input type="text"/></p> <p><input type="checkbox"/> Fluid Sample Sent to Lab</p> <p>Analysis for:</p> <p><input type="checkbox"/> Cell Count <input type="checkbox"/> Differential</p> <p><input type="checkbox"/> Albumin <input type="checkbox"/> Total Protein</p> <p>Paracentesis Results</p> <p>Total ccs fluid: <input type="text"/></p> <p><input type="checkbox"/> Other</p> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Peg Replacement Results</p> <p><input type="checkbox"/> Irrigated</p> <p>Placement was Successful? <span style="margin-left: 20px;">Y <input type="checkbox"/></span> <span style="margin-left: 20px;">N <input type="checkbox"/></span></p> </div>	<div style="border: 1px solid black; padding: 2px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Dilation</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Dilator</th> <th>Size (mm)</th> <th>Resistance</th> <th>Heme/Extraction</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Dilation Results</p> <p>Outcome: <input type="text"/></p> <p><input type="checkbox"/> Biopsy taken <span style="margin-left: 20px;">Path #: <input type="text"/></span></p> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Liver Biopsy Results</p> <p><input type="checkbox"/> Core Material Obtained</p> <p>Length of Core (cms): <input type="text"/></p> <p>Fragmentation: <input type="text"/></p> <p><input type="checkbox"/> Specimen Sent to Lab</p> <p style="font-size: small;">fragmented non-fragmented partially fragmented</p> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p style="text-align: center; background-color: #008080; color: white; margin: 0;">Other Exam Results</p> <p>Results: <input type="text"/></p> <p><input type="checkbox"/> Biopsy taken</p> </div>	Dilator	Size (mm)	Resistance	Heme/Extraction												
Dilator	Size (mm)	Resistance	Heme/Extraction															
Results Comments: <span style="float: right;">Expand</span>																		

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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

**Unplanned Interventions**

No Intervention Required

Sed. Reversed as Intervention

Oxygen  Transfusion

HospAdmit  Sent to ER

Surgery  Cautery

IV Fluids

Procedure Stopped

Code 99/CPR

Other

**Unplanned Events**

Any complications? Y  N

**Cardiopulmonary Events**

Chest Pain  Arrhythmia

Bradycardia  Tachycardia

Wheezing  Hypotension

Hypertension

Transient Hypoxia

Prolonged Hypoxia

Respiratory Distress

Pulmonary Edema

Vasovagal Reaction

Tracheal Compression

Death  Other

Prolonged Sedation

O2 Saturation less than 95%

O2 Saturation (%):

**Gastrointestinal Events**

Bleeding  Perforation

Abd Pain  Peritonitis

N/V  Pain Bx Site

Other

**Other Events**

Impaction:

ContrastReact

Blood on Dilator

Rash  Drug React

**Intervention Results**

Biopsy comp/s:

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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

**Unplanned Interventions**

No Intervention Required

Sed. Reversed as Intervention

Oxygen  Transfusion

HospAdmit  Sent to ER

Surgery  Cautery

IV Fluids

Procedure Stopped

Code 99/CPR

Other

**Unplanned Events**

Any complications? Y  N

**Cardiopulmonary Events**

Chest Pain  Arrhythmia

Bradycardia  Tachycardia

Wheezing  Hypotension

Hypertension

Transient Hypoxia

**Gastrointestinal Events**

Bleeding  Perforation

Abd Pain  Peritonitis

N/V  Pain Bx Site

Other

**Other Events**

Impaction:

ContrastReact

Blood on Dilator

Rash  Drug React

**Intervention Results**

Biopsy comp/s:

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

**IV Fluids Detail**

ccs given:

IV Given:

Close

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

**Unplanned Interventions**

- No Intervention Required
- Sed. Reversed as Intervention
- Oxygen  Transfusion
- HospAdmit  Sent to ER
- Surgery  Cautery
- IV Fluids
- Procedure Stopped
- Code 99/CPR
- Other

**Unplanned Events**

Any complications? Y  N

**Cardiopulmonary Events**

- Chest Pain  Arrhythmia
- Bradycardia  Tachycardia
- Wheezing  Hypotension
- Hypertension
- Transient Hypoxia
- Prolonged Hypoxia
- O2 Saturation less than 95%
- O2 Saturation (%):

**Gastrointestinal Events**

- Bleeding  Perforation
- Abd Pain  Peritonitis
- N/V  Pain Bx Site
- Other

**Other Events**

Impaction:

- ContrastReact
- Blood on Dilator
- Rash  Drug React

**Intervention Results**

Biopsy comp/s:

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

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

**Unplanned Interventions**

- No Intervention Required
- Sed. Reversed as Intervention
- Oxygen  Transfusion
- HospAdmit  Sent to ER
- Surgery  Cautery
- IV Fluids
- Procedure Stopped
- Code 99/CPR
- Other

**Unplanned Events**

Any complications? Y  N

**Cardiopulmonary Events**

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

**Gastrointestinal Events**

- Bleeding  Perforation
- Abd Pain  Peritonitis
- N/V  Pain Bx Site
- Other

**Other Events**

Impaction:

- ContrastReact active
- Blood on Dilator
- Rash  Drug React

**Intervention Results**

Biopsy comp/s:

Successful? Y  N

- Hemostasis Achieved
- Vital Signs Stabilized
- O2 Desaturation Reversed
- Spontaneous Resolution

Notes:

**Intervention Medications**

Medication	Dosage

**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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

**Unplanned Interventions**

No Intervention Required

Sed. Reversed as Intervention

Oxygen  Transfusion

HospAdmit  Sent to ER

Surgery  Cautery

IV Fluids

Procedure Stopped

Code 99/CPR

Other

**Intervention Medications**

Medication	Dosage

**Unplanned Events**

Any complications? Y  N

**Cardiopulmonary Events**

Chest Pain  Arrhythmia

Bradycardia  Tachycardia

Wheezing  Hypotension

Hypertension

Transient Hypoxia

Prolonged Hypoxia

Respiratory Distress

Pulmonary Edema

Vasovagal Reaction

Tracheal Compression

Death  Other

Prolonged Sedation

O2 Saturation less than 95%

O2 Saturation (%):

**Gastrointestinal Events**

Bleeding  Perforation

Abd Pain  Peritonitis

N/V  Pain Bx Site

Other

**Other Events**

Impaction:

ContrastReact

Blood on Dilator

Rash  Drug React

**Intervention Results**

Biopsy comp/s:

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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

**Unplanned Interventions**

No Intervention Required

Sed. Reversed as Intervention

Oxygen  Transfusion

HospAdmit  Sent to ER

Surgery  Cautery

IV Fluids

Procedure Stopped

Code 99/CPR

Other

**Intervention Medications**

Medication	Dosage

**Unplanned Events**

Any complications? Y  N

**Cardiopulmonary Events**

Chest Pain  Arrhythmia

Bradycardia  Tachycardia

Wheezing  Hypotension

Hypertension

Transient Hypoxia

Prolonged Hypoxia

O2 Saturation less than 95%

O2 Saturation (%):

**Gastrointestinal Events**

Bleeding  Perforation

Abd Pain  Peritonitis

N/V  Pain Bx Site

Other

**Other Events**

Impaction:

ContrastReact

Blood on Dilator

Rash  Drug React

**Intervention Results**

Biopsy comp/s:

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<b>A:</b> Home	<b>Assessment</b>		<b>Assessment Comments</b>
<b>B:</b> History	<input type="checkbox"/> Incomplete Exam <input type="checkbox"/> Abnormal Findings <input type="checkbox"/> Normal <input type="checkbox"/> Procedure Successful		
<b>C:</b> PE / Labs			
<b>D:</b> Proc. Info.			
<b>E:</b> *Indications			
<b>E:</b> Liver Disease	<b>Diagnoses</b>		
<b>G:</b> Exam Info	Category	ICD-9 Codes	Comments
<b>H:</b> Exam Prep			
<b>I:</b> Results			
<b>J:</b> Intervent/Events			
<b>K:</b> Assess/Diag			
<b>L:</b> Treatment Plan			
<b>M:</b> Scheduling			
Assessment and Diagnosis Comments			Expand

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<b>B:</b> History	<b>Post Exam Instructions</b>		<b>Findings Related Recommendations</b>				
<b>C:</b> PE / Labs	<input type="checkbox"/> When to Call <input type="checkbox"/> Sedation 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"/>		<input type="checkbox"/> What to Expect <input type="checkbox"/> Activity Levels Standard Instructions For: <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Wilson's Disease <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> Non-Endo Dilatation <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hemochromatosis <input type="checkbox"/> Normal Exam <input type="checkbox"/> Paracentesis <input type="checkbox"/> Other Finding Special Instructions: <input type="text"/>				
<b>D:</b> Proc. Info.							
<b>E:</b> *Indications							
<b>E:</b> Liver Disease							
<b>G:</b> Exam Info							
<b>H:</b> Exam Prep							
<b>I:</b> Results	<b>Medication Plan</b>						
<b>J:</b> Intervent/Events	<input type="checkbox"/> Await Pathology <input type="checkbox"/> Medications per referring provider <input type="checkbox"/> DC Current Medications <input type="checkbox"/> No Meds Required <input type="checkbox"/> Continue current medications						
<b>K:</b> Assess/Diag	Med Type	Med	Dose	sig	Start Date	Duration	DC'd
<b>L:</b> Treatment Plan							
<b>M:</b> Scheduling							
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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

Disposition

After Procedure Patient Sent:

After Recovery Patient Sent:

Scheduling and Referral

Await Pathology to schedule patient  Follow-up prn  Follow-up Refused

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

Non-ENDO Current User: CORI Tech Support Demonstration Only

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

Disposition

After Procedure Patient Sent:

After Recovery Patient Sent:

Scheduling and Referral

Await Pathology to schedule patient  Follow-up prn  Follow-up Refused

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake [v] Prior exams New Date: 01/01/2000 [c] Time: 12:00 PM [c]

**Disposition**

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

back to hospital  
 home  
 to hospital for admission

**Scheduling**

Await Pathology to schedule patient  
 Follow-up prn  Follow-up Refused

Activity	To Whom	Comments	when	Date

Scheduling Comments: [v] 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

Patient: Patient, Fake [v] Prior exams New Date: 01/01/2000 [c] Time: 11:59 AM [c]

**Post Exam Patient Information**

Encounter Type: [v]  
 Information From: [v]

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: [v]

Complete Post Exam Events section if necessary

**Patient Satisfaction**

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

**Post Exam Events**

Event Type	Event	Date Occurred	Intervention	Comments

Follow-up Information and Events Comments: [v] 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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p> <p><b>N:</b> F/up Info/Events</p> <p><b>O:</b> Post Exam</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; background-color: #008080; color: white;">Post Exam Patient Information</th> <th style="width: 50%; background-color: #008080; color: white;">Patient Satisfaction</th> </tr> <tr> <td style="padding: 5px;">           Encounter Type: <input type="text"/>            Information From: <input type="text"/>            Any problems with where IV w...            Did pt understand the dischg...            Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N            Did pt take post exam Rx's as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N            If not, explain: <input type="text"/>            Complete Post Exam Events section if necessary         </td> <td style="padding: 5px;">           How does pt feel post exam?: <input type="text"/>            Did pt feel prepared for procedure? <input type="checkbox"/> Y <input type="checkbox"/> N            Was the pt groggy after procedure? <input type="checkbox"/> Y <input type="checkbox"/> N            If yes, how many hours?: <input type="text"/>            Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N            If yes, what?: <input type="text"/>            Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N            if yes, what?: <input type="text"/> </td> </tr> <tr> <th colspan="2" style="background-color: #008080; color: white; text-align: center;">Post Exam Events</th> </tr> <tr> <th style="width: 15%;">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: 30%;">Comments</th> </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 colspan="4" style="background-color: #333; color: white;">Follow-up Information and Events Comments:</td> <td style="background-color: #333; color: white; text-align: right;">Expand</td> </tr> </table>	Post Exam Patient Information	Patient Satisfaction	Encounter Type: <input type="text"/> Information From: <input type="text"/> Any problems with where IV w... Did pt understand the dischg... Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N Did pt take post exam Rx's as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N If not, explain: <input type="text"/> Complete Post Exam Events section if necessary	How does pt feel post exam?: <input type="text"/> Did pt feel prepared for procedure? <input type="checkbox"/> Y <input type="checkbox"/> N Was the pt groggy after procedure? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, how many hours?: <input type="text"/> Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what?: <input type="text"/> Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N if yes, what?: <input type="text"/>	Post Exam Events		Event Type	Event	Date Occurred	Intervention	Comments																					Follow-up Information and Events Comments:				Expand
Post Exam Patient Information	Patient Satisfaction																																				
Encounter Type: <input type="text"/> Information From: <input type="text"/> Any problems with where IV w... Did pt understand the dischg... Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N Did pt take post exam Rx's as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N If not, explain: <input type="text"/> Complete Post Exam Events section if necessary	How does pt feel post exam?: <input type="text"/> Did pt feel prepared for procedure? <input type="checkbox"/> Y <input type="checkbox"/> N Was the pt groggy after procedure? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, how many hours?: <input type="text"/> Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what?: <input type="text"/> Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N if yes, what?: <input type="text"/>																																				
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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

<p><b>A:</b> Home</p> <p><b>B:</b> History</p> <p><b>C:</b> PE / Labs</p> <p><b>D:</b> Proc. Info.</p> <p><b>E:</b> *Indications</p> <p><b>F:</b> Liver Disease</p> <p><b>G:</b> Exam Info</p> <p><b>H:</b> Exam Prep</p> <p><b>I:</b> Results</p> <p><b>J:</b> Intervent/Events</p> <p><b>K:</b> Assess/Diag</p> <p><b>L:</b> Treatment Plan</p> <p><b>M:</b> Scheduling</p> <p><b>N:</b> F/up Info/Events</p> <p><b>O:</b> Post Exam</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; background-color: #008080; color: white;">Post Exam Patient Information</th> <th style="width: 50%; background-color: #008080; color: white;">Patient Satisfaction</th> </tr> <tr> <td style="padding: 5px;">           Encounter Type: <input type="text"/>            Information From: <input type="text"/>            Any problems with where IV w...            Did pt understand the dischg...            Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N            Did pt take post exam Rx's as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N            If not, explain: <input type="text"/>            Complete Post Exam Events section if necessary         </td> <td style="padding: 5px;">           How does pt feel post exam?: <input type="text"/>            Did pt feel prepared for procedure? <input type="checkbox"/> Y <input type="checkbox"/> N            Was the pt groggy after procedure? <input type="checkbox"/> Y <input type="checkbox"/> N            If yes, how many hours?: <input type="text"/>            Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N            If yes, what?: <input type="text"/>            Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N            if yes, what?: <input type="text"/> </td> </tr> <tr> <th colspan="2" style="background-color: #008080; color: white; text-align: center;">Post Exam Events</th> </tr> <tr> <th style="width: 15%;">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: 30%;">Comments</th> </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 colspan="4" style="background-color: #333; color: white;">Follow-up Information and Events Comments:</td> <td style="background-color: #333; color: white; text-align: right;">Expand</td> </tr> </table>	Post Exam Patient Information	Patient Satisfaction	Encounter Type: <input type="text"/> Information From: <input type="text"/> Any problems with where IV w... Did pt understand the dischg... Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N Did pt take post exam Rx's as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N If not, explain: <input type="text"/> Complete Post Exam Events section if necessary	How does pt feel post exam?: <input type="text"/> Did pt feel prepared for procedure? <input type="checkbox"/> Y <input type="checkbox"/> N Was the pt groggy after procedure? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, how many hours?: <input type="text"/> Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what?: <input type="text"/> Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N if yes, what?: <input type="text"/>	Post Exam Events		Event Type	Event	Date Occurred	Intervention	Comments																					Follow-up Information and Events Comments:				Expand
Post Exam Patient Information	Patient Satisfaction																																				
Encounter Type: <input type="text"/> Information From: <input type="text"/> Any problems with where IV w... Did pt understand the dischg... Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N Did pt take post exam Rx's as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N If not, explain: <input type="text"/> Complete Post Exam Events section if necessary	How does pt feel post exam?: <input type="text"/> Did pt feel prepared for procedure? <input type="checkbox"/> Y <input type="checkbox"/> N Was the pt groggy after procedure? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, how many hours?: <input type="text"/> Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what?: <input type="text"/> Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N if yes, what?: <input type="text"/>																																				
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



**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

A: Home	<b>Post Exam Patient Information</b>		<b>Patient Satisfaction</b>	
	Encounter Type: <input type="text"/>	<input type="text"/>	How does pt feel post exam?: <input type="text"/>	<input type="text"/>
B: History	Information From: <input type="text"/>	<input type="text"/>	Did pt feel prepared for procedure? <input type="text"/>	<input type="text"/>
C: PE / Labs	Any problems with where IV was inserted? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	Was the pt groggy after procedure? <input type="text"/>	<input type="text"/>
D: Proc. Info.	Did pt understand the dischg instructions? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	If yes, how many hours?: <input type="text"/>	<input type="text"/>
E: *Indications	Did pt have questions regarding follow-up? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	Any complaints about Procedure? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
F: Liver Disease	Did pt take post exam Rxs as prescribed? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	If yes, what?: <input type="text"/>	<input type="text"/>
G: Exam Info	If not, explain: <input type="text"/>	<input type="text"/>	Any suggestions for improvement? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>
H: Exam Prep	Complete Post Exam Events section if necessary		If yes, what?: <input type="text"/>	<input type="text"/>
I: Results	<b>Post Exam Events</b>			
J: Intervent/Events	Event Type	Event	Date Occurred	Intervention
K: Assess/Diag				
L: Treatment Plan				
M: Scheduling				
N: F/up Info/Events	Follow-up Information and Events Comments:			Expand
O: Post Exam				

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

**Non-ENDO** Current User: CORI Tech Support Demonstration Only

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

A: Home	<b>Pathology</b>			
	Biopsy Description	Results	Modifier	Comments
B: History				
C: PE / Labs				
D: Proc. Info.				
E: *Indications				
F: Liver Disease				
G: Exam Info				
H: Exam Prep	<b>Pathology Report</b>			
I: Results				
J: Intervent/Events				
K: Assess/Diag	<b>Correspondence - Results</b>		<b>Correspondence - Follow-Ups</b>	
	<input type="checkbox"/> Normal	<input type="checkbox"/> H. pylori	<input type="checkbox"/> No further	<input type="checkbox"/> PMD
L: Treatment Plan	<input type="checkbox"/> Barrett's	<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Nurse Will Call	
M: Scheduling	<input type="checkbox"/> Notes:		<input type="checkbox"/> Notes:	
N: F/up Info/Events	Post Exam Comments:			Expand
O: Post Exam				

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