



## Screenshots for Documentation of Non-Endoscopic (NON) Procedures in CORI v4

### Table of Contents

HISTORY .....	2
<i>Surgical History</i> .....	4
<i>Medical History</i> .....	5
PHYSICAL EXAMINATION .....	7
LIVER DISEASE .....	8
PREPROCEDURE .....	12
SEDATION .....	14
LIVER BIOPSY .....	18
PARACENTESIS .....	20
PEG / PEJ TUBES .....	23
DILATION .....	26
OTHER PROCEDURE .....	29
EVENTS .....	30
ASSESSMENT / PLAN .....	34
LETTERS / INSTRUCTIONS .....	37

Above each screenshot or set of screenshots is the name of the table in the v4 National Endoscopic Database where the data collected on that screen is found. Some screenshots show the content of subscreens that are also documented in the same table. Controls which have subscreens are evidenced by the orange arrows: ►

# HISTORY

Table: History

Non-Endoscopic procedure

Pathology Images Print Fax Orders

First name	Middle name	Last name	MRN	Birth date	Procedure date
Fake		Patient	00000000	1/1/1901	1/ 1/2000 12:00 PM

**History**

- Physical exam
- Liver Disease
- Preprocedure
- Sedation
- Liver Biopsy
- Paracentesis
- PEG/PEJ Tubes
- Dilation
- Other
- Events
- Assessment/Plan
- Letters/Instructions

**Medications**

Within the last 7 days, has the patient taken anti-inflammatory, anti-coagulant or anti-platelet medications?  Yes  No

Which medications	Stopped prior to exam?	# of days prior
<input type="checkbox"/> ASA	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> NSAID	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> COX-2	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> Heparin	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> LMWH	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> Coumadin	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> Plavix	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="checkbox"/> Other	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Other antiinflammatory/anticoagulant/antiplatelet meds

Anticoagulation plan

Other medications

**Patient habits**

Smoking history

Amount \*

Number of years

Smokes every day  Yes  No

Current alcohol consumption (wine, beer, liquor)

No prior surgeries

Surgical history ▶

No history of major medical illness

Medical history ▶

Recent labs/studies  Yes  No

Allergies  Yes  No

**History comments**

Please do not use this field if you can document the information using other fields on the screen

Save

Sign

Print Preview

Close

**Patient habits**

Smoking history

Amount \*

Number of years

Smokes every day  Yes  No

Current alcohol consumption (wine, beer, liquor)

**Patient habits**

Smoking history

Amount \*

Number of years

Smokes every day  Yes  No

Current alcohol consumption (wine, beer, liquor)

Patient habits

Smoking history

Amount

Number of years

Smokes every day  Yes  No

Current alcohol consumption (wine, beer, liquor)

No prior surgeries

Surgical history

- Abstains
- Occasional (average less than daily)
- Moderate (1-2 drinks per day)
- Heavy (>2 drinks per day)

## Surgical History

Table: HxSurgHx

Patient History > Surgical History

Biliary/Pancreatic	GI, Upper	Genitourinary
<input type="checkbox"/> Biliary bypass <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Cyst removal <input type="checkbox"/> Liver surgery <input type="checkbox"/> Pancreatic resection <input type="checkbox"/> Pancreatic surgery <input type="checkbox"/> Sphincteroplasty <input type="checkbox"/> Whipple procedure	<input type="checkbox"/> Anti-reflux surgery <input type="checkbox"/> Billroth I <input type="checkbox"/> Billroth II <input type="checkbox"/> Esophageal myotomy (Heller) <input type="checkbox"/> Esophagectomy <input type="radio"/> partial <input type="radio"/> total <input type="checkbox"/> Gastrectomy <input type="radio"/> partial <input type="radio"/> total <b>Gastric bypass</b> <input type="checkbox"/> Banded gastroplasty <input type="checkbox"/> Roux-en-Y gastric bypass (RYGB) <input type="checkbox"/> Sleeve gastrectomy <input type="checkbox"/> Gastrojejunostomy <input type="checkbox"/> Gastrostomy tube <input type="checkbox"/> Jejunostomy tube <input type="checkbox"/> Pyloroplasty	<input type="checkbox"/> Cesarean Section <input type="checkbox"/> Total abdominal hysterectomy <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Vaginal hysterectomy <input type="checkbox"/> Partial hysterectomy <input type="checkbox"/> TURP
Cardiovascular		Pulmonary
<input type="checkbox"/> Coronary artery bypass <input type="checkbox"/> Valve replacement		<input type="checkbox"/> Lobectomy
GI, Lower		Organ Transplant
<input type="checkbox"/> Colostomy <input type="checkbox"/> Left hemicolectomy <input type="checkbox"/> Right hemicolectomy <input type="checkbox"/> Segmental colectomy <input type="checkbox"/> Total colectomy with <input type="radio"/> ileostomy <input type="radio"/> ileo-anal pouch <input type="radio"/> Koch pouch <input type="checkbox"/> Hemorrhoidectomy <input type="checkbox"/> Terminal ileum resection <input type="checkbox"/> Appendectomy		<input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Kidney <input type="checkbox"/> Pancreas <input type="checkbox"/> Small Bowel <input type="checkbox"/> Bone marrow
		Other
		<input type="checkbox"/> Other surgical history ▶ <input type="checkbox"/> Tonsillectomy

Save      Cancel

Other: Other surgical history

Table: SurgHxOther

Other surgical history

|

Save      Cancel

## Medical History

Table: HxMedHx

Patient history > Medical history

Cardiovascular	Gastrointestinal	Infection
<input type="checkbox"/> Angina <input type="checkbox"/> Congestive heart failure (CHF) <input type="checkbox"/> Coronary artery disease (CAD) <input type="checkbox"/> Dysrhythmia <input type="checkbox"/> Deep vein thrombosis/PE <input type="checkbox"/> Hypertension (HTN) <input type="checkbox"/> Implanted defibrillator <input type="checkbox"/> Murmur <input type="checkbox"/> Myocardial Infarction (MI) <input type="checkbox"/> Pacemaker <input type="checkbox"/> Peripheral vascular disease (PVD) <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Valvular heart disease	<input type="checkbox"/> Adenomatous polyps <input type="checkbox"/> Barrett's esophagus Cancer <input type="checkbox"/> Anal Cancer <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Esophageal Cancer <input type="checkbox"/> Gastric Cancer <input type="checkbox"/> Small bowel Cancer  <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Dysphagia <input type="checkbox"/> Esophagitis <input type="checkbox"/> Eosinophilic esophagitis <input type="checkbox"/> Food impaction <input type="checkbox"/> Gastritis <input type="checkbox"/> Gastroesophageal reflux disease (GERD) <input type="checkbox"/> H. pylori <input type="checkbox"/> Inflammatory bowel disease (IBD) <input type="checkbox"/> Irritable bowel syndrome (IBS) <input type="checkbox"/> Pancreatitis <input type="radio"/> acute <input type="radio"/> chronic <input type="checkbox"/> Small bowel obstruction <input type="checkbox"/> Sphincter of Oddi dysfunction <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Ulcers	<input type="checkbox"/> Human immunodeficiency virus (HIV) <input type="checkbox"/> Methicillin resistant Staph. aureus (MRSA) <input type="checkbox"/> Sepsis <input type="checkbox"/> Vancomycin resistant Staph. aureus (VRSA)
Endocrine	Genitourinary	Neurological/Musculoskeletal
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Steroid use <input type="checkbox"/> Thyroid abnormality <input type="checkbox"/> Weight change > 10 lbs (recent)	<input type="checkbox"/> Benign prostatic hypertrophy <input type="checkbox"/> Nephrolithiasis <input type="checkbox"/> Prostate cancer	<input type="checkbox"/> Arthritis <input type="checkbox"/> Back problems <input type="checkbox"/> Dementia <input type="checkbox"/> Depression <input type="checkbox"/> Lupus/SLE <input type="checkbox"/> Migraines <input type="checkbox"/> Neuromuscular disease <input type="checkbox"/> Stroke <input type="checkbox"/> Seizure <input type="checkbox"/> Syncope <input type="checkbox"/> Transient ischemic attack
Gynecological	Liver/Biliary	Pulmonary
<input type="checkbox"/> Ovarian cancer Age at diagnosis: <input type="text"/> <input type="checkbox"/> Endometrial cancer Age at diagnosis: <input type="text"/> <input type="checkbox"/> Breast cancer Age at diagnosis: <input type="text"/> <input type="checkbox"/> Pregnancy	<input type="checkbox"/> Cirrhosis <input type="checkbox"/> Portal hypertension Viral hepatitis <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C  <input type="checkbox"/> Other hepatitis <input type="checkbox"/> Cholelithiasis <input type="checkbox"/> Cholecystitis	<input type="checkbox"/> Asthma <input type="checkbox"/> Chronic obstructive lung disease <input type="checkbox"/> Dyspnea <input type="checkbox"/> Orthopnea <input type="checkbox"/> Pneumonia <input type="checkbox"/> Sleep apnea <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Upper respiratory infection (recent)
Hematological	Renal	Other
<input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Hematological cancer <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Hemophilia <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Sickle cell disease/trait	<input type="checkbox"/> Continuous abdominal peritoneal dialysis (CAPD) <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Renal failure <input type="checkbox"/> Urinary tract infection (recent)	<input type="checkbox"/> Obesity <input type="checkbox"/> Other medical history

## Hematological: Hematological cancer

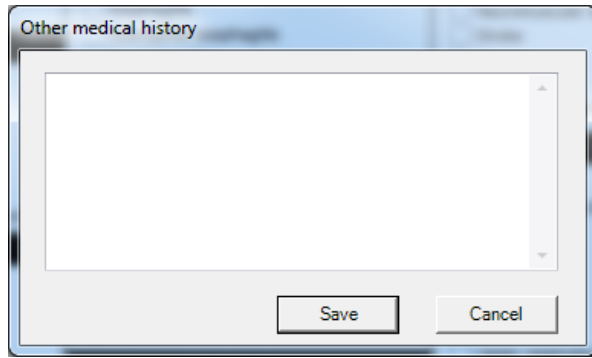
Table: HemeCaType

Hematological cancer

Please indicate type of hematological cancer

Other: Other medical history

Table: MedHxOther



The image shows a screenshot of a software dialog box. The title bar of the window reads "Other medical history". The main area of the dialog is a large, empty rectangular field, likely intended for text input or a list. At the bottom of the dialog, there are two buttons: "Save" on the left and "Cancel" on the right. The dialog has a standard Windows-style border with a title bar and a drop shadow.

# PHYSICAL EXAMINATION

Table: PE

Non-Endoscopic procedure

Pathology
Images
Print
Fax
Orders

First name
Middle name
Last name
MRN
Birth date
Procedure date

Fake

Patient
00000000
1/1/1901
1/ 1/2000 12:00 PM

History

Physical exam

Liver Disease

Preprocedure

Sedation

Liver Biopsy

Paracentesis

PEG/PEJ Tubes

Dilation

Other

Events

Assessment/Plan

Letters/Instructions

Save

Sign

Print Preview

Close

Physical exam performed

**Measurements**

Height/length  in

Units  
 English  
 Metric

Weight  lbs

BMI #

BMI class (adults)

**Physical exam(s)**
 Entire PE WNL

Abdominal Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Airway Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Cardio-pulmonary Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Extremity Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
HEENT Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Mental status Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Neurological Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed
Rectal Exam	<input type="radio"/> Normal	<input type="radio"/> Abnormal	<input type="radio"/> Not performed

Systolic BP  mm. Hg

Diastolic BP  mm. Hg

Pulse  beats / min.

**Physical exam comments**  
 Please do not use this field if you can document the information using other fields on the screen

# LIVER DISEASE

Table: Liver

Non-Endoscopic procedure
Pathology Images Print Fax Orders

First name: Fake
Middle name:
Last name: Patient
MRN: 00000000
Birth date: 1/1/1901
Procedure date: 1/ 1/2000 12:00 PM

- History
- Physical exam
- Liver Disease
- Preprocedure
- Sedation
- Liver Biopsy
- Paracentesis
- PEG/PEJ Tubes
- Dilation
- Other
- Events
- Assessment/Plan
- Letters/Instructions

Save  
Sign  
Print Preview  
Close

**History of varices**

Known history of varices  
 No known history of varices  
 Unknown history of varices

**Prior variceal bleed**

Has there been a prior bleed?

Status of the eradication

Prior variceal bleed comments

**Specify the type of varices**

Esophageal  
 Duodenal  
 Gastric  
 Other type

**Prior surveillance?**

History of prior surveillance  
 No known prior surveillance  
 Unknown if prior surveillance

Prior surveillance exam date

**Evidence of liver disease**

Abnormal laboratory values  
 Portal hypertension  
 Histologic cirrhosis  
 Portal vein thrombosis  
 Other evidence

**What is the etiology of the liver disease?**

Alcohol  
 Autoimmune hepatitis  
 Biliary atresia  
 Cryptogenic  
 Cystic fibrosis  
 Hepatitis B  
 Hepatitis C  
 Non-alcoholic steato-hepatitis (NASH)  
 Primary biliary cirrhosis (PBC)  
 Primary sclerosing cholangitis (PSC)  
 Other etiology

**Childs-Pugh classification**

Encephalopathy

Ascites

Serum bilirubin

Serum albumin

Prothrombin time (INR)

Final classification

**Prior variceal bleed**

Has there been a prior bleed?

Status of the eradication

Prior variceal bleed comments

**Prior variceal bleed**

Has there been a prior bleed?

Status of the eradication

Prior variceal bleed comments

CORI v4 Endoscopic Reporting Software / National Endoscopic Database

8



Childs-Pugh classification

Encephalopathy

Ascites 

- None
- Mild
- Severe

Serum bilirubin

Serum albumin

Prothrombin time (INR)

Final classification

Childs-Pugh classification

Encephalopathy

Ascites

Serum bilirubin 

- None
- Moderate or easily treated
- Severe or intractable

Serum albumin

Prothrombin time (INR)

Final classification

Childs-Pugh classification

Encephalopathy

Ascites

Serum bilirubin

Serum albumin 

- < 2.0 mg/dL
- 2.0-3.0 mg/dL
- > 3.0 mg/dL

Prothrombin time (INR)

Final classification

Childs-Pugh classification

Encephalopathy

Ascites

Serum bilirubin

Serum albumin

Prothrombin time (INR) 

- > 3.5 g/dL
- 2.8-3.5 g/dL
- < 2.8 g/dL

Final classification

Childs-Pugh classification

Encephalopathy

Ascites

Serum bilirubin

Serum albumin

Prothrombin time (INR)

Final classification

- < 1.7
- 1.7 - 2.3
- > 2.3

Specify the type of varices: Other type

Table: LiverVaricesOther

Other type of varices

Save Cancel

Evidence of liver disease: Other evidence of liver disease

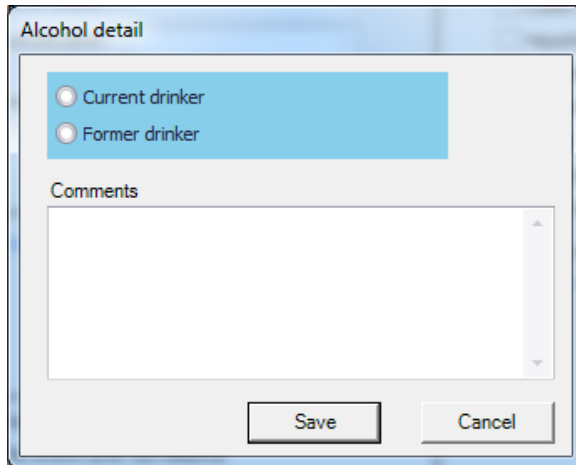
Table: LiverEvidenceOther

Other evidence of liver disease

Save Cancel

Etiology of liver disease: Alcohol

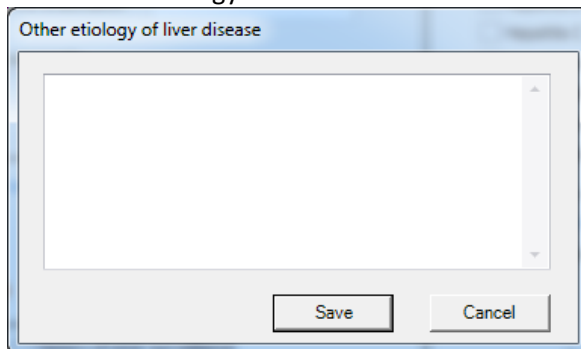
Table: LiverDrinkStatus



The screenshot shows a dialog box titled "Alcohol detail". It contains two radio button options: "Current drinker" and "Former drinker". The "Current drinker" option is selected, and its label is highlighted with a blue background. Below the radio buttons is a text area labeled "Comments" with a vertical scrollbar. At the bottom of the dialog are two buttons: "Save" and "Cancel".

Etiology of liver disease: Other etiology of liver disease

Table: LiverEtiologyOther



The screenshot shows a dialog box titled "Other etiology of liver disease". It features a large empty text area with a vertical scrollbar. At the bottom of the dialog are two buttons: "Save" and "Cancel".

# PREPROCEDURE

Table: NonPreProc

Procedure personnel grid: NonPreProc\_Procedure\_personnel\_grid

Antibiotics grid: NonPreProc\_Antibiotics\_grid

Menu containing only site-specific data: Performed by

**Procedure consent**

Was a consent obtained?  Yes  No

Person consenting

Consent obtained by

- Physician
- Endoscopist
- PA
- GI assistant
- Staff nurse

Did the patient consent to be contacted for research purposes?

**Patient Admission Status**

Outpatient  
 Inpatient  
 ED

Endoscopy performed in

- Hospital endoscopy suite
- Ambulatory surgery center
- Office
- Radiology suite

Did the patient consent to be contacted for research purposes?

**Patient Admission Status**

Outpatient  
 Inpatient  
 ED

Endoscopy performed in

- Endoscopy suite
- Hospital ward
- ICU
- NICU
- OR
- PICU
- Radiology suite
- Short stay unit

Did the patient consent to be contacted for research purposes?

**Procedure personnel** Add staff

Did the patient consent to be contacted for research purposes?

- Consented
- Did not consent
- Not asked for consent

Did the patient consent to be contacted for research purposes?

Implantable defibrillator device?  Yes  No

**Procedure personnel** Add staff

Role	Name
Endoscopist - Attending physician	Corey Cori, MD

- Bronchoscopist - Attending physician
- Bronchoscopist - Fellow
- Endoscopist - Attending physician
- Endoscopist - Fellow
- Nurse
- Nurse anesthetist
- Nurse assistant
- Nurse practitioner

Corey Cori, MD

# SEDATION

Table: NonSedation

Sedation medications grid: NonSedation\_Sedation\_medications\_grid

Non-Endoscopic procedure

Pathology Images Print Fax Orders

First name: Fake Middle name: Last name: Patient MRN: 00000000 Birth date: 1/1/1901 Procedure date: 1/ 1/2000 12:00 PM

Use Defaults

**Pre-sedation assessment**

ASA classification: [dropdown]

Urgency:  Emergency  Urgent  Elective

Assessed by: [dropdown]

Reassessment performed

**Monitoring**

Blood pressure

ECG

Pulse oximetry

Capnography

Other monitoring

[dropdown]

Supplemental oxygen at baseline

Oxygen flow (liters): [dropdown]

Delivery method: [dropdown]

Patient intubated

**Sedation / Anesthesia**

Level of sedation: [dropdown]

Managed by: [dropdown]

Supervised by: [dropdown]

**Sedation medications** Add med

Medication	Dose	Route
[Empty grid]		

Residual sedation from prior procedure present

Other sedation medication

[dropdown]

No sedation medications given

**Sedation / Anesthesia comments**

Please do not use this field if you can document the information using other fields on the screen

[Text area]

Save Sign Print Preview Close Save as Default

**Pre-sedation assessment**

ASA classification: [dropdown]

Urgency: [dropdown]

Assessed by: [dropdown]

Reassessment performed

Pick a classification to see definition

**Pre-sedation assessment**

ASA classification ▼

Urgency  Emergency  
 Urgent  
 Elective

Assessed by ▼

Anesthesiologist  
 Assistant  
 Endoscopist (Attending physician)  
 Endoscopist (Fellow)  
 Endoscopist (Nurse Practitioner)  
 Endoscopist (Physician assistant)  
 ENT staff  
 ICU staff  
 Nurse  
 Nurse anesthetist  
 Nurse assistant  
 Nurse practitioner  
 Oncology staff  
 Pathology staff  
 Physician assistant  
 Primary care physician  
 Radiology staff  
 Research staff  
 Resident  
 Student  
 Surgeon  
 Technician

**Monitoring**

Blood pressure

ECG

Pulse oximetry

Capnography

Other monitoring

Supplemental oxygen at baseline

Oxygen flow (liters)

Delivery method

Patient intubated

**Monitoring**

Blood pressure

ECG

Pulse oximetry

Capnography

Other monitoring

Supplemental oxygen at baseline

Oxygen flow (liters)

Delivery method ▼

Blow by  
 Endotracheal tube  
 Face mask  
 Nasal prongs

Patient intubated

Sedation / Anesthesia

Level of sedation

Managed by

Supervised by

Sedation medications

Medication	Dose	Route

Residual sedation from prior procedure present

Other sedation medication

No sedation medications given

Sedation / Anesthesia

Level of sedation

Managed by

Supervised by

Sedation medications

Medication	Dose	Route

Residual sedation from prior procedure present

Other sedation medication

No sedation medications given

Sedation / Anesthesia: Please do not use this field using other fields on the screen

Sedation / Anesthesia

Level of sedation

Managed by

Supervised by

Sedation medications

Medication	Dose	Route

Residual sedation from prior procedure present

Other sedation medication

No sedation medications given



Sedation medications		Add med	
Medication	Dose	Route	
atropine			
<ul style="list-style-type: none"> <li>atropine</li> <li>benzocaine spray</li> <li>Cetacaine</li> <li>diazepam</li> <li>diphenhydramine</li> <li>droperidol</li> <li><input type="checkbox"/> Residual sedation from prior procedure present</li> <li>flumazenil</li> <li><input type="checkbox"/> Other sedation medication</li> <li>glucagon</li> <li>glycopyrrolate</li> <li>ketamine</li> <li>lidocaine</li> <li>meperidine</li> <li><input type="checkbox"/> None</li> <li>methohexital sodium 0.2%</li> <li>methohexital sodium 1%</li> <li>methohexital sodium 5%</li> <li>midazolam</li> <li>morphine</li> <li>nalbuphine</li> <li>naloxone</li> <li>ondansetron</li> <li>promethazine</li> <li>propofol</li> <li>Tetracaine</li> <li>thiopental sodium</li> </ul>			
Please document the information			

Sedation medications		Add med	
Medication	Dose	Route	
atropine	<ul style="list-style-type: none"> <li>0.5 mg</li> <li>1 mg</li> <li>1.5 mg</li> <li>2 mg</li> </ul>		

(Dose menu customized to Medication selection)

Sedation medications		Add med	
Medication	Dose	Route	
atropine		<ul style="list-style-type: none"> <li>Aerosol</li> <li>IM</li> <li>IV</li> <li>PO</li> <li>PR</li> <li>SC</li> <li>SL</li> <li>Topical</li> </ul>	
<input type="checkbox"/> Residual sedation from prior procedure present <input type="checkbox"/> Other sedation medication			

# LIVER BIOPSY

Table: NonLiverBx

Non-Endoscopic procedure
Pathology Images Print Fax Orders

First name	Middle name	Last name	MRN	Birth date	Procedure date
Fake		Patient	00000000	1/1/1901	1/ 1/2000 12:00 PM

- History
- Physical exam
- Liver Disease
- Preprocedure
- Sedation
- Liver Biopsy
- Paracentesis
- PEG/PEJ Tubes
- Dilation
- Other
- Events
- Assessment/Plan
- Letters/Instructions

**Procedure performed**

 Percutaneous liver biopsy  
 Other procedure

**Indication**

 Diagnosis of parenchymal liver disease  
 Abnormal liver tests of unknown etiology  
 Fever of unknown origin  
 Focal or diffuse abnormalities on imaging studies  
 Staging of known parenchymal liver disease  
 Developing treatment plans based on histologic analysis

**Known or suspected diseases**

 Hepatitis B  
 Hepatitis C  
 Hemochromatosis  
 Wilson Disease  
 Alpha-1 anti-trypsin disease  
 Autoimmune hepatitis  
 Primary biliary cirrhosis  
 Primary sclerosing cholangitis (PSC)  
 Alcohol  
 Nonalcoholic fatty liver disease/steatohepatitis (NAFLD/NASH)  
 Hepatocellular carcinoma  
 Other focal liver lesions  
 Infiltrative liver disease  
 Drug-induced liver injury  
 Acute liver failure  
 Post-orthotopic liver transplantation

**Site prepped with**

 Sterile drapes placed  
 Biopsy site marked using ultrasound

**Patient position**

 supine    right arm raised    other

**Local anesthesia**   **Volume (cc)**

**Needle used**

**Gauge**

**Number of passes**

**Results**

 core material obtained   length of core (cm)   
 fragmentation  
 Sample sent to lab  
**Patient tolerance**

**Patient recovery location**

After procedure patient sent

On completion, patient sent

**Comments**

Site prepped with

- Sterile drapes placed
- Biopsy site marked using ultrasound

Patient position

Local anesthesia   Volume (cc)

Needle used

Needle used

Gauge

Number of passes

**Results**

 core material obtained   length of core (cm)   
 fragmentation  
 Sample sent to lab

Needle used

Gauge

Number of pa

Results

core materia

fragmentatio

Sample sent to

Patient tolerance

core (cm)

10

12

14

16

17

18

20

22

Patient tolerance

Bandage placed ov

After the procedur

# minutes

excellent

good

fair

poor

Patient recovery location

After procedure patient sent

On completion, patient sent

Comments

home

to ICU

to NICU

to PICU

to hospital

remain in endoscopy suite

to recovery

remain in bronchoscopy suite

(After procedure, patient sent menu: customizable by site)

Patient recovery location

After procedure patient sent

On completion, patient sent

Comments

in to hospital

back to hospital

home

(On completion, patient sent menu: customizable by site)

# PARACENTESIS

Table: NonParacentesis

Non-Endoscopic procedure

Pathology	Images	Print	Fax	Orders	
First name	Middle name	Last name	MRN	Birth date	Procedure date
Fake		Patient	00000000	1/1/1901	1/ 1/2000 12:00 PM

- History
- Physical exam
- Liver Disease
- Preprocedure
- Sedation
- Liver Biopsy
- Paracentesis
- PEG/PEJ Tubes
- Dilation
- Other
- Events
- Assessment/Plan
- Letters/Instructions

Save  
Sign  
Print Preview  
Close

**Procedure performed**

 Diagnostic paracentesis  
 Large volume paracentesis  
 Abdominal paracentesis with imaging guidance  
 Peritoneal lavage  
 Other procedure

**Indication**

 diagnostic evaluation  
 tense ascites  
 other

**Site prepped with**  

 Sterile drapes placed  
 Paracentesis site marked using ultrasound

**Patient position**

 supine     sitting up     other

**Local anesthesia**    **Volume (cc)**

**Needle used**  

**Gauge**  

**Number of passes**

**Results**

**Volume (cc)**  

**Color**  

**Description**

Sample sent to lab

**Tests ordered**

 cell count     total protein  
 differential     culture  
 albumin     other

**Patient tolerance**  

**Procedure outcome**  

Bandage placed over site

**Patient recovery location**

**On completion, patient sent**  

**After recovery patient sent**

**Comments**

**Site prepped with**  

betadine  
 ChloroPrep  
 chlorhexidine

Sterile drapes placed

Paracentesis site marked using ultrasound

**Patient position**

supine     sitting up     other

**Local anesthesia**    **Volume (cc)**

1% lidocaine

Needle used

Gauge

Number of passes

Results

Volume (cc)

Color

Dropdown menu items: Angiocath, Denver, Jamshidi, Klatskin, Manopty, Paracentesis, Trucut, Trucut/Gun

Needle used

Gauge

Number of passes

Results

Volume (cc)

Color

Description

Dropdown menu items: 10, 12, 14, 16, 17, 18, 20, 22

Description

Sample sent to lab

Tests ordered

cell count     total protein

differential     culture

Dropdown menu items: chylous, thick, thin

Patient tolerance

Procedure outcome

Bandage placed on

Patient recovery location

Dropdown menu items: excellent, good, fair, poor

Procedure outcome

Bandage placed on

Patient recovery location

Dropdown menu items: Technically successful, Technically unsuccessful

Patient recovery location

On completion, patient sent

After recovery patient sent

Comments

Dropdown menu items: home, to ICU, to NICU, to PICU, to hospital, remain in endoscopy suite, to recovery, remain in bronchoscopy suite

(On completion, patient sent menu: customizable by site)

Patient recovery location

On completion, patient sent

After recovery patient sent

Comments

- in to hospital
- back to hospital
- home

(After recovery, patient sent menu: customizable by site)

# PEG / PEJ TUBES

Table: NonTube

Non-Endoscopic procedure

Pathology Images Print Fax Orders

First name: Fake Middle name: Last name: Patient MRN: 00000000 Birth date: 1/1/1901 Procedure date: 1/ 1/2000 12:00 PM

History  
Physical exam  
Liver Disease  
Preprocedure  
Sedation  
Liver Biopsy  
Paracentesis  
**PEG/PEJ Tubes**  
Dilation  
Other  
Events  
Assessment/Plan  
Letters/Instructions

Save  
Sign  
Print Preview  
Close

Procedure performed

- PEG tube replacement
- PEJ tube replacement
- PEG tube removal
- PEJ tube removal
- Other procedure

Replacement tube type:   
Brand:   
Size (Fr):

Tube irrigated after placement

Patient tolerance:   
Procedure outcome:

Site prepped with:   
 Sterile drapes placed

Patient position

supine  other

Local anesthesia:  Volume (cc):

Patient recovery location

On completion, patient sent:   
After recovery patient sent:

Comments:

Site prepped with:

Sterile drapes placed

Patient position

supine  other

Local anesthesia:  Volume (cc):

Patient position

supine  other

Local anesthesia:  Volume (cc):

1% lidocaine

Replacement tube type

Brand

Size (Fr)

Tube irrigated after placement

Patient tolerance

Procedure outcome

Replacement tube type

Brand

Size (Fr)

Tube irrigated after placement

Patient tolerance

Procedure outcome

Replacement tube type

Brand

Size (Fr)

Tube irrigated after placement

Patient tolerance

Procedure outcome

Patient tolerance

Procedure outcome

Procedure outcome



Patient recovery location

On completion, patient sent

After recovery patient sent

Comments

- home
- to ICU
- to NICU
- to PICU
- to hospital
- remain in endoscopy suite
- to recovery
- remain in bronchoscopy suite

(On completion, patient sent menu: customizable by site)

Patient recovery location

On completion, patient sent

After recovery patient sent

Comments

- in to hospital
- back to hospital
- home

(After recovery, patient sent menu: customizable by site)

# DILATION

Table: NonDilation

Non-Endoscopic procedure

History

Physical exam

Liver Disease

Preprocedure

Sedation

Liver Biopsy

Paracentesis

PEG/PEJ Tubes

Dilation

Other

Events

Assessment/Plan

Letters/Instructions

Pathology Images Print Fax Orders

First name Middle name Last name MRN Birth date Procedure date

Fake Patient 00000000 1/1/1901 1/ 1/2000 12:00 PM

Procedure performed

Non-endoscopic esophageal dilation, unguided

Non-endoscopic esophageal dilation, over guidewire

Other type of dilation

Dilator size used (Fr)

#1 #2 #3 #4

Resistance

Heme on extration

Patient tolerance

Procedure outcome

Indication

anastomotic stricture

benign esophageal ring

dysphagia without stricture

ENT cancer

esophageal cancer

esophageal stricture

radiation esophagitis

web

other

Patient recovery location

On completion, patient sent

After recovery patient sent

Comments

Save

Sign

Print Preview

Close

Dilator size used (Fr)

#1 #2 #3 #4

Resistance

Heme on extration

Patient tolerance

Procedure outcome

Dilator size used (Fr)

#1  #2  #3  #4

Resistance

Heme on extration

Patient tolerance

Procedure outcome

significant  
moderate  
minimal  
none

Dilator size used (Fr)

#1  #2  #3  #4

Resistance

Heme on extration

Patient tolerance

Procedure outcome

excellent  
good  
fair  
poor

Dilator size used (Fr)

#1  #2  #3  #4

Resistance

Heme on extration

Patient tolerance

Procedure outcome

Technically successful  
Technically unsuccessful

Patient recovery location

Patient recovery location

On completion, patient sent

After recovery patient sent

Comments

home  
to ICU  
to NICU  
to PICU  
to hospital  
remain in endoscopy suite  
to recovery  
remain in bronchoscopy suite

(On completion, patient sent menu: customizable by site)

Patient recovery location

On completion, patient sent

After recovery patient sent

Comments

- in to hospital
- back to hospital
- home

(After recovery, patient sent menu: customizable by site)

# OTHER PROCEDURE

Table: NonOther

Non-Endoscopic procedure

<b>Pathology</b>	<b>Images</b>	<b>Print</b>	<b>Fax</b>	<b>Orders</b>	
First name	Middle name	Last name	MRN	Birth date	Procedure date
Fake		Patient	00000000	1/1/1901	1/ 1/2000 12:00 PM

**Fecal occult blood testing**

Type

guiac

immunochemical (FIT)

Result

positive

negative

**H. Pylori breath test**

Type

Urea breath test (C-14)

Non-radioactive (C-13)

Result

positive

negative

**Anoscopy**

with biopsy(s)

ligation of hemorrhoids with rubber bands

ligation of hemorrhoids (other than rubber bands)

ligation of hemorrhoids (other than rubber bands, more than one column)

destruction of hemorrhoids by thermal energy

destruction of hemorrhoids by cyosurgery

injection of hemorrhoids with sclerosing solution

with other procedure

**Other non-endoscopic procedure**

**Findings/Comments**

# EVENTS

Table: Intervention

Intervention medication grid: Intervention\_Intervention\_medication\_grid

Non-Endoscopic procedure

Pathology Images Print Fax Orders

First name: Fake Middle name: Last name: Patient MRN: 00000000 Birth date: 1/1/1901 Procedure date: 1/ 1/2000 12:00 PM

Were there any unplanned events?  Yes  No

<b>Cardiac events</b> <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Bradycardia <input type="checkbox"/> Chest pain <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypotension <input type="checkbox"/> Tachycardia <input type="checkbox"/> Vasovagal reaction <input type="checkbox"/> Other cardiac event	<b>Pulmonary events</b> <input type="checkbox"/> Elevated pCO2 <input type="checkbox"/> Hypoxia – prolonged (> 15 sec) <input type="radio"/> O2 sat < 95% <input type="radio"/> O2 sat < 90% <input type="checkbox"/> Hypoxia – transient (<= 15 sec) <input type="checkbox"/> Respiratory distress <input type="checkbox"/> Wheezing <input type="checkbox"/> Other pulmonary event	<b>Gastrointestinal events</b> <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Bleeding <input type="radio"/> >10 cc <input type="radio"/> <=10 cc <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Perforation <input type="checkbox"/> Other GI event	<b>Other events</b> <input type="checkbox"/> Death <input type="checkbox"/> Deep vein thrombosis <input type="checkbox"/> Drug reaction <input type="checkbox"/> Paradoxical reaction <input type="checkbox"/> Prolonged sedation <input type="checkbox"/> Rash/hives <input type="checkbox"/> Seizure <input type="checkbox"/> Phlebitis <input type="checkbox"/> Other event
---	--	--	---

Interventions required?  Yes  No

If yes, specify the intervention(s)

<input type="checkbox"/> Cautery required <input type="checkbox"/> Code 99/CPR <input type="checkbox"/> IV fluids administered <input type="checkbox"/> Oxygen administered <input type="checkbox"/> Patient admitted to hospital <input type="checkbox"/> Patient admitted to ED <input type="checkbox"/> Procedure stopped prematurely <input type="checkbox"/> Sedation reversed	<input type="checkbox"/> Surgery required <input type="checkbox"/> Transfusion required <input type="checkbox"/> Other intervention
--	---

Were the interventions successful?  Yes  No

Select all that apply

<input type="checkbox"/> Hemostasis achieved <input type="checkbox"/> O2 desaturation reversed <input type="checkbox"/> Spontaneous resolution of event <input type="checkbox"/> Vital signs stabilized
--

Intervention medication **Add med**

Medication	Dose	Route
<input type="checkbox"/> Other intervention medication		

Unplanned events/interventions comments  
Please do not use this field if you can document the information using other fields on the screen

Save Sign Print Preview Close

Intervention medication **Add med**

Medication	Dose	Route
atropine		
diphenhydramine		
epinephrine		
epinephrine 1:1,000		
epinephrine 1:10,000		
flumazenil		
glucagon		
glycopyrrolate		
hydrocortisone		
hydroxyzine		
lidocaine		
Unplanned events		
meperidine		
Please document the information using other fields on the screen		
naloxone		
promethazine		
<input type="checkbox"/> Other intervention medication		

Intervention medication **Add med**

Medication	Dose	Route
atropine	1 mg	
	2 mg	
	3 mg	
	4 mg	
	5 mg	
	6 mg	
	7 mg	
	8 mg	
	9 mg	
	10 mg	
<input type="checkbox"/> Other intervention medication		

(Dose menu customized to Medication selection)

Intervention medication			Add med
Medication	Dose	Route	
atropine			
			<ul style="list-style-type: none"> <li>Aerosol</li> <li>IM</li> <li>IV</li> <li>PO</li> <li>PR</li> <li>SC</li> <li>SL</li> <li>Topical</li> </ul>
<input type="checkbox"/> Other intervention medication			

Cardiac events: Other cardiac event

Table: EventCardiacOther

Other cardiac events

Pulmonary events: Hypoxia – Prolonged (>15 sec)

Table: EventHypoxia

Prolonged hypoxia comments

Pulmonary events: Bleeding

Table: EventBleeding

Bleeding comments

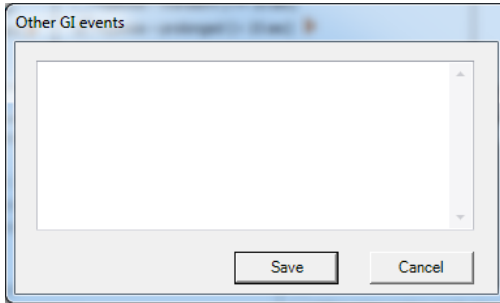
Pulmonary events: Other pulmonary event

Table: EventPulmOther

Other pulmonary events

Gastrointestinal events: Other GI event

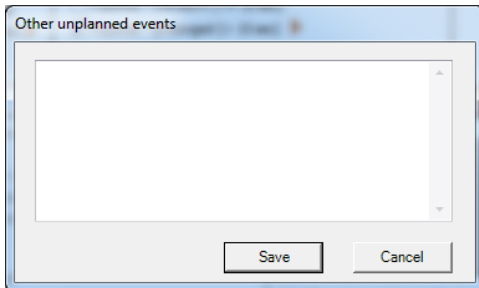
Table: EventGIOther



A screenshot of a software dialog box titled "Other GI events". The dialog box has a light blue header bar with the title and a close button. The main area is a large, empty white rectangle with a vertical scrollbar on the right side. At the bottom of the dialog box, there are two buttons: "Save" and "Cancel".

Other events: Other event

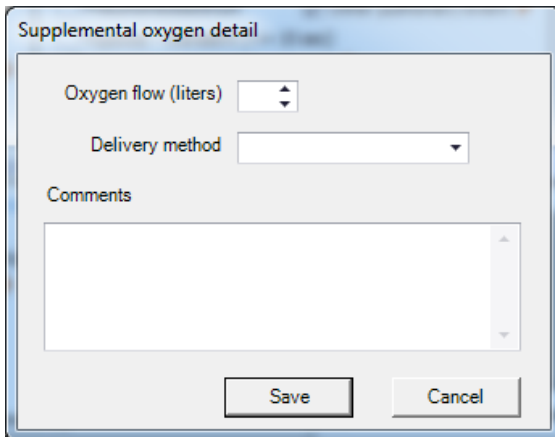
Table: EventOther



A screenshot of a software dialog box titled "Other unplanned events". The dialog box has a light blue header bar with the title and a close button. The main area is a large, empty white rectangle with a vertical scrollbar on the right side. At the bottom of the dialog box, there are two buttons: "Save" and "Cancel".

If yes, specify the interventions: Oxygen administered

Table: EventsO2Admin



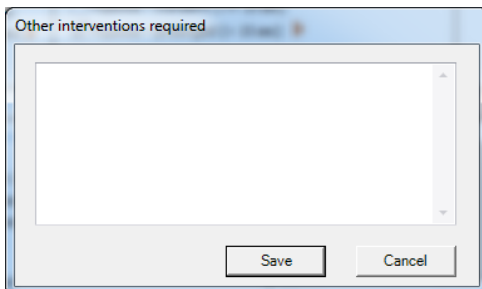
A screenshot of a software dialog box titled "Supplemental oxygen detail". The dialog box has a light blue header bar with the title and a close button. The main area contains the following fields:

- "Oxygen flow (liters)" with a numeric spinner control.
- "Delivery method" with a dropdown menu.
- "Comments" with a large text area and a vertical scrollbar.

At the bottom of the dialog box, there are two buttons: "Save" and "Cancel".

If yes, specify the interventions: Other interventions

Table: EventIntervenOther

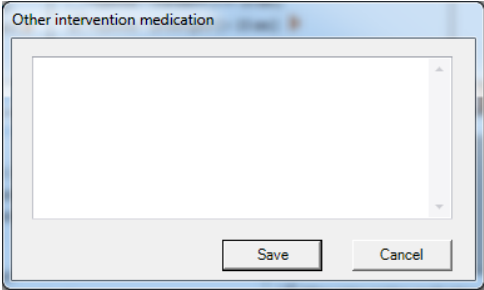


A screenshot of a software dialog box titled "Other interventions required". The dialog box has a light blue header bar with the title and a close button. The main area is a large, empty white rectangle with a vertical scrollbar on the right side. At the bottom of the dialog box, there are two buttons: "Save" and "Cancel".



Intervention medications: Other intervention medication

Table: IntervenMedOther



# ASSESSMENT / PLAN

Table: TreatmentPlan

New Medications grid: TreatmentPlan\_New\_medications\_grid

Scheduling and Referring grid: TreatmentPlan\_Scheduling\_and\_Referring\_grid (redacted)

(Medication menu customized to Medication Type selection)

New medications						
Medication Type	Medication	Dose	Route	Sig	Disp	Comments
5-ASA	mesalamine	1500 mg				
<input type="checkbox"/> Other new medications						

(Dose menu customized to Medication selection)

New medications						
Medication Type	Medication	Dose	Route	Sig	Disp	Comments
5-ASA	mesalamine		Aerosol			
<input type="checkbox"/> Other new medications						

New medications						
Medication Type	Medication	Dose	Route	Sig	Disp	Comments
5-ASA	mesalamine			AC		
<input type="checkbox"/> Other new medications						

Scheduling and Referring				
Activity Type	Activity	When	Date	Comments
Admit to hospital				
<input type="checkbox"/> Other plan				

Scheduling and Referring				
Activity Type	Activity	When	Date	Comments
Followup	Call office			
<input type="checkbox"/> Other plan				

(Activity menu customized to Activity Type selection)

Scheduling and Referring				
Activity Type	Activity	When	Date	Comments
Followup		Around		
<input type="checkbox"/> Other plan				

Medication plan: Discontinue current medications

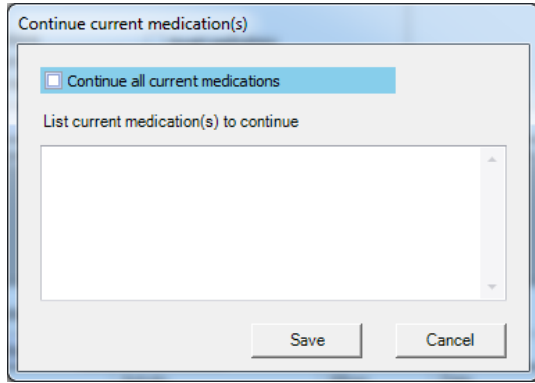
Table: DiscontinueCurMeds

Discontinue current medication(s)

List current medication(s) to discontinue

Medication plan: Continue all current medications

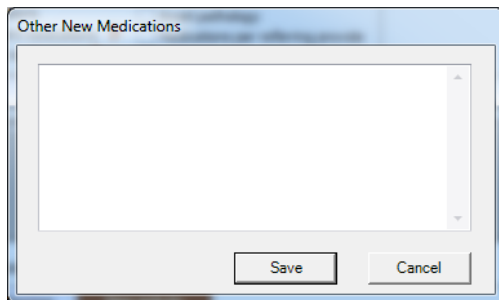
Table: ContinueMeds



The screenshot shows a dialog box titled "Continue current medication(s)". At the top, there is a checkbox labeled "Continue all current medications" which is currently unchecked. Below the checkbox is a text label "List current medication(s) to continue" followed by a large, empty text area with a vertical scrollbar. At the bottom of the dialog, there are two buttons: "Save" and "Cancel".

Medication plan: Other new medications

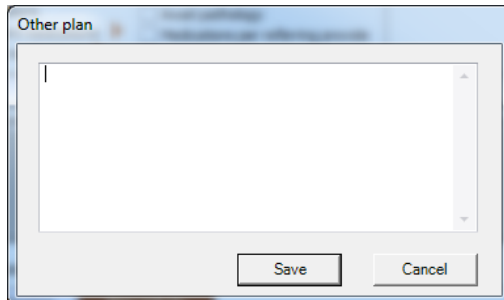
Table: OtherNewMeds



The screenshot shows a dialog box titled "Other New Medications". It features a large, empty text area with a vertical scrollbar. At the bottom of the dialog, there are two buttons: "Save" and "Cancel".

Scheduling and Referring: Other plan

Table: PlanOther



The screenshot shows a dialog box titled "Other plan". It contains a large, empty text area with a vertical scrollbar. At the bottom of the dialog, there are two buttons: "Save" and "Cancel".

# LETTERS / INSTRUCTIONS

Table: Letters

Non-Endoscopic procedure
Pathology Images Print Fax Orders

First name
Middle name
Last name
MRN
Birth date
Procedure date

Use Defaults

Select Providers to receive copies of the report

Search by last name  [Providers](#)

Gissel, Theodore Whoville Clinic

Nimble, Jack

Provider, A Generic Clinic

Provider, Default Oregon Health and Science University

Provider, First

Provider, Second Second Tier Medical

Slughom, Prof Hogwarts

Test, Tom Northwest Test Center of Lower hoboken New Jersey

Turtle, Mertle Turtle Pond Digestive Care

**Referring provider**

-----

**Other providers to be copied**

-----

-----

-----

Print these providers at bottom of procedure report

Finding-specific instructions

Non endoscopic |

Dilation

Tube placement

Paracentesis

Liver biopsy

Instructions given in

Standardized instructions given

Sedation  High-fiber diet

Post-exam instructions given

NPO

Liquids only

Resume prior diet

No alcohol

ASA / NSAIDS

Restart medications

Other specific post-exam instructions