


## Screenshots for Documentation of Pediatric Colonoscopy Procedures in CORI v4

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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: PEDS\_History

Colonoscopy Pediatrics	
<b>History</b> Physical exam Liver Disease Indications Preprocedure Sedation Procedure COL Findings Sm. Bowel Findings Events Assessment/Plan Letters/Instructions Save Sign Print Preview Close	<div>             Pathology   Images   Print   Fax   Orders   GIQuIC           </div> <div>             First name: Aga_pt36   Middle name:   Last name: ADAMS   MRN: 49277211   Birth date: 8/1/1933   Procedure date: Jul 24, 2015 01:05 PM           </div> <div>             Is the patient on any medications? <input checked="" type="radio"/> Yes <input type="radio"/> No           </div> <div> <input type="checkbox"/> NSAIDs   <input type="checkbox"/> corticosteroids   <input type="checkbox"/> anti-TNF   <input type="checkbox"/> laxative   <input type="checkbox"/> PPI   <input type="checkbox"/> other           </div> <div> <b>Family history</b>  <input type="checkbox"/> inflammatory bowel disease   <input type="checkbox"/> pancreatitis   <input type="checkbox"/> celiac disease   <input type="checkbox"/> GERD   <input type="checkbox"/> gallstones   <input type="checkbox"/> autoimmune disease   <input type="checkbox"/> other           </div> <div>             Has the patient had an organ transplant? <input type="radio"/> Yes <input type="radio"/> No           </div> <div> <b>Allergies</b>   <input type="radio"/> Yes <input type="radio"/> No           </div> <div> <b>Patient habits</b>              Smoking history:   Amount:   Number of years:   Smokes every day: <input type="radio"/> Yes <input type="radio"/> No   Current alcohol consumption (wine, beer, liquor):           </div> <div> <input type="checkbox"/> No prior surgeries   <input type="checkbox"/> Surgical history           </div> <div> <input type="checkbox"/> No history of major medical illness   <input type="checkbox"/> Medical history           </div> <div> <b>Recent labs/studies</b>   <input type="radio"/> Yes <input type="radio"/> No              Hemoglobin:   ESR:   Albumin:   CRP:           </div> <div> <b>Other recent labs/studies</b> </div> <div> <b>History comments</b>              Please do not use this field if you can document the information using other fields on the screen           </div>

**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 Current smoker

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)

**Recent labs/studies** ☒ Yes ☐ No

Hemoglobin

Albumin high  
normal  
low

Other recent

ESR

CRP

**Recent labs/studies** ☒ Yes ☐ No

Hemoglobin

Albumin

Other recent high  
normal  
low

ESR

CRP

**Recent labs/studies** ☒ Yes ☐ No

Hemoglobin

Albumin

Other recent labs/studies

ESR

CRP high  
normal  
low

**Recent labs/studies** ☒ Yes ☐ No

Hemoglobin

Albumin

Other recent labs/studies

ESR

CRP high  
normal  
low

## Surgical History

Table: PEDS\_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
<b>Cardiovascular</b> <input type="checkbox"/> Coronary artery bypass <input type="checkbox"/> Valve replacement		<b>Pulmonary</b> <input type="checkbox"/> Lobectomy
<b>GI, Lower</b> <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		<b>Organ Transplant</b> <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
		<b>Other</b> <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: PEDS\_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 <div>Cancer</div> <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 <div> <input type="radio"/> acute             <input type="radio"/> chronic           </div> <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 <div>Viral hepatitis</div> <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	Other	Renal
<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"/> Obesity <input type="checkbox"/> Other medical history ▶	<input type="checkbox"/> Continuous abdominal peritoneal dialysis (CAPD) <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Renal failure <input type="checkbox"/> Urinary tract infection (recent)

Save Cancel

Hematological: Hematological cancer

Table: HemeCaType

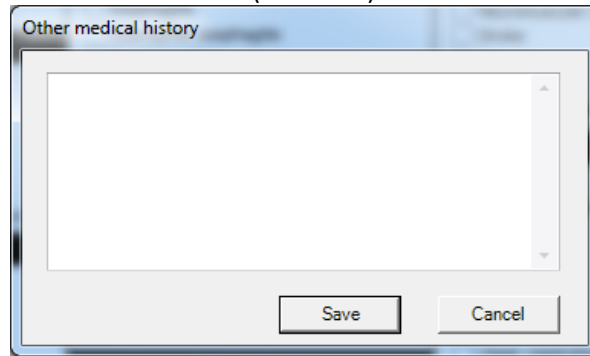
Hematological cancer

Please indicate type of hematological cancer

Save Cancel

Other: Other medical history

Table: MedHxOther (redacted)



The image shows a screenshot of a software window titled "Other medical history". The window has a light blue title bar. Inside the window, there is a large, empty white rectangular area for text entry, with a vertical scrollbar on the right side. At the bottom of the window, there are two buttons: "Save" and "Cancel".

## PHYSICAL EXAMINATION

Table: PEDS\_PE

Colonoscopy Pediatrics		Pathology	Images	Print	Fax	Orders	GIQuIC
First name	Middle name	Last name	MRN	Birth date	Procedure date		
Aga_pt36		ADAMS	49277211	8/1/1933	Jul 24, 2015 01:17 PM		
History		Physical exam performed					
Physical exam		Physical exam(s)					
Liver Disease		<input type="checkbox"/> Entire PE WNL					
Indications		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					
Preprocedure		Measurements <div>             Height/length <input type="text"/> in <input type="radio"/> English <input type="radio"/> Metric           </div> Weight <input type="text"/> lbs					
Sedation		BMI <input type="text"/>					
Procedure		BMI Percentile <input type="text"/>					
COL Findings		BMI Category <input type="text"/>					
Sm. Bowel Findings		Systolic BP <input type="text"/> mm. Hg Diastolic BP <input type="text"/> mm. Hg Pulse <input type="text"/> beats / min.					
Events		Physical exam comments Please do not use this field if you can document the information using other fields on the screen					
Assessment/Plan		<input type="text"/>					
Letters/Instructions							
Save							
Sign							
Print Preview							
Close							

# LIVER DISEASE

Table: PEDS\_Liver

Pathology		Images	Print	Fax	Orders	GIQuIC
First name	Middle name	Last name	MRN	Birth date	Procedure date	
Aga_pt36		ADAMS	49277211	8/1/1933	Jul 24, 2015 01:17 PM	

History  
Physical exam  
**Liver Disease**  
Indications  
Preprocedure  
Sedation  
Procedure  
COL Findings  
Sm. Bowel Findings  
Events  
Assessment/Plan  
Letters/Instructions

**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 fatty liver disease (NAFLD)  
☐ Primary biliary cirrhosis (PBC)  
☐ Primary sclerosing cholangitis (PSC)  
☐ Drug-induced liver disease  
☐ Metabolic liver disease  
☐ TPN-induced liver disease  
☐ Glycogen storage disease  
☐ Alagille syndrome  
☐ Alpha-1 antitrypsin deficiency  
☐ Wilson's disease  
☐ Progressive familial intrahepatic cholestasis (PFIC)  
☐ Neonatal cholestasis  
☐ Other etiology

Dates of previous EGDs

Dates of previous liver biopsies

☐ Childs-Pugh  
☐ MELD Score (12 years and older)  
☐ PELD Score (< 12 years old)

**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

Specify the type of varices: Other type

Table: LiverVaricesOther

The dialog box is titled "Other type of varices". It contains a large, empty text area for input. At the bottom right, there are two buttons: "Save" and "Cancel".

Evidence of liver disease: Other evidence of liver disease

Table: LiverEvidenceOther

The dialog box is titled "Other evidence of liver disease". It contains a large, empty text area for input. At the bottom right, there are two buttons: "Save" and "Cancel".

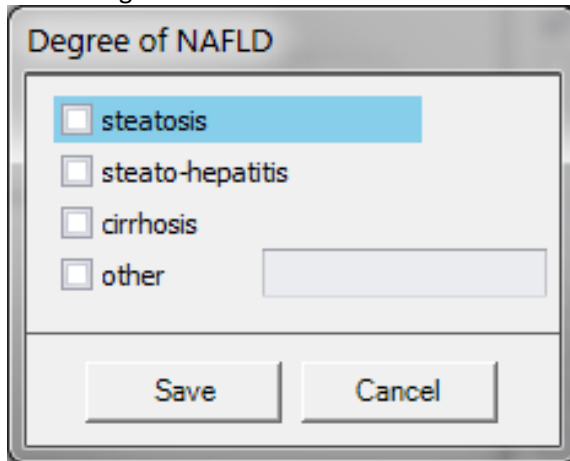
Etiology of liver disease: Alcohol

Table: LiverDrinkStatus

The dialog box is titled "Alcohol detail". It features two radio buttons: "Current drinker" (which is selected) and "Former drinker". Below these is a text area labeled "Comments". At the bottom right, there are two buttons: "Save" and "Cancel".

Etiology of liver disease: Non-alcoholic fatty liver disease

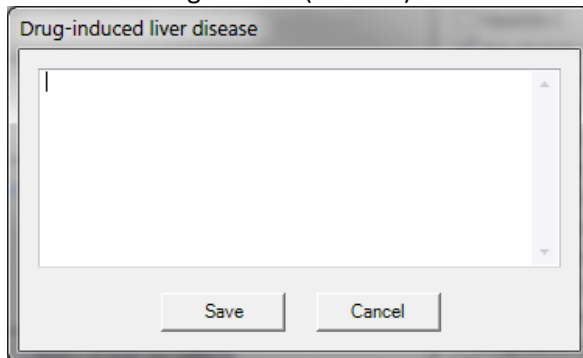
Table: DegreeOfNAFLD



A dialog box titled "Degree of NAFLD" with a light gray background. It contains four radio button options: "steatosis" (selected), "steato-hepatitis", "cirrhosis", and "other". The "other" option is followed by an empty text input field. At the bottom, there are two buttons: "Save" and "Cancel".

Etiology of liver disease: Drug-induced liver disease

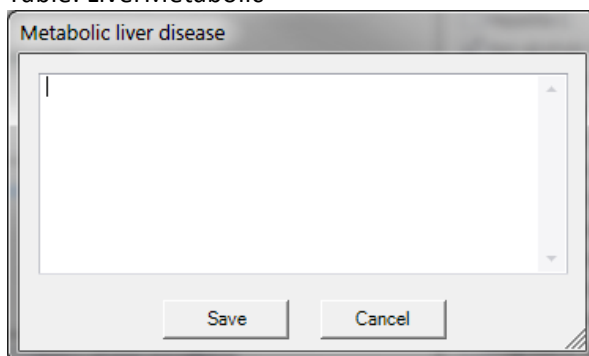
Table: LiverDrugInduced (no data)



A dialog box titled "Drug-induced liver disease" with a light gray background. It features a large, empty text area with a vertical scrollbar on the right side. At the bottom, there are two buttons: "Save" and "Cancel".

Etiology of liver disease: Metabolic liver disease

Table: LiverMetabolic



A dialog box titled "Metabolic liver disease" with a light gray background. It features a large, empty text area with a vertical scrollbar on the right side. At the bottom, there are two buttons: "Save" and "Cancel".

Etiology of liver disease: Neonatal cholestasis

Table: LiverCholestasis

The dialog box is titled "Etiology of neonatal cholestasis". It contains two checkboxes: "TPN-associated" and "other". The "TPN-associated" checkbox is currently selected. Below the checkboxes is a large, empty text area. At the bottom right are "Save" and "Cancel" buttons.

Etiology of liver disease: Other etiology of liver disease

Table: LiverEtiologyOther

The dialog box is titled "Other etiology of liver disease". It features a large, empty text area for input. At the bottom right are "Save" and "Cancel" buttons.

Childs-Pugh

Table: PEDS\_LiverChildsPugh

The dialog box is titled "Childs-Pugh". It has a sub-header "Childs-Pugh classification". Below this, there are five dropdown menus labeled "Encephalopathy", "Ascites", "Serum bilirubin", "Serum albumin", and "Prothrombin time (INR)". At the bottom is a yellow-highlighted text field labeled "Final classification". "Save" and "Cancel" buttons are at the bottom right.

Childs-Pugh classification

Encephalopathy

Ascites

Serum bilirubin

Serum albumin

Prothrombin time (INR)

Final classification

Childs-Pugh classification

Encephalopathy

Ascites

Serum bilirubin

Serum albumin

Prothrombin time (INR)

Final classification

Childs-Pugh classification

Encephalopathy

Ascites

Serum bilirubin

Serum albumin

Prothrombin time (INR)

Final classification

Childs-Pugh classification

Encephalopathy

Ascites

Serum bilirubin

Serum albumin

Prothrombin time (INR)

Final classification

Childs-Pugh classification

Encephalopathy	<input type="text"/>
Ascites	<input type="text"/>
Serum bilirubin	<input type="text"/>
Serum albumin	<input type="text"/>
Prothrombin time (INR)	<input type="text"/>
Final classification	<input type="text"/> < 1.7 <input type="text"/> 1.7 - 2.3 <input type="text"/> > 2.3

MELD Score (12 years and older)

Table: MELDScore

MELD Score

Serum creatinine (mg/dL)	<input type="text"/>
Bilirubin (mg/dL)	<input type="text"/>
INR	<input type="text"/>
Has the patient had dialysis twice in the last week?	<input type="radio"/> Yes <input type="radio"/> No
Score	<input type="text"/>

Save Cancel

PELD Score (<12 years old)

Table: PeldScore (no data)

PELD Score

Albumin (g/dl)	<input type="text"/>
Bilirubin (mg/dL)	<input type="text"/>
INR	<input type="text"/>
Growth failure (< -2 Standard deviation)	<input type="radio"/> Yes <input type="radio"/> No
Age at listing	<input type="radio"/> < 1 year old <input type="radio"/> >= 1 year old
Score	<input type="text"/>

Save Cancel

## INDICATIONS

Table: PEDS\_ColInd

Colonoscopy Pediatrics

History Physical exam Liver Disease **Indications** Preprocedure Sedation Procedure COL Findings Sm. Bowel Findings Events Assessment/Plan Letters/Instructions

Pathology Images Print Fax Orders GIQuIC

First name Middle name Last name MRN Birth date Procedure date  
Aga\_pt36 ADAMS 4927211 8/1/1933 Jul 24, 2015 01:17 PM

**Evaluation of symptoms**

- ☐ Abdominal pain
- ☐ Change in bowel habits
- ☐ Constipation
- ☐ Diarrhea
- ☐ GI Sx in immunocompromised host
- ☐ Weight loss
- ☐ Other symptoms

**Evaluation of non-malignant diagnosis**

<input type="checkbox"/> C. difficile colitis	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> Crohn's disease	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> Eosinophilic colitis	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> Graft v host disease	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> Infectious colitis	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> Ischemic colitis	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> Radiation colitis	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> Ulcerative colitis	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> Other non-malignant diagnosis		

PCDAI PUCAI

**Evaluation of GI blood loss**

- ☐ Anemia
- ☐ Low ferritin without anemia
- ☐ Positive fecal occult blood test (FOBT)
- ☐ Hematochezia
- ☐ Melena (unknown source)
- ☐ Other GI blood loss

**Suspected malignancy or pre-malignancy**

- ☐ Abnormal x-ray or imaging study

**Screening (no prior pathology)**

- ☐ Average risk
- ☐ Family history of colorectal cancer
- ☐ Family history of adenomatous polyps
- ☐ History of breast or ovarian cancer
- Age at diagnosis

**Surveillance of known prior disease**

- ☐ Adenomatous polyp(s)
- ☐ Other polyps (unknown pathology)
- ☐ Colorectal cancer
- ☐ Crohn's disease
- ☐ Ulcerative colitis

**Suspected or known familial syndrome**

- ☐ Familial adenomatous polyposis
- ☐ Hereditary nonpolyposis colorectal cancer
- ☐ Other suspected malignancy or pre-malignancy

**Therapeutic intervention**

- ☐ Ablation of AVMs
- ☐ Decompression
- ☐ Dilation of stricture
- ☐ Hemorrhoidal banding
- ☐ Polypectomy of known polyp(s)
- ☐ Stent
- ☐ Other therapeutic intervention

**Indications comments**

Primary Indication

Save Sign Print Preview Close

PCDAI (Pediatric Crohn's Disease Activity Index)

PCDAI Score

**Abdominal Pain Score**

- ☐ None
- ☐ Mild - brief, does not interfere with activities
- ☐ Moderate/severe - daily, longer lasting, affects activities, nocturnal

**Stools per day**

- ☐ 0-1 formed or liquid stools, no blood
- ☐ Up to 2 semi-formed stools with small blood, or 2-5 liquid
- ☐ Gross bleeding, 6 or more liquid, nocturnal diarrhea

**Well-being - week prior to score**

- ☐ Normal, no limitations
- ☐ Occasional difficult maintaining age appropriate activities, below par
- ☐ Frequent limitation of activity, very poor

**Weight**

- ☐ Weight gain or weight stable
- ☐ Weight loss
- ☐ Weight loss at least 10% body weight

**Abdominal exam**

- ☐ No tenderness, no mass
- ☐ Tenderness, or mass without tenderness
- ☐ Tenderness, involuntary guarding, mass

**Extraintestinal manifestations - Fever > 38.5 for 3 days over past week**

- ☐ None
- ☐ One
- ☐ Two or more

Answer all questions to calculate score

Save Cancel

## PUCAI (Pediatric Ulcerative Colitis Activities Index)

**PUCAI Score**

Note: All answers should reflect average of last 2 days.  
For patients undergoing colonoscopy, answers should reflect the 2 days before bowel clean out was started.

**Abdominal Pain Score**

☐ None  
☒ Mild - brief, does not interfere with activities  
☐ Moderate/severe - daily, longer lasting, affects activities, nocturnal

**Stools per day**

☐ Formed or normal stools  
☐ Semi-formed stools  
☐ Liquid or completely unformed stools

**Rectal bleeding**

☐ None  
☐ Small amount, in less than 50% of stools  
☐ Small amount, in most stools  
☐ Large amount (>50% of stools)

**Number of stools in 24 hours**

☐ 0-2 stools  
☐ 3-5 stools  
☐ 6-8 stools  
☐ more than 8 stools

**Well-being - week prior to score**

☐ Normal, no limitations  
☐ Occasional difficult maintaining age appropriate activities, below par  
☐ Frequent limitation of activity, very poor

**Nocturnal stools**

☐ Yes  
☐ No

Answer all questions to calculate score

Save Cancel

## Evaluation of symptoms: Abdominal pain

Table: ColIndAbdPain

**Abdominal pain detail**

Abdominal pain is associated with

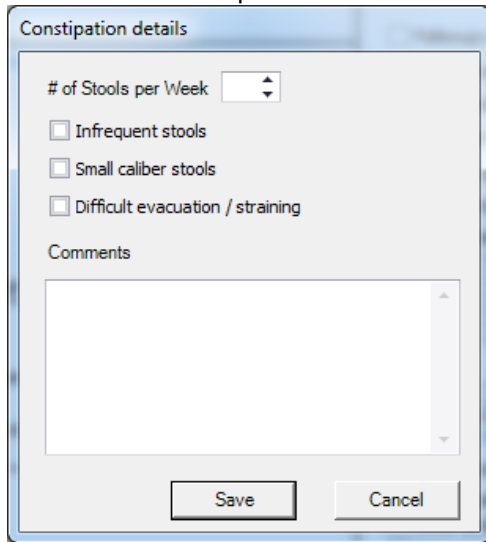
☒ bloating  
☐ dyspepsia  
☐ duration > 2 months

Other abdominal pain details

Save Cancel

## Evaluation of symptoms: Constipation

Table: ColIndConstipation



Constipation details

# of Stools per Week

☐ Infrequent stools

☐ Small caliber stools

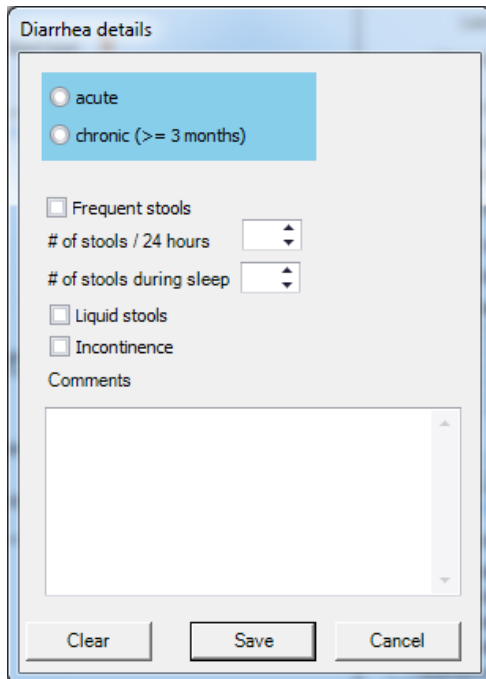
☐ Difficult evacuation / straining

Comments

Save Cancel

## Evaluation of symptoms: Diarrhea

Table: ColIndDiarrhea



Diarrhea details

☒ acute

☐ chronic ( $\geq 3$  months)

☐ Frequent stools

# of stools / 24 hours

# of stools during sleep

☐ Liquid stools

☐ Incontinence

Comments

Clear Save Cancel

Evaluation of symptoms: Gi Sx in immunocompromised host

Table: PEDS\_ColIndImmunocomp

GI symptoms in immuno-compromised host detail

Please check all that apply

☒ Diarrhea

☐ Pain

☐ Other symptom

Save Cancel

This is a Windows-style dialog box with a title bar. The main content area contains a blue instruction text 'Please check all that apply' followed by three checkbox options: 'Diarrhea' (which is checked), 'Pain', and 'Other symptom'. Below these is a small, empty text input field. At the bottom right are 'Save' and 'Cancel' buttons.

Evaluation of symptoms: Other symptoms

Table: ColIndSxOther

Other symptoms

Save Cancel

This is a Windows-style dialog box with a title bar. The main content area is a large, empty text input field. At the bottom right are 'Save' and 'Cancel' buttons.

Evaluation of non-malignant diagnosis: Other non-malignant diagnosis

Table: ColIndDxOther

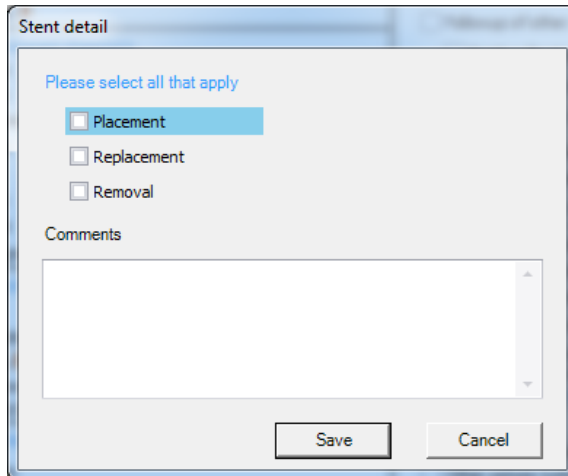
Other non-malignant diagnosis being evaluated

Save Cancel

This is a Windows-style dialog box with a title bar. The main content area is a large, empty text input field. At the bottom right are 'Save' and 'Cancel' buttons.

Therapeutic intervention: Stent

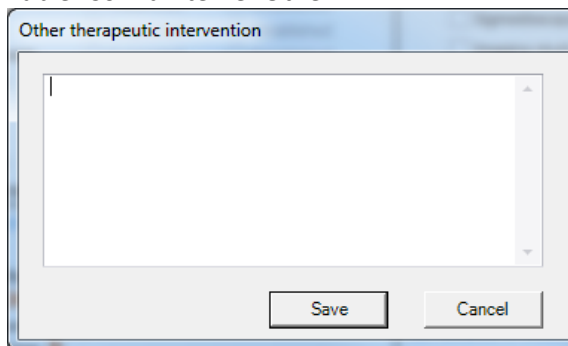
Table: ColIndStent



A screenshot of a software window titled "Stent detail". Inside the window, there is a section titled "Please select all that apply" with three checkboxes: "Placement", "Replacement", and "Removal". The "Placement" checkbox is currently selected. Below this section is a text area labeled "Comments". At the bottom of the window are two buttons: "Save" and "Cancel".

Therapeutic intervention: Other therapeutic intervention

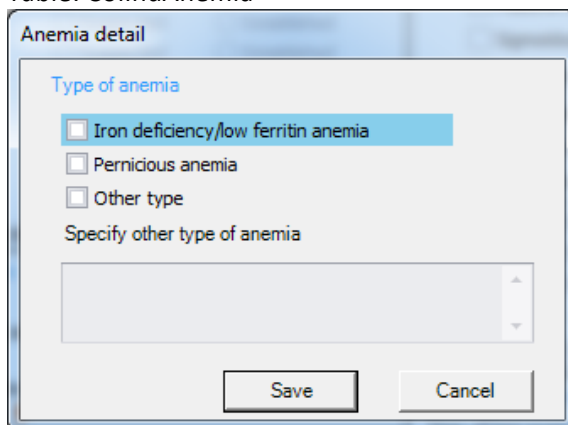
Table: ColIndIntervenOther



A screenshot of a software window titled "Other therapeutic intervention". The window contains a large text area for input. At the bottom of the window are two buttons: "Save" and "Cancel".

Evaluation of GI blood loss: Anemia

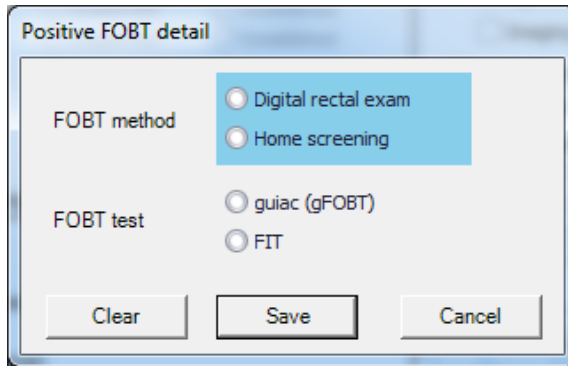
Table: ColIndAnemia



A screenshot of a software window titled "Anemia detail". Inside the window, there is a section titled "Type of anemia" with three checkboxes: "Iron deficiency/low ferritin anemia", "Pernicious anemia", and "Other type". The "Iron deficiency/low ferritin anemia" checkbox is currently selected. Below this section is a text area labeled "Specify other type of anemia". At the bottom of the window are two buttons: "Save" and "Cancel".

Evaluation of GI blood loss: Positive fecal occult blood test (FOBT)

Table: ColIndFOBT



Positive FOBT detail

FOBT method

- ☒ Digital rectal exam
- ☐ Home screening

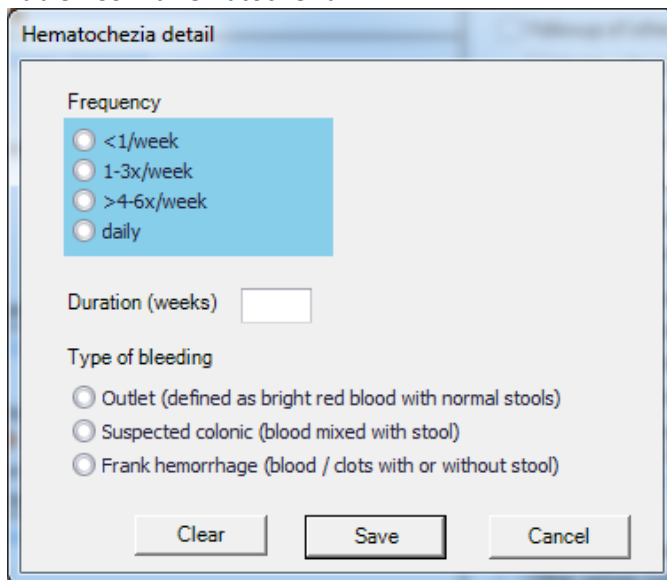
FOBT test

- ☐ guiac (gFOBT)
- ☐ FIT

Clear Save Cancel

Evaluation of GI blood loss: Hematochezia

Table: ColIndHematochezia



Hematochezia detail

Frequency

- ☒ <1/week
- ☐ 1-3x/week
- ☐ >4-6x/week
- ☐ daily

Duration (weeks)

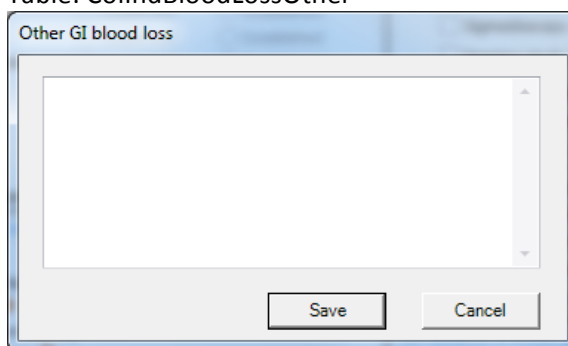
Type of bleeding

- ☐ Outlet (defined as bright red blood with normal stools)
- ☐ Suspected colonic (blood mixed with stool)
- ☐ Frank hemorrhage (blood / clots with or without stool)

Clear Save Cancel

Evaluation of GI blood loss: Other Gi blood loss

Table: ColIndBloodLossOther

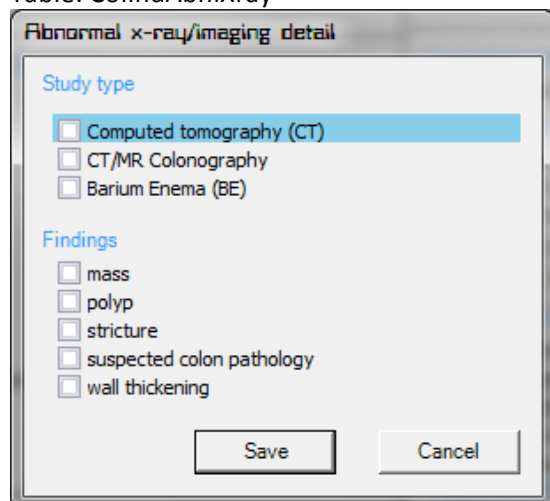


Other GI blood loss

Save Cancel

Suspected malignancy or pre-malignancy: Abnormal x-ray or imaging study

Table: ColIndAbnlXray



The dialog box is titled "Abnormal x-ray/imaging detail". It contains two sections: "Study type" and "Findings".

**Study type**

- ☒ Computed tomography (CT)
- ☐ CT/MR Colonography
- ☐ Barium Enema (BE)

**Findings**

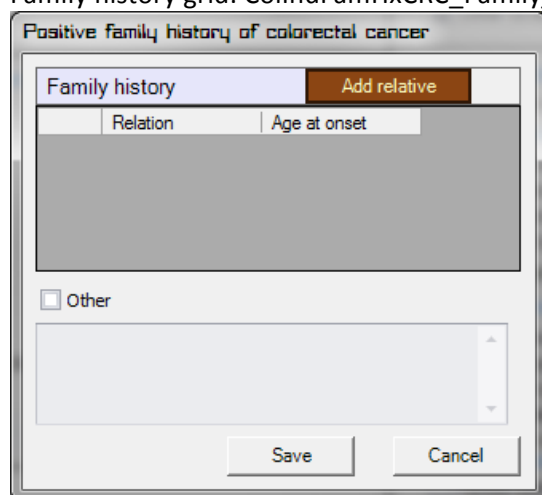
- ☐ mass
- ☐ polyp
- ☐ stricture
- ☐ suspected colon pathology
- ☐ wall thickening

Buttons: Save, Cancel

Screening (no prior pathology): Family history of colorectal cancer

Table: ColIndFamHxCRC

Family history grid: ColIndFamHxCRC\_Family\_history\_grid



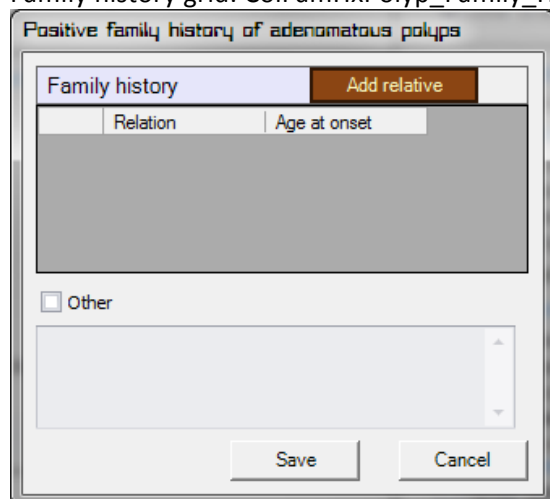
The dialog box is titled "Positive family history of colorectal cancer". It contains a "Family history" section with an "Add relative" button and a table with columns "Relation" and "Age at onset". Below the table is an "Other" checkbox and a text area. Buttons: Save, Cancel.

Relation	Age at onset
----------	--------------

Screening (no prior pathology): Family history of adenomatous polyps

Table: ColFamHxPolyp

Family history grid: ColFamHxPolyp\_Family\_History\_grid



The dialog box is titled "Positive family history of adenomatous polyps". It contains a "Family history" section with an "Add relative" button and a table with columns "Relation" and "Age at onset". Below the table is an "Other" checkbox and a text area. Buttons: Save, Cancel.

Relation	Age at onset
----------	--------------

Surveillance of known prior disease: Adenomatous polyps

Table: ColIndAdenoPolyp

**Adenomatous Polyp(s) Detail**

Known or suspected FAP? ☒ Yes ☐ No

Year of index exam (first detection of an adenoma)  ☐ Estimated

# of adenomas found on index exam

**Most advanced lesion**

Pathology

Location

Is this the initial surveillance exam? ☐ Yes ☒ No

Most recent exam	Estimated	Pathology of most advanced lesion
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**Prior exams**

☐

☐

☐

☐

Surveillance of known prior disease: Other polyps (unknown pathology)

Table: PEDS\_ColIndOtherPolyp

**Polyp Detail**

Year of index exam (first detection of a polyp)  ☐ Estimated

# of polyps found on index exam

## Surveillance of known prior disease: Colorectal cancer

Table: ColIndCRC

**Colorectal Cancer Detail**

Known or suspected HNPCC? ☒ Yes ☐ No

Year of index exam (first detection of an adenoma)  ☐ Estimated

**Most advanced lesion**

Pathology

Location

**Cancer stage**

T Score

N Score

M Score

Is this the initial surveillance exam? ☒ Yes ☐ No

Most recent exam	Estimated	Pathology of most advanced lesion
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**Prior exams**

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Clear Save Cancel

## Other suspected malignancy or pre-malignancy

Table: ColIndMalignancyOther

**Other suspected malignancy or pre-malignancy**

Save Cancel

## PREPROCEDURE

Table: PEDS\_ColPreProc

Procedure personnel grid: PEDS\_ColPreProc\_Procedure\_personnel\_grid

Antibiotics grid: PEDS\_ColPreProc\_Antibiotics\_grid

Menu containing only site-specific data: Procedure performed by

Menu containing only site-specific data: Responsible endoscopist

**Patient Admission Status**

☒ Outpatient  
☐ Inpatient  
☐ ED

Bronchoscopy performed in

Hospital bronchoscopy suite  
 Ambulatory surgery center  
 Office  
 OR  
 Radiology suite

Did the patient consent to be contacted for research purposes?

Consented  
 Did not consent  
 Not asked for consent

Patient performance status (ECOG/Zubrod)

**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?

Consented  
 Did not consent  
 Not asked for consent

Procedure personnel

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

Did the patient consent to be contacted for research purposes?

Consented  
 Did not consent  
 Not asked for consent

Patient performance status (ECOG/Zubrod)

**Procedure personnel** **Add staff**

Role	Name
Endoscopist - Attending physician	Corey Cori, MD
Endoscopist - Fellow	Ima Fellow Not MD
Nurse	
Nurse anesthetist	
Nurse assistant	
Nurse practitioner	

Perform by

Corey Cori, MD

**Procedure personnel** **Add staff**

Role	Name
Endoscopist - Attending physician	Corey Cori, MD
Endoscopist - Fellow	Ima Fellow Not MD

Procedure performed by

Responsible endoscopist  
 Corey Cori, MD  
 Level of supervision  
 Attending present for the entire procedure  
 Attending present for part of the procedure  
 Attending available to assist

Role  
 Endose  
 Procedure perf  
 Corey Cori, MD  
 Responsible en  
 Corey Cori, MD  
 Level of supervi  
 GI preparation  
 Prep used  
 Prep dose  
 Over # hours

B prep kit  
 Fleets enema  
 Fleets prep kit  
 Golytely  
 Halflytely  
 None  
 Phospho soda  
 Visicol  
 Mag citrate  
 Miralax  
 Nulytely  
 MoviPrep  
 Gatorade & MiraLAX  
 OsmoPrep  
 SUPREP

(Prep used menu customizable by site)

Antibiotics

Medication	Dose	Route
amoxicillin		
amoxicillin		
ampicillin		
cefazolin		
cephalexin		
ciprofloxacin		
clindamycin		
gentamicin		
levofloxacin		
metronidazole		
moxifloxacin		
ofloxacin		
streptomycin		
trimethoprim/sulfamethoxazole		
vancomycin		

☐ Other antibiotic medication  
☐ History of endocarditis

Antibiotics

Medication	Dose	Route
amoxicillin	250 mg	
	500 mg	
	750 mg	
	1000 mg	
	1500 mg	
	2000 mg	

☐ Other antibiotic medication

(Dose menu customized to Medication selection)

Antibiotics

Medication	Dose	Route
amoxicillin		Aerosol
		IM
		IV
		PO
		PR
		SC
		SL
		Topical

☐ Other antibiotic medication

## SEDATION

Table: PEDS\_ColSedation

Sedation medications grid: PEDS\_ColSedation\_Sedaation\_medications\_grid

Colonoscopy Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name: Aga\_pt36 Middle name: Last name: ADAMS MRN: 49277211 Birth date: 8/1/1933 Procedure date: Jul 24, 2015 01:17 PM

Use Defaults

**Pre-sedation assessment**

ASA classification: I

Urgency: ☐ Emergency ☐ Urgent ☐ Elective

Assessed by: [Name]

☐ Reassessment performed

**Monitoring**

☐ Blood pressure  
☐ ECG  
☐ Pulse oximetry  
☐ Capnography  
☐ Other monitoring

☐ Supplemental oxygen at baseline

Oxygen flow (liters): [Value]

Delivery method: [Method]

☐ Patient intubated

**Sedation / Anesthesia**

Level of sedation: [Level]

Managed by: [Name]

Supervised by: [Name]

**Sedation medications** Add med

Medication	Dose	Route

☐ Residual sedation from prior procedure present

☐ Other sedation medication

[Text]

☐ 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

[Comments]

Save Sign Print Preview Close

Save as Default

**Pre-sedation assessment**

ASA classification: I

Urgency: I

Assessed by: [Name]

**Pre-sedation assessment**

ASA classification ▼

Urgency ☐ Emergency  
☐ Urgent  
☐ Elective

Assessed by ▼

**Monitoring**

☐ Blood pressure

☐ ECG

☐ Pulse oximetry

☐ Capnography

☐ Other monitoring

☐ Supplemental oxygen

Oxygen flow (liters)   

Delivery method ▼

**Intubation / Ventilation**

☐ Patient intubated

☐ Ventilation used

Method of ventilation

Anesthesiologist

Assistant

Bronchoscopist (Attending physician)

Bronchoscopist (Fellow)

Bronchoscopist (Nurse Practitioner)

Bronchoscopist (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 ▼

Blow by

Endotracheal tube

Face mask

Nasal prongs

☐ Patient intubated

**Sedation / Anesthesia**

Level of sedation ▼

Managed by   

Supervised by   

Sedation medications Add med

Medication	Dose	Route



Sedation medications		Add med
Medication	Dose	Route
▶ atropine	<div> 0.5 mg  1 mg  1.5 mg  2 mg </div>	

(Dose menu customized to Medication selection)

Sedation medications		Add med
Medication	Dose	Route
▶ atropine		<div> Aerosol  IM  IV  PO  PR  SC  SL  Topical </div>
<input type="checkbox"/> Residual sedation from prior procedure present <input type="checkbox"/> Other sedation medication		

## PROCEDURE

Table: PEDS\_ColProc

Instruments grid: PEDS\_ColProc\_Instruments\_grid

Colonoscopy Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name: Aga\_pt36 Middle name: Last name: ADAMS MRN: 49277211 Birth date: 8/1/1933 Procedure date: Jul 24, 2015 01:17 PM

Use Defaults Save as Default

**Procedure performed**

☐ Colonoscopy ☒ Colonoscopy through stoma ☐ Ileoscopy through stoma ☐ Other

Were images taken? ☐ Yes ☐ No  
Was fluoroscopy used? ☐ Yes ☐ No  
Patient position:   
Abdominal compression? ☐ Yes ☐ No  
Were biopsy(s) taken? ☐ Yes ☐ No  
Retroflexion performed? ☐ Yes ☐ No  
Patient tolerance:   
Estimated blood loss (ml):

Was the procedure completed? ☐ Yes ☐ No  
Reason(s) procedure was incomplete  
☐ Incomplete/poor prep ☐ Patient unstable  
☐ Obstruction ☐ Stricture  
☐ Patient discomfort ☐ Severe colitis  
☐ Other

Quality of bowel preparation  
OR  
Boston bowel preparation scale --> BBPS

**Depth of insertion**  
Intended:   
Actually reached:

**Instruments** Add instrument

Instrument	Serial Number

Save Sign Print Preview Close

**Procedure duration**  
Scope insertion to scope removal min sec  
Time from scope insertion to cecum min sec  
Time to ileum min sec  
Cecal withdrawal time min sec

Condition on discharge

**Patient recovery location**  
After procedure patient sent  
After recovery patient sent

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

Quality of bowel preparation

Excellent - no more than small bits of adherent fecal material  
Good - small amounts of feces or fluid not interfering with exam  
Fair - adequate to detect polyps > 5mm  
Poor - inadequate to detect polyps > 5mm

Depth of insertion

Intended:   
Actually reached:

Anastomosis site  
Anus  
Rectum  
Sigmoid colon  
Descending colon  
Splenic flexure  
Transverse colon  
Hepatic flexure  
Ascending colon  
Cecum  
Terminal ileum  
Ileum

ileocecal valve (cm)

Add instrument

Instrument	Serial Number

Depth of insertion	
Intended	Actually reached
<input type="text"/>	<input type="text"/>
estimated distance from ileocecal junction	Anastomosis site
	Anus
	Rectum
	Sigmoid colon
	Descending colon
	Splenic flexure
	Transverse colon
	Hepatic flexure
	Ascending colon
	Cecum
	Terminal ileum
	Ileum

Patient position	<input type="text"/>
Abdominal compression?	From side to side
Were biopsy(s) taken?	Left side to back
Rectal retroflexion performed?	On left side
Patient tolerance	On right side
Estimated blood loss (ml)	Prone
	Right side to back
	Supine

Patient tolerance	<input type="text"/>
Estimated blood loss (ml)	excellent
	good
	fair
	poor

Condition on discharge	<input type="text"/>
Patient recovery location	good
After procedure patient	stable
	other

Patient recovery location	<input type="text"/>
After procedure patient sent	home
After recovery patient sent	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	<input type="text"/>
After procedure patient sent	<input type="text"/>
After recovery patient sent	<input type="text"/>
	in to hospital
	back to hospital
	home

(After recovery patient sent menu: customizable by site)

Procedure performed: Colonoscopy

Table: PEDS\_ColProcColonoscopy

Colonoscopy with...

- ☐ Removal of foreign body
- ☐ Biopsy(s)
- ☐ Control of bleeding
- ☐ Directed submucosal injection(s)
- ☐ Removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bicap
- ☐ Removal of tumor(s), polyp(s), or other lesion(s) by snare
- ☐ Ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal
- ☐ Stent placement
- ☐ Balloon dilation

Save Cancel

Procedure performed: Colonoscopy through stoma

Table: PEDS\_ColProcColStoma

Colonoscopy per stoma with...

- ☐ Biopsy(s)
- ☐ Removal of foreign body
- ☐ Control of bleeding
- ☐ Removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bicap
- ☐ Removal of tumor(s), polyp(s), or other lesion(s) by snare
- ☐ Ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal
- ☐ Stent placement

Save Cancel

Procedure performed: Ileoscopy through stoma

Table: PEDS\_ColProcIleoscopy

Ileoscopy with...

- ☐ Biopsy(s)
- ☐ Stent placement

Save Cancel

Procedure performed: Other

Table: PEDS\_ColProcOther

Other procedure performed

Save Cancel

Reason(s) procedure was incomplete: Other

Table: PEDS\_ColProcIncompleteOther

Other reason procedure was incomplete

Save Cancel

Boston Bowel Preparation Scale

Table: ColBBPSForm

Boston bowel preparation scale (BBPS)

NA - Segment surgically absent or not seen due to reasons unrelated to bowel prep (i.e. technical difficulties or patient intolerance).

0 - unprepared colon segment with mucosa not seen because of solid stool that cannot be cleared or unseen proximal colon segment in a colonoscopy aborted due to inadequate bowel prep.

1 - portion of mucosa of the colon segment seen, but other areas of the colon segment are not well seen because of staining, residual stool, and/or opaque liquid

2 - minor amount of residual staining, small fragments of stool, and/or opaque liquid, but mucosa of colon segment is seen well.

3 - entire mucosa of colon segment seen well, with no residual staining, small fragments of stool, or opaque liquid.

Right	Transverse	Left
<input type="radio"/> NA	<input type="radio"/> NA	<input type="radio"/> NA
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3

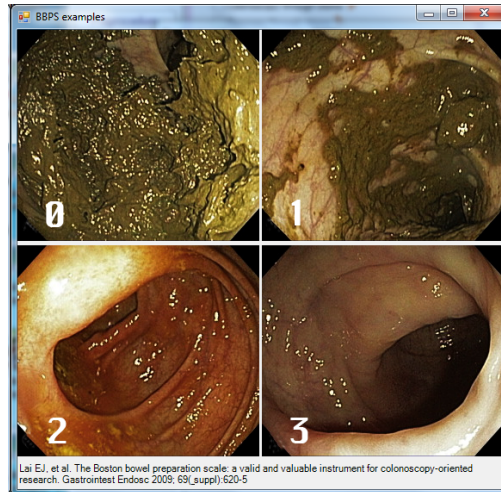
Total BBPS Score ?

Examples

A value for each segment is required

Save Cancel

Examples:



Clock Times

Table: PEDS\_ColClockTimes

Clock times	
Scope insertion	<input type="text"/>
Cecum/ileocecal valve reached	--:--:-- AM
Ileal intubation accomplished	--:--:-- AM
Cecum/ileocecal valve passed on withdrawal	--:--:-- AM
Scope removal	--:--:-- AM
<div>Save Cancel</div>	

## COLON FINDINGS

Table: PEDS\_ColFind

Colonoscopy Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name: Aga\_pt36 Middle name: Last name: ADAMS MRN: 49277211 Birth date: 8/1/1933 Procedure date: Jul 24, 2015 01:17 PM

### Colon Findings

Import Images

**Cecal landmarks**

Appendiceal orifice

☐ Visualized

☐ Image(s) taken

Ileocecal valve

☐ Visualized

☐ Image(s) taken

Terminal ileum

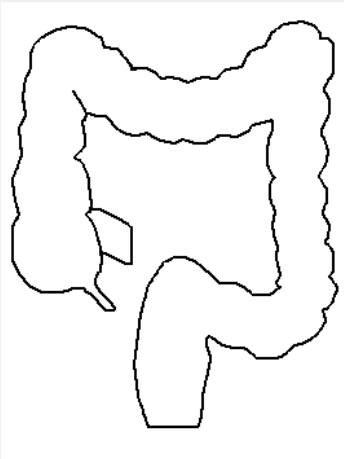
☐ Visualized

☐ Image(s) taken

☐ Cecal landmark comments

**Normal findings**

☐ Entire colon



**Findings Instructions**

**Add a Finding:** left click the diagram, or left click and drag to shade a region

**Delete a Finding:** right click on the finding label

**View/Edit Details:** double click on the finding label

**Move a Label:** left click and drag the finding label

Save Sign Print Preview Close

**Finding Menu**

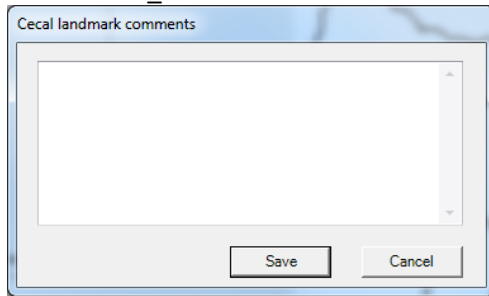
Finding

- Anatomical deformity
- Arteriovenous malformation (AVM)
- Diverticulosis
- Fissure / Fistula
- Hemorrhoids
- Image taken
- Melanosis
- Mucosal abnormality / Colitis / IBD
- Normal
- Polyp cluster
- Polyp
- Prior surgery
- Solitary rectal ulcer
- Stricture / Stenosis
- Submucosal lesion
- Tumor / Cancer
- Other finding

OK Cancel

Cecal landmarks: Cecal landmarks comments

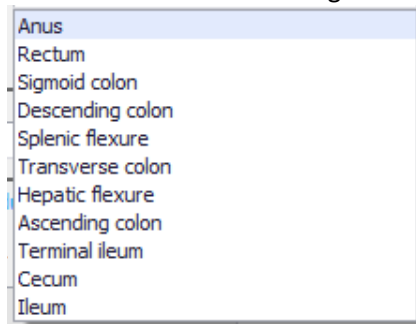
Table: PEDS\_ColLandmarkCom



Cecal landmark comments

Save Cancel

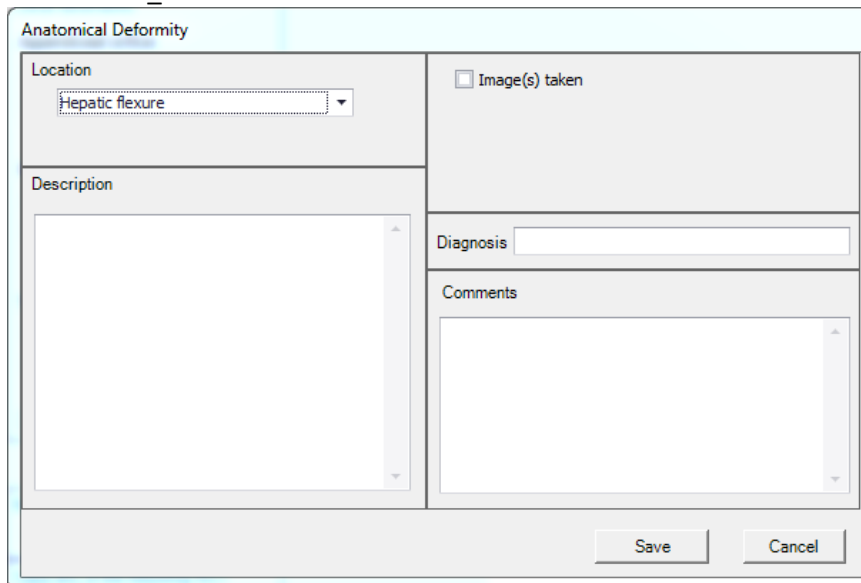
Location menu used in colon findings subscreens:



Anus  
Rectum  
Sigmoid colon  
Descending colon  
Splenic flexure  
Transverse colon  
Hepatic flexure  
Ascending colon  
Terminal ileum  
Cecum  
Ileum

### Anatomic deformity

Table: PEDS\_ColAnatDeform



Anatomical Deformity

Location  
Hepatic flexure

Description

Image(s) taken

Diagnosis

Comments

Save Cancel

## Arteriovenous malformation (AVM)

Table: PEDS\_ColAVM

Arteriovenous Malformation (AVM)	
Starting location <input type="text" value="Ascending colon"/>	Rate of bleed <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain
Ending location <input type="text" value="Ascending colon"/>	
Total # of AVMs <input type="text" value="1"/> Maximum size (mm) <input type="text" value="10"/>	<input type="checkbox"/> Image(s) taken
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic <input type="text" value=""/> <input type="checkbox"/> Non - hemostatic <input type="text" value=""/>	
Diagnosis <input type="text" value=""/>	
Comments <input type="text" value=""/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Diverticulosis

Table: PEDS\_ColDivertic

Diverticulosis	
Starting location <input type="text" value="Transverse colon"/>	Rate of bleed <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain
Ending location <input type="text" value="Transverse colon"/>	
Degree <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe <input type="checkbox"/> Diverticulitis suspected	<input type="checkbox"/> Image(s) taken
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic <input type="text" value=""/> <input type="checkbox"/> Non - hemostatic <input type="text" value=""/>	
Diagnosis <input type="text" value=""/>	
Comments <input type="text" value=""/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Fissure / Fistula

Table: PEDS\_ColFissureFistula

Fissure / Fistula	
Location <input type="text" value="Transverse colon"/>	<input type="checkbox"/> Image(s) taken
<b>Description</b> <input type="checkbox"/> Fissure      Maximum size (mm) <input type="text"/> <input type="checkbox"/> Fistula	<b>Diagnostics</b> <input type="checkbox"/> Biopsy taken      Total # of biopsies taken <input type="text"/> Sent to pathology <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID <input type="text"/> <input type="button" value="Add"/> Current pathology IDs <input type="text"/>
Rate of bleed <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain	Diagnosis <input type="text"/>
<b>Therapeutic procedure(s)</b> <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="text"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/> <input type="text"/>	Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Hemorrhoids

Table: PEDS\_ColHemorrhoid

Hemorrhoids	
Type <input type="text"/> Classification <input type="text"/> Size <input type="text"/> <input type="checkbox"/> Thrombosis present	Rate of bleed <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain
<b>Therapeutic procedure(s)</b> <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="text"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/> <input type="text"/>	<input type="checkbox"/> Image(s) taken
<input type="checkbox"/> Infrared coagulation # hemorrhoids treated <input type="text"/> location <input type="text"/> # of pulses <input type="text"/> duration of pulses <input type="text"/> sec	Diagnosis <input type="text"/>
Comments <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Type	<input type="text"/>
Classification	<input type="text"/> <ul style="list-style-type: none"> <li>External</li> <li>Internal</li> <li>Internal + External</li> </ul>
Size	<input type="text"/>
<input type="checkbox"/> Thrombosis present	

Type	<input type="text"/>
Classification	<input type="text"/>
Size	Grade I: Non-prolapsed Grade II: Spontaneously reduced Grade III: Reducible, manually / endoscopically Grade IV: Permanent prolapse

Type	<input type="text"/>
Classification	<input type="text"/>
Size	Small Medium Large

## Image Taken

Table: PEDS\_ColImageTaken

Image taken

Location

Transverse colon

☒ Image(s) taken

Comments

Save

Cancel

## Melanosis

Table: PEDS\_ColMelanosis

Melanosis

Starting location

Transverse colon

Ending location

Transverse colon

☐ Image(s) taken

Diagnostics

☐ Biopsy taken

Total # of biopsies taken

Sent to pathology

☐ Yes
 ☐ No

Enter pathology ID

Add

Current pathology IDs

Diagnosis

Comments

Save

Cancel

## Mucosal abnormality / Colitis / IBD

Table: PEDS\_ColMucosalAbnl

Mucosal Abnormality / Colitis / IBD

Starting location:  Ending location:

**Etiology**

☐ Crohn's disease  
☐ Infectious colitis  
☐ Ischemic colitis  
☐ Microscopic colitis  
☐ Pseudomembranous colitis  
☐ Radiation colitis  
☐ Ulcerative colitis  
☐ Uncertain etiology  
☐ Other

☐ Suspected  
☐ Established

**Description**

☐ Erosions present  
☐ Fistula  
☐ Friability  
☐ Loss of haustral folds  
☐ Loss of vascularity  
☐ Pseudopolyps  
☐ Stenosis  
☐ Ulcer

**Therapeutic procedure(s)**

☐ Hemostatic  
☐ Non-hemostatic

☐ Image(s) taken

**Diagnostics**

☐ Biopsy taken Total # of biopsies taken:

Sent to pathology: ☐ Yes ☐ No

Enter pathology ID:

Current pathology IDs:

Diagnosis:

Comments:

Activity:

Description:

☐ Erosions present  
☐ Fistula  
☐ Friability  
☐ Loss of haustral folds  
☐ Loss of vascularity  
☐ Pseudopolyps  
☐ Stenosis  
☐ Ulcer

## Normal

Table: PEDS\_ColNormal

Normal

Starting location:  Ending location:

☐ Image(s) taken

**Diagnostics**

☐ Biopsy taken Total # of biopsies taken:

Sent to pathology: ☐ Yes ☐ No

Enter pathology ID:

Current pathology IDs:

Comments:

## Polyp cluster

Table: PEDS\_ColPolypCluster

Polyp cluster: multiple diminutive polyps in one section of the colon	
<div>Starting location <input type="text" value="Transverse colon"/></div> <div>Ending location <input type="text" value="Transverse colon"/></div>	<div><b>Diagnostics</b></div> <div><input type="checkbox"/> Biopsy without cautery</div> <div><input type="checkbox"/> Biopsy with cautery</div> <div><input type="checkbox"/> Snare without cautery</div> <div><input type="checkbox"/> Snare with cautery</div> <div><input type="checkbox"/> Snare with cautery/saline</div> <div>Polyp removed? <input type="radio"/> Yes <input type="radio"/> No (biopsy only)</div> <div>Number removed <input type="text"/></div> <div>Tissue retrieved? <input type="radio"/> Yes <input type="radio"/> No</div> <div>Number retrieved <input type="text"/></div> <div>Sent to pathology <input type="radio"/> Yes <input type="radio"/> No</div> <div>Enter pathology ID <input type="text"/> <input type="button" value="Add"/></div> <div>Current pathology IDs <input type="text"/></div> <div><input type="checkbox"/> Placement of tattoo</div>
<div><b>Description</b></div> <div>Estimated number of polyps <input type="text"/></div> <div>Size range (mm) <input type="text"/> to <input type="text"/></div> <div>Color <input type="radio"/> red <input type="radio"/> pale</div>	
<div><b>Therapeutic procedure(s)</b></div> <div><input type="checkbox"/> Hemostatic <input type="button" value="▶"/></div> <div><input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/></div>	
<div><input type="checkbox"/> Image(s) taken</div>	<div>Diagnosis <input type="text"/></div> <div>Comments <input type="text"/></div>
<div><input type="button" value="Save"/> <input type="button" value="Cancel"/></div>	

## Polyp

Table: PEDS\_ColPolyp

Polyp	
Location <input type="text" value="Transverse colon"/>	<b>Diagnostics</b> <input type="checkbox"/> Biopsy without cautery <input type="checkbox"/> Biopsy with cautery <input type="checkbox"/> Snare without cautery <input type="checkbox"/> Snare with cautery <input type="checkbox"/> Snare with cautery/saline Polyp removed? <input type="text"/>
Distance from anal verge (cm) <input type="text"/>	Tissue retrieved? <input type="radio"/> Yes <input type="radio"/> No Sent to pathology <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID <input type="text"/> <input type="button" value="Add"/> Current pathology IDs <input type="text"/>
<b>Description</b> <input type="checkbox"/> Diminutive polyp (<= 5mm) Size (mm) <input type="text"/>	<input type="checkbox"/> Placement of tattoo
<b>Type</b> <input type="radio"/> pedunculated <input type="radio"/> sessile <input type="radio"/> flat with depressed area <input type="radio"/> flat without depressed area	<b>Diagnosis</b> <input type="text"/>
<b>Therapeutic procedure(s)</b> <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/>	<b>Comments</b> <input type="text"/>
<input type="checkbox"/> Image(s) taken	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Diagnostics	
<input type="checkbox"/> Biopsy without cautery <input checked="" type="checkbox"/> Biopsy with cautery <input type="checkbox"/> Snare without cautery <input type="checkbox"/> Snare with cautery <input type="checkbox"/> Snare with cautery/saline	Polyp removed? <input type="text"/>
Tissue retrieved?	<input type="text" value="totally removed"/> <input type="text" value="partially removed"/> <input type="text" value="removed piecemeal"/> <input type="text" value="not removed (biopsy only)"/>
Sent to pathology	
Enter pathology ID	

## Prior surgery

Table: PEDS\_ColPriorSurg

Prior surgery	
Starting location	Transverse colon
Ending location	Transverse colon
<b>Prior surgery</b> <input type="checkbox"/> Colostomy <input type="checkbox"/> Left hemicolectomy <input type="checkbox"/> Right hemicolectomy <input type="checkbox"/> Segmental colectomy <input type="checkbox"/> Terminal Ileum Resection <input type="checkbox"/> Total colectomy <input type="radio"/> Ileostomy <input type="radio"/> Ileo-anal pouch <input type="radio"/> Koch pouch <input type="checkbox"/> Other prior surgery <div></div>	
<input type="checkbox"/> Image(s) taken	
<b>Diagnostics</b> <input type="checkbox"/> Biopsy taken    Total # of biopsies taken: <div></div> Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID: <div></div> <span>Add</span> Current pathology IDs: <div></div>	
Diagnosis: <div></div>	
Comments: <div></div>	
<div>Save</div> <div>Cancel</div>	

## Solitary rectal ulcer

Table: PEDS\_ColRectalUlcer

Solitary rectal ulcer	
<b>Description</b> Distance from anal verge (cm): <div></div> Maximum size (mm): <div></div>	
<b>Therapeutic procedure(s)</b> <input type="checkbox"/> Hemostatic <span>▶</span> <div></div> <input type="checkbox"/> Non - hemostatic <span>▶</span> <div></div>	
<input type="checkbox"/> Image(s) taken	
<b>Diagnostics</b> <input type="checkbox"/> Biopsy taken    Total # of biopsies taken: <div></div> Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID: <div></div> <span>Add</span> Current pathology IDs: <div></div>	
Diagnosis: <div></div>	
Comments: <div></div>	
<div>Save</div> <div>Cancel</div>	

## Stricture / Stenosis

Table: PEDS\_ColStricture

Stricture / Stenosis	
Starting location: <input type="text" value="Transverse colon"/>	Therapeutic procedure(s)  <input type="checkbox"/> Hemostatic ▶ <div></div> <input type="checkbox"/> Non - hemostatic ▶ <div></div>
Ending location: <input type="text" value="Transverse colon"/>	
Distance from anus (cm): <input type="text"/>	Diagnostics  <input type="checkbox"/> Biopsy taken    Total # of biopsies taken: <input type="text"/>  Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID: <input type="text"/> <input type="button" value="Add"/> Current pathology IDs: <div></div>
Severity: <input type="text"/>	
Suspected etiology  <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Extrinsic compression <input type="checkbox"/> Indeterminant colitis <input type="checkbox"/> Ischemic colitis <input checked="" type="checkbox"/> Malignancy <input type="checkbox"/> Post surgical <input type="checkbox"/> Radiation colitis <input type="checkbox"/> Other <input type="text"/>	
<input type="checkbox"/> Image(s) taken	Diagnosis: <input type="text"/>
Comments: <div></div>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Severity	<input type="text"/>
	Partial, not obstructive
Suspected	Partial, obstructive, but able to pass endoscope
	Complete
<input type="checkbox"/> Crohn's disease	

## Submucosal Lesion

Table: PEDS\_ColSubmucosalLesion

Submucosal Lesion	
Starting location <input type="text" value="Transverse colon"/>	<input type="checkbox"/> Image(s) taken
<b>Type</b> <input type="radio"/> GIST <input type="radio"/> Lipoma <input type="radio"/> Other <input type="text"/> Estimated size (mm) <input type="text"/>	<b>Therapeutic procedure(s)</b> <input type="checkbox"/> Hemostatic <input type="text"/> <input type="checkbox"/> Non - hemostatic <input type="text"/>
<b>Diagnostics</b> <input type="checkbox"/> Biopsy taken    Total # of biopsies taken <input type="text"/> Sent to pathology <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID <input type="text"/> <input type="button" value="Add"/> Current pathology IDs <input type="text"/>	Diagnosis <input type="text"/> Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Tumor

Table: PEDS\_ColTumor

Tumor / Cancer	
Starting location <input type="text" value="Transverse colon"/>	<b>Diagnostics</b>
Ending location <input type="text" value="Transverse colon"/>	<input type="checkbox"/> Biopsy taken    Total # of biopsies taken <input type="text"/>
Distance from anal verge (cm) <input type="text"/>	Sent to pathology <input type="radio"/> Yes <input type="radio"/> No
<b>Description</b> <input type="radio"/> Suspected malignant <input type="radio"/> Established malignant by prior biopsy <input type="radio"/> Suspected benign <input type="radio"/> Established benign by prior biopsy Length (cm) <input type="text"/> <input type="checkbox"/> Circumferential <input type="checkbox"/> Fungating <input type="checkbox"/> Mucosal <input type="checkbox"/> Submucosal Obstruction <input type="text"/>	Enter pathology ID <input type="text"/> <input type="button" value="Add"/> Current pathology IDs <input type="text"/> <input type="checkbox"/> Placement of tattoo
<b>Therapeutic procedure(s)</b> <input type="checkbox"/> Hemostatic <input type="text"/> <input type="checkbox"/> Non - hemostatic <input type="text"/>	<input type="checkbox"/> Image(s) taken Diagnosis <input type="text"/> Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

**Description**

☐ Suspected malignant  
☐ Established malignant by prior biopsy  
☐ Suspected benign  
☐ Established benign by prior biopsy

Length (cm)

☐ Circumferential  
☐ Fungating  
☐ Mucosal  
☐ Submucosal

Obstruction

**Therapeutic procedure(s)**

☐ Hemostatic  
☐ Non-hemostatic

## Other finding

Table: PEDS\_ColFindOther

**Other finding**

Starting location

Ending location

**Diagnostics**

☐ Biopsy taken    Total # of biopsies taken

Sent to pathology ☐ Yes ☐ No

Enter pathology ID

Current pathology IDs

**Therapeutic procedure(s)**

☐ Hemostatic

☐ Non-hemostatic

☐ Image(s) taken

Diagnosis

Description / Comments

## SMALL BOWEL FINDINGS

Table: PEDS\_ColSBFind (No data)

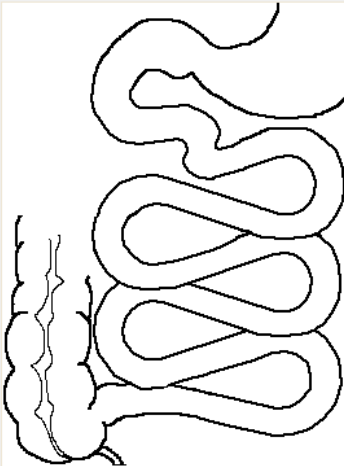
Colonoscopy Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name: Aga\_pt36 Middle name: Last name: ADAMS MRN: 49277211 Birth date: 8/1/1933 Procedure date: Jul 24, 2015 01:17 PM

**Small bowel Findings**

Import Images



Normal findings

☐ Entire small bowel

**Findings Instructions**

**Add a Finding:** left click the diagram, or left click and drag to shade a region  
**Delete a Finding:** right click on the finding label  
**View/Edit Details:** double click on the finding label  
**Move a Label:** left click and drag the finding label

Save Sign Print Preview Close

**Finding Menu**

Finding

- Anatomical deformity
- Arteriovenous malformation (AVM)
- Carcinoid tumor
- Diverticulosis
- Fluid / debris
- Foreign body / Retained food
- Image taken
- Lymphangiectasia
- Mucosal abnormality
- Nematodes
- Normal
- Polyps
- Prior surgery
- Sprue (Celiac disease)
- Stricture / Stenosis
- Tumor
- Ulcer
- Xanthoma
- Other finding

OK Cancel

## Anatomical deformity

Table: PEDS\_ColSBAnatDeform

Anatomical Deformity	
Location <input type="text" value="Pylorus"/>	<input type="checkbox"/> Image(s) taken
Estimated distance from ileocecal valve (cm) <input type="text"/>	
Description <div><div></div></div>	Diagnosis <input type="text"/>
	Comments <div><div></div></div>
<div>Save Cancel</div>	

## Arteriovenous malformation (AVM)

Table: PEDS\_ColSBAVM

Arteriovenous Malformation (AVM)	
Starting location <input type="text" value="Stomach"/>	<input type="checkbox"/> Image(s) taken
Ending location <input type="text" value="Stomach"/>	
Estimated distance from ileocecal valve (cm) <input type="text"/>	
Estimated # of AVMs <div><div><input type="radio"/> 1</div><div><input type="radio"/> 2-5</div><div><input type="radio"/> 6-20</div><div><input type="radio"/> &gt;20</div></div>	Diagnosis <input type="text"/>
Maximum size (mm) <input type="text"/>	Comments <div><div></div></div>
Rate of bleed <div><div><input type="radio"/> Oozing</div><div><input type="radio"/> Spurting</div><div><input type="radio"/> Inactive</div><div><input type="radio"/> Uncertain</div></div>	
Therapeutic procedure(s) <div><div><input type="checkbox"/> Hemostatic <div></div></div><div><input type="checkbox"/> Non - hemostatic <div></div></div></div>	
<div>Save Cancel</div>	

## Carcinoid tumor

Table: PEDS\_ColSBCarcinoidTumor

Carcinoid tumor	
Starting location: <input type="text" value="Pylorus"/>	<input type="checkbox"/> Image(s) taken
Ending location: <input type="text" value="Pylorus"/>	
Estimated distance from ileocecal valve (cm): <input type="text"/>	
<input type="radio"/> Suspected <input type="radio"/> Established Number of carcinoid tumors: <input type="radio"/> 1 <input type="radio"/> 2-5 <input type="radio"/> 6-20 <input type="radio"/> >20	Diagnosis: <input type="text"/>
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/>	Comments: <div style="border: 1px solid gray; height: 100px;"></div>
<div>Save</div> <div>Cancel</div>	

## Diverticulosis

Table: PEDS\_ColSBDiverticula

Diverticulosis	
Starting location: <input type="text" value="Stomach"/>	<input type="checkbox"/> Image(s) taken
Ending location: <input type="text" value="Stomach"/>	
Estimated distance from ileocecal valve (cm): <input type="text"/>	
<input type="checkbox"/> Meckels <input type="checkbox"/> Small bowel Estimated # of diverticula: <input type="text"/> Rate of bleed: <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain	Diagnosis: <input type="text"/>
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/>	Comments: <div style="border: 1px solid gray; height: 100px;"></div>
<div>Save</div> <div>Cancel</div>	

## Fluid / Debris

Table: PEDS\_ColSBFluid

Fluid / Debris	
Location: <input type="text" value="Stomach"/>	<input type="checkbox"/> Image(s) taken
Estimated distance from ileocecal valve (cm): <input type="text"/>	
Degree of visual impairment: <input type="text"/>	
Description: <div style="border: 1px solid gray; height: 100px;"></div>	
<div>Save</div> <div>Cancel</div>	

Degree of visual impairment

- none
- minimal
- moderate
- significant

## Foreign body / Retained food

Table: PEDS\_ColSBFB

Foreign body / Retained food

Location:

Estimated distance from ileocecal valve (cm):

☐ Foreign body    ☐ Retained food

Description

☐ Image(s) taken

Diagnosis:

Comments

Save    Cancel

## Image taken

Table: PEDS\_ColSBImageTaken

Image taken

Location:

☒ Image(s) taken

Comments

Save    Cancel

## Lymphangiectasia

Table: PEDS\_ColSBLymphangiectasia

Lymphangiectasia	
Location <input type="text" value="Stomach"/>	Diagnosis <input type="text"/>
Estimated distance from ileocecal valve (cm) <input type="text"/>	Comments <div></div>
Estimated # of lymphangiectasia <input type="radio"/> 1 <input type="radio"/> 2-5 <input type="radio"/> 6-20 <input type="radio"/> >20	
<input type="checkbox"/> Image(s) taken	Save Cancel

## Mucosal abnormality

Table: PEDS\_ColSBMucosalAbnl

Mucosal abnormality	
Starting location <input type="text" value="Stomach"/>	<input type="checkbox"/> Image(s) taken
Ending location <input type="text" value="Stomach"/>	
Estimated distance from ileocecal valve (cm) <input type="text"/>	Diagnostics <input type="checkbox"/> Biopsy taken    Total # of biopsies taken <input type="text"/> Sent to pathology <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID <input type="text"/> Add Current pathology IDs <div></div>
Description Length of inflammation (cm) <input type="text"/> <input type="checkbox"/> Red spots <input type="checkbox"/> White spots <input type="checkbox"/> Edema <input type="checkbox"/> Blunted villi <input type="checkbox"/> Erythema <input type="checkbox"/> Petechiae <input type="checkbox"/> White stippling <input type="checkbox"/> Erosions <input type="checkbox"/> Absent villi Rate of bleed <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain	
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic ▶ <div></div> <input type="checkbox"/> Non - hemostatic ▶ <div></div>	Diagnosis <input type="text"/> Comments <div></div>
Save Cancel	

## Nematodes

Table: PEDS\_ColSBNematodes

Nematodes	
Location <input type="text" value="Stomach"/>	<input type="checkbox"/> Image(s) taken
Estimated distance from ileocecal valve (cm) <input type="text"/>	
Type of nematode <input type="text"/>	Diagnosis <input type="text"/>
	Comments <input type="text"/>
<b>Diagnostics</b>	
<input type="checkbox"/> Biopsy taken    Total # of biopsies taken <input type="text"/>	
Sent to pathology <input type="radio"/> Yes <input type="radio"/> No	
Enter pathology ID <input type="text"/> <input type="button" value="Add"/>	
Current pathology IDs <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Normal

Table: PEDS\_ColSBNormal

Normal	
Starting location <input type="text" value="Stomach"/>	<input type="checkbox"/> Image(s) taken
Ending location <input type="text" value="Stomach"/>	
Estimated distance from ileocecal valve (cm) <input type="text"/>	
	Comments <input type="text"/>
<b>Diagnostics</b>	
<input type="checkbox"/> Biopsy taken    Total # of biopsies taken <input type="text"/>	
Sent to pathology <input type="radio"/> Yes <input type="radio"/> No	
Enter pathology ID <input type="text"/> <input type="button" value="Add"/>	
Current pathology IDs <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Polyp

Table: PEDS\_ColSBPolyp

Polyp	
Starting location <input type="text" value="Pylorus"/> Ending location <input type="text" value="Pylorus"/> Estimated distance from ileocecal valve (cm) <input type="text"/>	<b>Diagnostics</b> <input type="checkbox"/> Biopsy without cautery <input type="checkbox"/> Biopsy with cautery <input type="checkbox"/> Snare without cautery <input type="checkbox"/> Snare with cautery <input type="checkbox"/> Snare with cautery/saline Polyp removed? <input type="radio"/> Yes <input type="radio"/> No (biopsy only) Number removed <input type="text"/> Tissue retrieved? <input type="radio"/> Yes <input type="radio"/> No Number retrieved <input type="text"/> Sent to pathology <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID <input type="text"/> <input type="button" value="Add"/> Current pathology IDs <input type="text"/>
<b>Description</b> Number of polyps <input type="radio"/> 1 <input type="radio"/> 2-5 <input type="radio"/> 6-20 <input type="radio"/> >20 Attachment <input type="radio"/> flat <input type="radio"/> pedunculated <input type="radio"/> sessile <input type="checkbox"/> All polyps diminutive (<= 5mm) Size range (mm) <input type="text"/> to <input type="text"/> <input type="checkbox"/> Image(s) taken	Diagnosis <input type="text"/> Comments <input type="text"/>
<b>Therapeutic procedure(s)</b> <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Prior surgery

Table: PEDS\_ColSBPriorSurg

Prior surgery	
Location <input type="text" value="Stomach"/> Estimated distance from ileocecal valve (cm) <input type="text"/>	<input type="checkbox"/> Image(s) taken
<b>Prior surgery</b> <input type="checkbox"/> Billroth I <input type="checkbox"/> Billroth II <input type="checkbox"/> Gastrojejunostomy <input type="checkbox"/> Jejunostomy tube <input type="checkbox"/> Terminal ileum Resection <input type="checkbox"/> Total colectomy with <input type="radio"/> ileostomy <input type="radio"/> ileo-anal pouch <input type="radio"/> Koch pouch <input type="checkbox"/> Other prior surgery <input type="text"/>	Diagnosis <input type="text"/> Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Sprue (Celiac disease)

Table: PEDS\_ColSBSPru

Sprue (Celiac disease)	
Starting location <input type="text" value="Stomach"/>	<input type="checkbox"/> Image(s) taken
Ending location <input type="text" value="Stomach"/>	
Estimated distance from ileocecal valve (cm) <input type="text"/>	
<b>Description</b>	
<input type="radio"/> Suspected	Diagnosis <input type="text"/>
<input type="radio"/> Established by prior biopsy	Comments <input type="text"/>
Mucosal appearance	
<input type="checkbox"/> Scalloped folds	
<input type="checkbox"/> Flat (missing folds)	
<b>Diagnostics</b>	
<input type="checkbox"/> Biopsy taken	Total # of biopsies taken <input type="text"/>
Sent to pathology <input type="radio"/> Yes <input type="radio"/> No	
Enter pathology ID <input type="text"/>	
<input type="button" value="Add"/>	
Current pathology IDs <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Stricture / Stenosis

Table: PEDS\_ColSBStricture

Stricture / Stenosis	
Location <input type="text" value="Stomach"/>	<input type="checkbox"/> Image(s) taken
Estimated distance from ileocecal valve (cm) <input type="text"/>	
<b>Description</b>	
Estimated lumen diameter (mm) <input type="text"/>	
Obstruction <input type="text"/>	
<b>Etiology</b>	
<input type="checkbox"/> Anastomosis site	
<input type="checkbox"/> Benign inflammation	
<input type="checkbox"/> Crohn's disease	
<input type="checkbox"/> Extrinsic compression	
<input type="checkbox"/> Malignancy	
<input type="checkbox"/> NSAID diaphragm	
<input type="checkbox"/> Web	
<input type="checkbox"/> Other	
<input type="text"/>	
<b>Therapeutic procedure(s)</b>	
<input type="checkbox"/> Hemostatic <input type="button" value="▶"/>	
<input type="text"/>	
<input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/>	
<input type="text"/>	
<b>Diagnostics</b>	
<input type="checkbox"/> Biopsy taken	Total # of biopsies taken <input type="text"/>
Sent to pathology <input type="radio"/> Yes <input type="radio"/> No	
Enter pathology ID <input type="text"/>	
<input type="button" value="Add"/>	
Current pathology IDs <input type="text"/>	
Diagnosis <input type="text"/>	
Comments <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Tumor

Table: PEDS\_ColSBTumor

Tumor	
<b>Location</b> Stomach Estimated distance from ileocecal valve (cm)	<b>Diagnostics</b> <input type="checkbox"/> Biopsy taken    Total # of biopsies taken Sent to pathology <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID <input type="text"/> Add Current pathology IDs <input type="text"/>
<b>Description</b> <input type="radio"/> Suspected malignant <input type="radio"/> Established malignant by prior biopsy <input type="radio"/> Suspected benign <input type="radio"/> Established benign by prior biopsy Dimensions (mm) X (mm) <input type="checkbox"/> Circumferential <input type="checkbox"/> Mucosal <input type="checkbox"/> Fungating <input type="checkbox"/> Submucosal Obstruction	<input type="checkbox"/> Image(s) taken Diagnosis Comments
<b>Therapeutic procedure(s)</b> <input type="checkbox"/> Hemostatic <input type="checkbox"/> Non - hemostatic	<input type="text"/> Save <input type="text"/> Cancel

## Ulcer

Table: PEDS\_ColSBUlcer

Ulcer	
<b>Location</b> Stomach Estimated distance from ileocecal valve (cm)	<b>Diagnostics</b> <input type="checkbox"/> Biopsy taken    Total # of biopsies taken Sent to pathology <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID <input type="text"/> Add Current pathology IDs <input type="text"/>
Estimated # of ulcers <input type="radio"/> 1 <input type="radio"/> 2-5 <input type="radio"/> 6-20 <input type="radio"/> >20 Estimated size (mm) <input type="radio"/> 1-5 <input type="radio"/> 6-10 <input type="radio"/> > 10 Characteristics <input type="checkbox"/> Radiating folds <input type="checkbox"/> Heaped up margin <input type="checkbox"/> Deep <input type="checkbox"/> Superficial <input type="checkbox"/> Edematous <b>Ulcer stigmata</b> <input type="checkbox"/> Active/Recent bleed <input type="checkbox"/> Visible vessel <input type="checkbox"/> Adherent clot <input type="checkbox"/> Dark spot <input type="checkbox"/> Non-bleeding, Clean <input type="checkbox"/> Healed / Scarred Rate of bleed <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain	<input type="checkbox"/> Image(s) taken Diagnosis Comments
<b>Therapeutic procedure(s)</b> <input type="checkbox"/> Hemostatic <input type="checkbox"/> Non - hemostatic	<input type="text"/> Save <input type="text"/> Cancel

## Xanthoma

Table: ColSBXanthoma

Xanthoma	
Starting location <input type="text" value="Stomach"/>	<input type="checkbox"/> Image(s) taken
Ending location <input type="text" value="Stomach"/>	
Estimated distance from ileocecal valve (cm) <input type="text"/>	
Estimated number of xanthomas <input type="radio"/> 1 <input type="radio"/> 2-5 <input type="radio"/> 6-20 <input type="radio"/> >20	Diagnosis <input type="text"/>
	Comments <div><div></div></div>
<div>Save Cancel</div>	

## Other finding

Table: PEDS\_ColSBOtherFind

Other Finding	
Starting location <input type="text" value="Stomach"/>	<input type="checkbox"/> Image(s) taken
Ending location <input type="text" value="Stomach"/>	
Estimated distance from ileocecal valve (cm) <input type="text"/>	
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic <input type="checkbox"/> Non - hemostatic	Diagnosis <input type="text"/>
	Description / Comments <div><div></div></div>
Diagnostics <input type="checkbox"/> Biopsy taken Total # of biopsies taken <input type="text"/>	
Sent to pathology <input type="radio"/> Yes <input type="radio"/> No	
Enter pathology ID <input type="text"/>	
<div>Add</div>	
Current pathology IDs <div><div></div></div>	
<div>Save Cancel</div>	

## THERAPIES

For all therapies:

Bleeding outcome	
Procedural outcome	bleeding continues bleeding precipitated hemostasis achieved

Procedural outcome	technically successful technically not successful
Comments	

### Hemostatic therapies

Table: PEDS\_TheraLauncherHemo

Therapies	
Hemostatic	
<input type="checkbox"/>	APC ▶
<input type="checkbox"/>	Banding ▶
<input type="checkbox"/>	Bipolar coagulation ▶
<input type="checkbox"/>	Clip ▶
<input type="checkbox"/>	Heater probe ▶
<input type="checkbox"/>	Injection ▶
<input type="checkbox"/>	Laser ▶
<input type="checkbox"/>	Other therapy ▶
Save Cancel	

### *Hemostatic Argon Plasma Coagulation (APC)*

Table: TxHemAPC

Hemostatic Argon Plasma Coagulation (APC)	
Watts	<input type="text"/>
Litres / min of Ar	<input type="text"/>
Bleeding outcome	<input type="text"/>
Procedural outcome	<input type="text"/>
Comments <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

### *Hemostatic banding*

Table: PEDS\_TxHemBanding

Hemostatic Banding	
Banding device	<input type="text"/>
Total bands fired	<input type="text"/>
Bands placed	<input type="text"/>
Bleeding outcome	<input type="text" value="Must be from 0 to 99"/>
Procedural outcome	<input type="text"/>
Comments <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

(Banding device menu customized by site)

### *Hemostatic Bipolar Coagulation (BiCap)*

Table: TxHemBiCap

The screenshot shows a software window titled "Hemostatic Bipolar Coagulation (BiCap)". It contains several input fields: a dropdown menu for "BiCap device", a spinner for "Watts", a spinner for "Total Seconds", and a checkbox for "Irrigation fluid used". Below these are two more dropdown menus for "Bleeding outcome" and "Procedural outcome". A large text area for "Comments" is positioned below the outcome dropdowns. At the bottom of the window are "Save" and "Cancel" buttons.

(BiCap device menu customized by site)

### *Hemostatic Clip(s)*

Table: TxHemClip

The screenshot shows a software window titled "Hemostatic Clip(s)". It contains input fields for "Total clips fired" and "Clips placed", both using spinner controls. Below these are two dropdown menus for "Bleeding outcome" and "Procedural outcome". A large text area for "Comments" is located below the outcome dropdowns. At the bottom of the window are "Save" and "Cancel" buttons.

### *Hemostatic Heater Probe*

Table: TxHemProbe

The screenshot shows a software window titled "Hemostatic Heater Probe". It contains several input fields: "Instrument" (a dropdown menu), "Watts" (a numeric spinner), "Bleeding outcome" (a dropdown menu), and "Procedural outcome" (a dropdown menu). Below these is a "Comments" section with a large text area. At the bottom right are "Save" and "Cancel" buttons.

(Heater probe instrument menu customized by site)

### *Hemostatic Injection*

Table: TxHemInjection

The screenshot shows a software window titled "Hemostatic Injection". It contains several input fields: "Injectant" (a dropdown menu), "Combined with" (a text field), "Number of injections" (a numeric spinner), and "Total volume injected (cc)" (a text field). Below these are "Bleeding outcome" (a dropdown menu) and "Procedural outcome" (a dropdown menu). At the bottom is a "Comments" section with a large text area. At the bottom right are "Save" and "Cancel" buttons.

(Injectant menu customized by site)

### *Hemostatic Laser*

Table: TxHemLaser

Hemostatic Laser	
Type of laser	<input type="text"/>
Watts	<input type="text"/>
Joules	<input type="text"/>
Total seconds	<input type="text"/>
Bleeding outcome	<input type="text"/>
Procedural outcome	<input type="text"/>
Comments	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

(Type of laser menu customized by site)

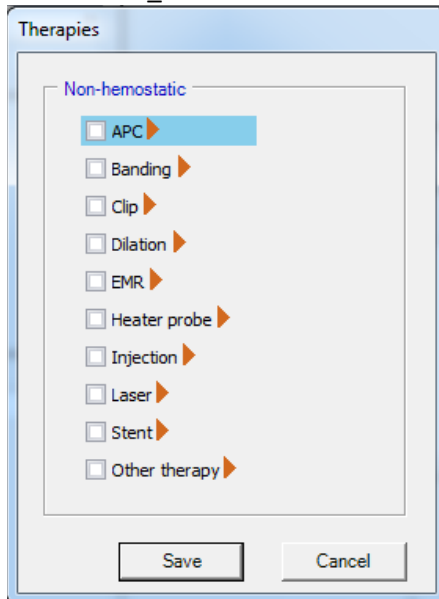
### *Other Hemostatic Therapy(s)*

Table: TxHemOther

Other hemostatic therapy(s)	
Description	<input type="text"/>
Bleeding outcome	<input type="text"/>
Procedural outcome	<input type="text"/>
Comments	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Non-Hemostatic Therapies

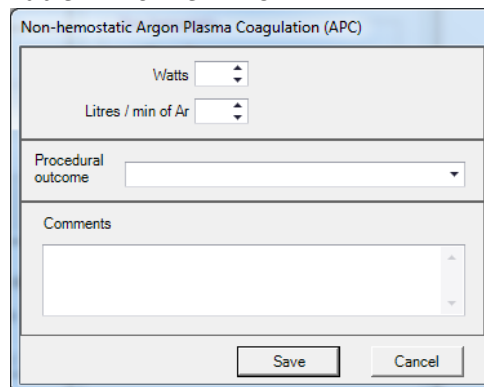
Table: PEDS\_TheraLauncherNonHemo



The 'Therapies' dialog box contains a section titled 'Non-hemostatic' with a list of therapy options, each preceded by an unchecked checkbox and followed by a right-pointing arrow. The options are: APC, Banding, Clip, Dilation, EMR, Heater probe, Injection, Laser, Stent, and Other therapy. At the bottom of the dialog are 'Save' and 'Cancel' buttons.

## Non-hemostatic Argon Plasma Coagulation (APC)

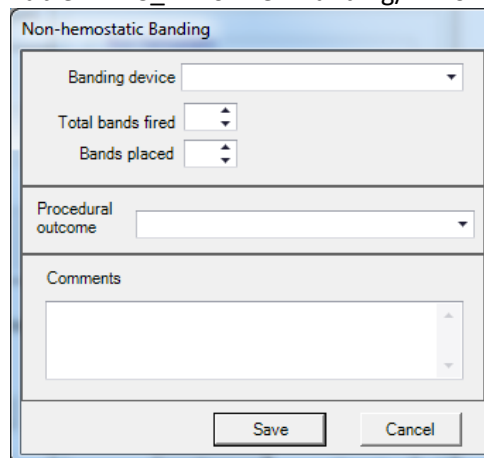
Table: TxNonHemAPC



The 'Non-hemostatic Argon Plasma Coagulation (APC)' dialog box features two numeric input fields at the top: 'Watts' and 'Litres / min of Ar'. Below these is a 'Procedural outcome' dropdown menu and a 'Comments' text area. 'Save' and 'Cancel' buttons are located at the bottom right.

## Non-Hemostatic Banding

Table: PEDS\_TxNonHemBanding/TxNonHemBanding



The 'Non-hemostatic Banding' dialog box includes a 'Banding device' dropdown menu, followed by two numeric input fields: 'Total bands fired' and 'Bands placed'. It also features a 'Procedural outcome' dropdown menu and a 'Comments' text area. 'Save' and 'Cancel' buttons are positioned at the bottom right.

(Banding device menu customized by site)

## Non-Hemostatic Clip(s)

Table: TxNonHemClip

Non-hemostatic Clip(s)	
Total clips fired	<input type="text"/>
Clips placed	<input type="text"/>
Procedural outcome	<input type="text"/>
Comments <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Non-Hemostatic Dilation

Table: TxNonHemDilation

Non-hemostatic Dilation	
Dilator type <input type="text"/>	Resistance <input type="text"/>
<input type="checkbox"/> Performed under fluoroscopy <input type="checkbox"/> Performed with wire	Heme on extraction <input type="text"/>
Dilator size used #1 <input type="text"/> #2 <input type="text"/> #3 <input type="text"/> #4 <input type="text"/> Units of size <input type="radio"/> Fr <input type="radio"/> mm	Patient Tolerance <input type="text"/>
Length of time (secs) <input type="text"/>	Procedural outcome <input type="text"/>
Pressure (PSI) <input type="text"/>	Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

(Dilator type menu customized by site)

Resistance	<input type="text"/>
Heme on extraction	<input type="text"/>
Patient Tolerance	<input type="text"/>

Resistance	<input type="text"/>
Heme on extraction	<input type="text"/>
Patient Tolerance	<input type="text"/>

Resistance	<input type="text"/>
Heme on extraction	<input type="text"/>
Patient Tolerance	<input type="text"/>
Procedural outcome	<input type="text"/>

### ***Non-Hemostatic Endoscopic Mucosal Resection (EMR)***

Table: TxNonHemEMR

Non-hemostatic Endoscopic Mucosal Resection (EMR)	
Instrument	<input type="text"/>
<input type="checkbox"/> Complete resection	
<input type="checkbox"/> Sample retrieved	
Procedural outcome	<input type="text"/>
Comments	<div><div></div></div>
<div>SaveCancel</div>	

### ***Non-Hemostatic Heater Probe***

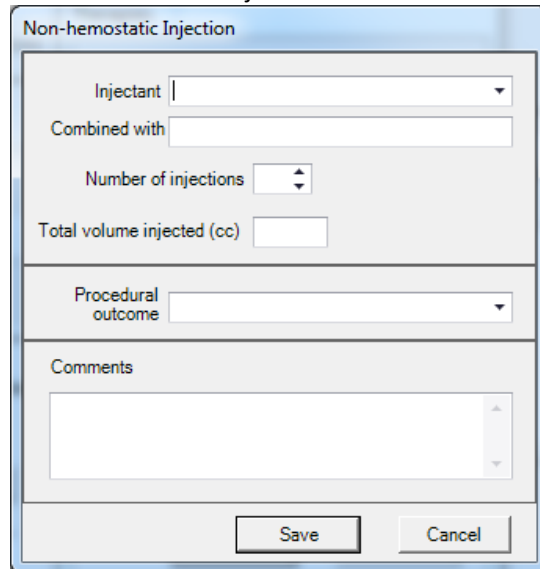
Table: TxNonHemProbe

Non-hemostatic Heater Probe	
Instrument	<input type="text"/>
Watts	<input type="text"/>
Procedural outcome	<input type="text"/>
Comments	<div><div></div></div>
<div>SaveCancel</div>	

(Heater probe instrument menu customized by site)

### *Non-Hemostatic Injection*

Table: TxNonHemInjection



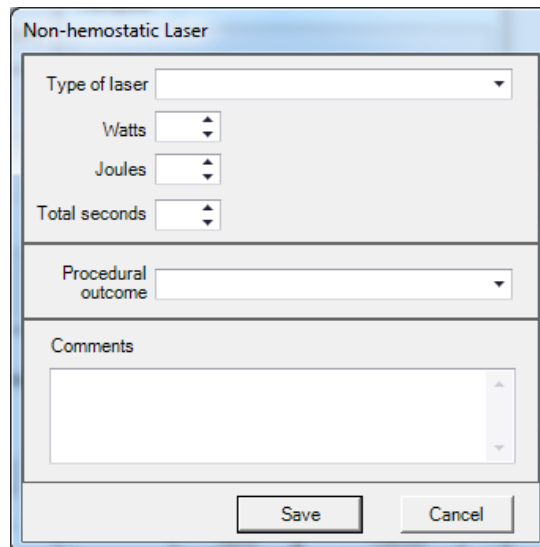
The form is titled "Non-hemostatic Injection" and contains the following fields:

- Injectant**: A dropdown menu.
- Combined with**: A text input field.
- Number of injections**: A numeric spinner.
- Total volume injected (cc)**: A numeric input field.
- Procedural outcome**: A dropdown menu.
- Comments**: A large text area with a vertical scrollbar.
- Buttons**: "Save" and "Cancel" buttons at the bottom right.

(Injectant menu customized by site)

### *Non-Hemostatic Laser*

Table: TxNonHemLaser



The form is titled "Non-hemostatic Laser" and contains the following fields:

- Type of laser**: A dropdown menu.
- Watts**: A numeric spinner.
- Joules**: A numeric spinner.
- Total seconds**: A numeric spinner.
- Procedural outcome**: A dropdown menu.
- Comments**: A large text area with a vertical scrollbar.
- Buttons**: "Save" and "Cancel" buttons at the bottom right.

(Type of laser menu customized by site)

## Non-Hemostatic Stent

Table: TxNonHemStent

Non-hemostatic Stent	
Number of stents used <input type="text"/>	<input type="checkbox"/> Proximal clips placed <input type="checkbox"/> Distal clips placed
Stent type <input type="text"/>	<input type="checkbox"/> Performed under fluoroscopic guidance
Length (cm) <input type="text"/>	<input type="checkbox"/> Injected with contrast
Covered (cm) <input type="text"/>	Procedural outcome <input type="text"/>
Diameter <input type="text"/> <input type="radio"/> Fr <input type="radio"/> mm	Comments <input type="text"/>
Flange (mm) <input type="text"/>	
Guidewire <input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

(Stent type menu customized by site)

Stent type <input type="text"/>
Length (cm) <input type="text"/>
Covered (cm) <input type="text"/>
Diameter <input type="text"/> <input type="radio"/> Fr <input type="radio"/> mm
Flange (mm) <input type="text"/>
Guidewire <input type="text"/>
<input type="text" value="Jag"/>
<input type="text" value="Savary"/>

## Other Non-Hemostatic Therapy(s)

Table: TxNonHemOther

Other non-hemostatic therapy(s)
Description <input type="text"/>
Procedural outcome <input type="text"/>
Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>

## EVENTS

Table: Intervention

Intervention medication grid: Intervention\_Intervention\_medication\_grid

Colonoscopy Pediatrics

History  
Physical exam  
Liver Disease  
Indications  
Preprocedure  
Sedation  
Procedure  
COL Findings  
Sm. Bowel Findings  
**Events**  
Assessment/Plan  
Letters/Instructions

Pathology Images Print Fax Orders Lab/LU/L

First name: Aga\_pt96 Middle name: Last name: ALEXANDER MRN: 81750211 Birth date: 4/30/1952 Procedure date: Nov 10, 2014 12:38 PM

Were there any unplanned events? ☐ Yes ☐ No

**Cardiac events**

- ☐ Arrhythmia
- ☐ Bradycardia
- ☐ Chest pain
- ☐ Hypertension
- ☐ Hypotension
- ☐ Tachycardia
- ☐ Vasovagal reaction
- ☐ Other cardiac event

**Pulmonary events**

- ☐ Elevated pCO2
- ☐ Hypoxia – prolonged (> 15 sec)
  - ☐ O2 sat < 95%
  - ☐ O2 sat < 90%
- ☐ Hypoxia – transient (<= 15 sec)
- ☐ Respiratory distress
- ☐ Wheezing
- ☐ Other pulmonary event

**Gastrointestinal events**

- ☐ Abdominal pain
- ☐ Bleeding
  - ☐ >10 cc
  - ☐ <=10 cc
- ☐ Nausea/vomiting
- ☐ Perforation
- ☐ Other GI event

**Other events**

- ☐ Death
- ☐ Deep vein thrombosis
- ☐ Drug reaction
- ☐ Paradoxical reaction
- ☐ Prolonged sedation
- ☐ Rash/hives
- ☐ Seizure
- ☐ Phlebitis
- ☐ Other event

Interventions required? ☐ Yes ☐ No

If yes, specify the intervention(s)

- ☐ Cautery required
- ☐ Code 99/CPR
- ☐ IV fluids administered
- ☐ Oxygen administered
- ☐ Patient admitted to hospital
- ☐ Patient admitted to ED
- ☐ Procedure stopped prematurely
- ☐ Sedation reversed
- ☐ Surgery required
- ☐ Transfusion required
- ☐ Other intervention

Intervention medication **Add med**

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

Were the interventions successful? ☐ Yes ☐ No

Select all that apply

- ☐ Hemostasis achieved
- ☐ O2 desaturation reversed
- ☐ Spontaneous resolution of event
- ☐ Vital signs stabilized

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		
meprobamate		
naloxone		
promethazine		
<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

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		
		Aerosol IM IV PO PR SC SL Topical
<input type="checkbox"/> Other intervention medication		

Cardiac events: Other cardiac event

Table: EventCardiacOther

Other cardiac events
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Pulmonary events: Hypoxia – prolonged (>15 sec)

Table: EventHypoxia

Prolonged hypoxia comments
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Pulmonary events: Other pulmonary event

Table: EventPulmOther

Other pulmonary events
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>

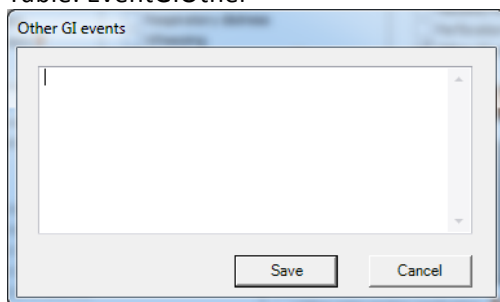
Gastrointestinal events: Bleeding

Table: EventBleeding

Bleeding comments
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Gastrointestinal events: Other GI event

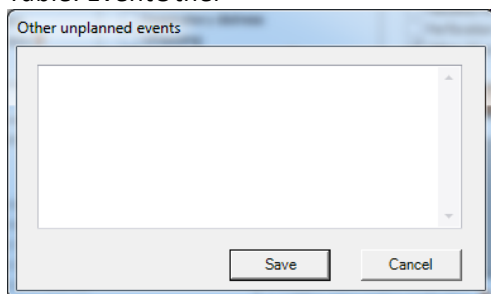
Table: EventGIOther



The screenshot shows a dialog box titled "Other GI events". It contains a large, empty text area for input. At the bottom right, there are two buttons: "Save" and "Cancel".

Other events: Other event

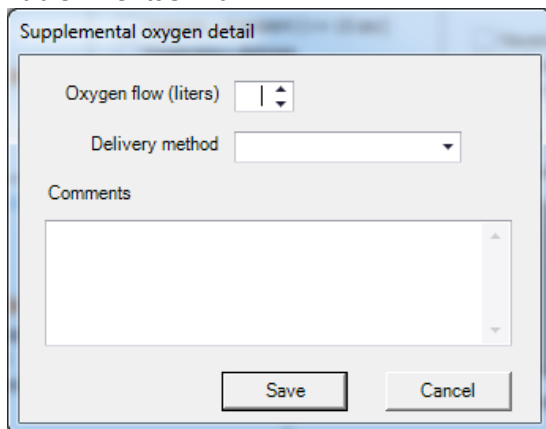
Table: EventOther



The screenshot shows a dialog box titled "Other unplanned events". It contains a large, empty text area for input. At the bottom right, there are two buttons: "Save" and "Cancel".

If yes, specify the intervention(s): Oxygen administered

Table: EventsO2Admin



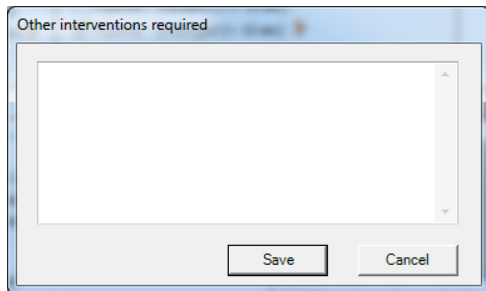
The screenshot shows a dialog box titled "Supplemental oxygen detail". It contains the following fields:

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

At the bottom right, there are two buttons: "Save" and "Cancel".

If yes, specify the interventions: Other interventions

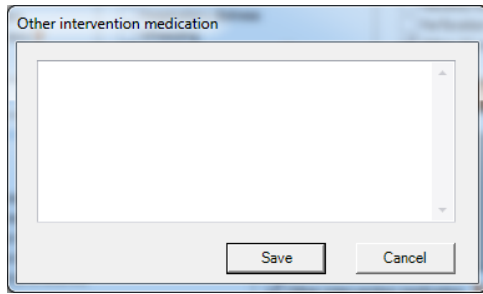
Table: EventIntervenOther



The screenshot shows a dialog box titled "Other interventions required". It contains a large, empty text area for input. At the bottom right, there are two buttons: "Save" and "Cancel".

Intervention medications: Other intervention medication

Table: IntervenMedOther



The image shows a screenshot of a software window titled "Other intervention medication". The window has a standard Windows-style title bar with a blue gradient. Inside the window, there is a large, empty rectangular text area with a vertical scrollbar on the right side. At the bottom of the window, there are two buttons: "Save" and "Cancel". The "Save" button is on the left and the "Cancel" button is on the right. The window appears to be a form for entering data related to intervention medications.

## ASSESSMENT / PLAN

Table: PEDS\_TreatmentPlan

New Medications grid: PEDS\_TreatmentPlan\_New\_mediations\_grid

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

Colonoscopy Pediatrics

Pathology Images Print Fax Orders GILQUI

First name: Aga\_pt96 Middle name: Last name: ALEXANDER MRN: 81750211 Birth date: 4/30/1952 Procedure date: Nov 10, 2014 12:38 PM

History

Physical exam

Liver Disease

Indications

Preprocedure

Sedation

Procedure

COL Findings

Sm. Bowel Findings

Events

**Assessment/Plan**

Letters/Instructions

Save

Sign

Print Preview

Close

Assessment

Recommended screening or surveillance interval

☐ Recommendation is pending, based on pathology

☐ Recommended next exam in  years  months

☐ No further examination needed

Pain control

Medication required ☐ Yes ☐ No

Medication plan

☐ Start new medications ☐ Await pathology

☐ Discontinue current medications ☐ Medications per referring provide

☐ Continue current medications ☐ No medications required

New medications

Add med

Medication Type	Medication	Dose	Route	Sig	Disp	Comments

☐ Other new medications

Scheduling and Referring

New activity

Activity Type	Activity	When	Date	Comments

☐ Other plan

New medications

Add med

Medication Type	Medication	Dose	Route	Sig	Disp	Comments
5-ASA						
5-ASA						
Anti-constipation						
Anti-diarrheal						
Antibiotics						
Antiemetic						
Antispasmodics						
Bile Acids						
Fiber supplements						
H2 Blocker						
Hemorrhoidal Agent						
Hormone therapy						
HP Med						
Immunosuppressants						
Non-Steroidals						
Other GI Medications						
PPI						
Promotility						
Psychotropics						
Steroids						
Vaccines Meds						

☐ Other new medications

New activity

Activity	When	Date	Comments

New medications

Add med

Medication Type	Medication	Dose	Route	Sig	Disp	Comments
5-ASA	mesalamine					
	mesalamine					
	mesalamine suppository					
	olsalazine					
	sulfasalazine					

☐ Other new medications

(Medication menu customized to Medication Type selection)

New medications		Add med					
Medication Type	Medication	Dose	Route	Sig	Disp	Comments	
5-ASA	mesalamine	1500 mg 2000 mg 3000 mg					
<input type="checkbox"/> Other new medications							

(Dose menu customized to Medication selection)

New medications		Add med					
Medication Type	Medication	Dose	Route	Sig	Disp	Comments	
5-ASA	mesalamine		Aerosol IM IV PO PR SC SL Topical				
<input type="checkbox"/> Other new medications							

New medications		Add med					
Medication Type	Medication	Dose	Route	Sig	Disp	Comments	
5-ASA	mesalamine			AC BID HS PC PRN QAM QD QID QOD TID			
<input type="checkbox"/> Other new medications							

Scheduling and Referring		New activity					
Activity Type	Activity	When	Date	Comments			
Admit to hospital							
Followup							
Other plan or test							
Referral to							
Schedule GI study							
Schedule imaging study							
<input type="checkbox"/> Other plan							

Scheduling and Referring		New activity					
Activity Type	Activity	When	Date	Comments			
Followup	Call office Call office for appointment Call office for biopsy results Followup visit scheduled Wait for pathology letter with referring provider						
<input type="checkbox"/> Other plan							

(Activity menu customized to Activity Type selection)

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

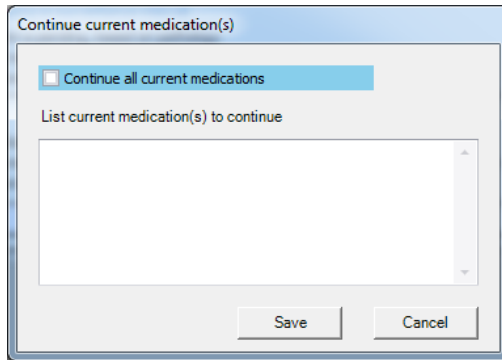
Medication plan: Discontinue current medications

Table: DiscontinueCurMeds

Discontinue current medication(s)	
List current medication(s) to discontinue	
<input type="text"/>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Medication plan: Continue current medications

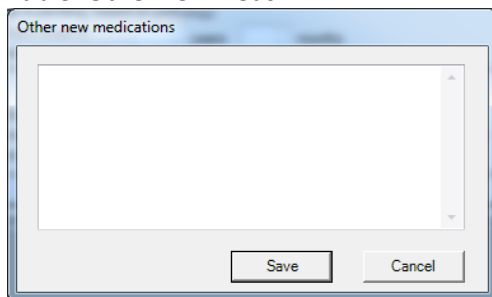
Table: ContinueMeds



A dialog box titled "Continue current medication(s)". It features a checkbox labeled "Continue all current medications" which is currently checked. 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 right, there are two buttons: "Save" and "Cancel".

New medications: Other new medications

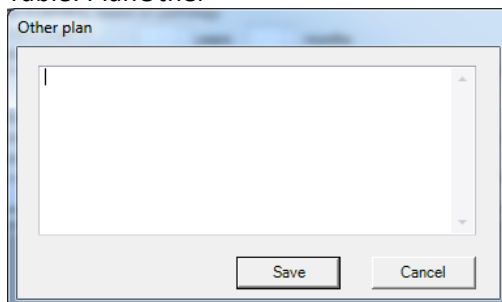
Table: OtherNewMeds



A dialog box titled "Other new medications". It contains a large, empty text area with a vertical scrollbar. At the bottom right, there are two buttons: "Save" and "Cancel".

Scheduling and Referring: Other plan

Table: PlanOther



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

## LETTERS / INSTRUCTIONS

Table: Letters

Colonoscopy Pediatrics	
<div>History</div> <div>Physical exam</div> <div>Liver Disease</div> <div>Indications</div> <div>Preprocedure</div> <div>Sedation</div> <div>Procedure</div> <div>COL Findings</div> <div>Sm. Bowel Findings</div> <div>Events</div> <div>Assessment/Plan</div> <div>Letters/Instructions</div>	<div> <div>Pathology Images Print Fax Orders LABS</div> <div> <div>First name</div> <div>Middle name</div> <div>Last name</div> <div>MRN</div> <div>Birth date</div> <div>Procedure date</div> </div> <div> <div>Aga_pt96</div> <div></div> <div>ALEXANDER</div> <div>81750211</div> <div>4/30/1952</div> <div>Nov 10, 2014 12:38 PM</div> </div> <div>Use Defaults</div> </div> <div> <div>Select Providers to receive copies of the report</div> <div> <div>Search by last name</div> <div>Providers</div> </div> <div> <div>Gissel, Theodore Whoville Clinic</div> <div>Nimble, Jack</div> <div>Provider, A Generic Clinic</div> <div>Provider, Default Oregon Health and Science University</div> <div>Provider, First</div> <div>Provider, Second Second Tier Medical</div> <div>Slughorn, Prof Hogwarts</div> <div>Test, Tom Northwest Test Center of Lower hoboken New Jersey</div> <div>Turtle, Mertle Turtle Pond Digestive Care</div> </div> <div> <div>Add -&gt;</div> <div>&lt;- Remove</div> </div> <div> <div>Referring provider</div> <div>-----</div> <div>Other providers to be copied</div> <div>-----</div> <div>-----</div> <div>-----</div> <div>-----</div> <div><input type="checkbox"/> Print these providers at bottom of procedure report</div> </div> </div> <div> <div>Finding-specific instructions</div> <div>Colon</div> <div> <div><input type="checkbox"/> Arteriovenous malformation (AVM)</div> <div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Submucosal Lesion</div> <div><input type="checkbox"/> Diverticulosis</div> <div><input type="checkbox"/> Polyp cluster</div> <div><input type="checkbox"/> Tumor / Cancer</div> <div><input type="checkbox"/> Fissure / Fistula</div> <div><input type="checkbox"/> Polyp</div> <div><input type="checkbox"/> Hemorrhoids</div> <div><input type="checkbox"/> Prior surgery</div> <div><input type="checkbox"/> Melanosis</div> <div><input type="checkbox"/> Solitary rectal ulcer</div> <div><input type="checkbox"/> Mucosal abnormality / Colitis / IBD</div> <div><input type="checkbox"/> Stricture / Stenosis</div> </div> </div> <div> <div>Instructions given in</div> <div>Standardized instructions given</div> <div><input type="checkbox"/> Sedation</div> <div><input type="checkbox"/> High-fiber diet</div> </div> <div> <div>Post-exam instructions given</div> <div> <div>NPO</div> <div>Liquids only</div> <div>Resume prior diet</div> <div>No alcohol</div> <div>ASA / NSAIDS</div> <div>Restart medications</div> </div> <div>Other specific post-exam instructions</div> <div>Save as Default</div> </div> <div> <div>Save</div> <div>Sign</div> <div>Print Preview</div> <div>Close</div> </div>