




Screenshots for Documentation of Pediatric Endoscopic Ultrasound (EUS) 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

EUS Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name: Aga_pt96 Middle name: Last name: ALEXANDER MRN: 81750211 Birth date: 4/30/1952 Procedure date: 11/25/2014 1:49 PM

Is the patient on any medications? Yes No

NSAIDs
 corticosteroids
 anti-TNF
 laxative
 PPI
 other

No prior surgeries
 Surgical history

No history of major medical illness
 Medical history

Family history

inflammatory bowel disease pancreatitis
 celiac disease GERD
 gallstones autoimmune disease
 other

Has the patient had an organ transplant? Yes No

Recent labs/studies Yes No

Hemoglobin: ESR:
Albumin: CRP:

Other recent labs/studies:

Allergies Yes No

Patient habits

Smoking history: Amount: Number of years: Smokes every day: Yes No

Current alcohol consumption (wine, beer, liquor):

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

Save Sign Print Preview Close

Patient habits

Smoking history: Amount: Number of years: Smokes every day: Yes No

Current alcohol consumption (wine, beer, liquor):

Patient habits

Smoking history: Current smoker

Amount: Number of years: Smokes every day: Current alcohol consumption (wine, beer, liquor):

Patient habits

Smoking history

Amount

Number of years

Smokes every day Yes No

Current alcohol consumption (wine, beer, liquor)

No prior surgeries

Surgical history

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

Recent labs/studies Yes No

Hemoglobin

Albumin

Other recent

ESR

CRP

Recent labs/studies Yes No

Hemoglobin

Albumin

Other recent

ESR

CRP

Recent labs/studies Yes No

Hemoglobin

Albumin

Other recent labs/studies

ESR

CRP

Recent labs/studies Yes No

Hemoglobin

Albumin

Other recent labs/studies

ESR

CRP

Surgical History

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 Gastric bypass <input type="checkbox"/> Banded gastroplasty <input type="checkbox"/> Roux-en-Y gastric bypass (RYGB) <input type="checkbox"/> Sleeve gastrectomy <input type="checkbox"/> Gastrojejunostomy <input type="checkbox"/> Gastrostomy tube <input type="checkbox"/> Jejunostomy tube <input type="checkbox"/> Pyloroplasty	<input type="checkbox"/> Cesarean Section <input type="checkbox"/> Total abdominal hysterectomy <input type="checkbox"/> Tubal ligation <input type="checkbox"/> Vaginal hysterectomy <input type="checkbox"/> Partial hysterectomy <input type="checkbox"/> TURP
Cardiovascular		Pulmonary
<input type="checkbox"/> Coronary artery bypass <input type="checkbox"/> Valve replacement		<input type="checkbox"/> Lobectomy
GI, Lower		Organ Transplant
<input type="checkbox"/> Colostomy <input type="checkbox"/> Left hemicolectomy <input type="checkbox"/> Right hemicolectomy <input type="checkbox"/> Segmental colectomy <input type="checkbox"/> Total colectomy with <input type="radio"/> ileostomy <input type="radio"/> ileo-anal pouch <input type="radio"/> Koch pouch <input type="checkbox"/> Hemorrhoidectomy <input type="checkbox"/> Terminal ileum resection <input type="checkbox"/> Appendectomy		<input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Kidney <input type="checkbox"/> Pancreas <input type="checkbox"/> Small Bowel <input type="checkbox"/> Bone marrow
		Other
		<input type="checkbox"/> Other surgical history ▶ <input type="checkbox"/> Tonsillectomy

Save Cancel

Other: Other surgical history

SurgHxOther

Other surgical history

|

Save Cancel

Medical History

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 style="border: 1px solid black; padding: 2px;"> Cancer <input type="checkbox"/> Anal Cancer <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Esophageal Cancer <input type="checkbox"/> Gastric Cancer <input type="checkbox"/> Small bowel Cancer </div> <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Dysphagia <input type="checkbox"/> Esophagitis <input type="checkbox"/> Eosinophilic esophagitis <input type="checkbox"/> Food impaction <input type="checkbox"/> Gastritis <input type="checkbox"/> Gastroesophageal reflux disease (GERD) <input type="checkbox"/> H. pylori <input type="checkbox"/> Inflammatory bowel disease (IBD) <input type="checkbox"/> Irritable bowel syndrome (IBS) <input type="checkbox"/> Pancreatitis <input type="radio"/> acute <input type="radio"/> chronic <input type="checkbox"/> Small bowel obstruction <input type="checkbox"/> Sphincter of Oddi dysfunction <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Ulcers	<input type="checkbox"/> Human immunodeficiency virus (HIV) <input type="checkbox"/> Methicillin resistant Staph. aureus (MRSA) <input type="checkbox"/> Sepsis <input type="checkbox"/> Vancomycin resistant Staph. aureus (VRSA)
Endocrine	Genitourinary	Neurological/Musculoskeletal
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Steroid use <input type="checkbox"/> Thyroid abnormality <input type="checkbox"/> Weight change > 10 lbs (recent)	<input type="checkbox"/> Benign prostatic hypertrophy <input type="checkbox"/> Nephrolithiasis <input type="checkbox"/> Prostate cancer	<input type="checkbox"/> Arthritis <input type="checkbox"/> Back problems <input type="checkbox"/> Dementia <input type="checkbox"/> Depression <input type="checkbox"/> Lupus/SLE <input type="checkbox"/> Migraines <input type="checkbox"/> Neuromuscular disease <input type="checkbox"/> Stroke <input type="checkbox"/> Seizure <input type="checkbox"/> Syncope <input type="checkbox"/> Transient ischemic attack
Gynecological	Liver/Biliary	Pulmonary
<input type="checkbox"/> Ovarian cancer Age at diagnosis: <input type="text"/> <input type="checkbox"/> Endometrial cancer Age at diagnosis: <input type="text"/> <input type="checkbox"/> Breast cancer Age at diagnosis: <input type="text"/> <input type="checkbox"/> Pregnancy	<input type="checkbox"/> Cirrhosis <input type="checkbox"/> Portal hypertension Viral hepatitis <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other hepatitis <input type="checkbox"/> Cholelithiasis <input type="checkbox"/> Cholecystitis	<input type="checkbox"/> Asthma <input type="checkbox"/> Chronic obstructive lung disease <input type="checkbox"/> Dyspnea <input type="checkbox"/> Orthopnea <input type="checkbox"/> Pneumonia <input type="checkbox"/> Sleep apnea <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Upper respiratory infection (recent)
Hematological	Other	Renal
<input type="checkbox"/> Anemia <input type="checkbox"/> Thrombocytopenia <input checked="" type="checkbox"/> Hematological cancer <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Hemophilia <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Sicke cell disease/trait	<input type="checkbox"/> Obesity <input checked="" 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)

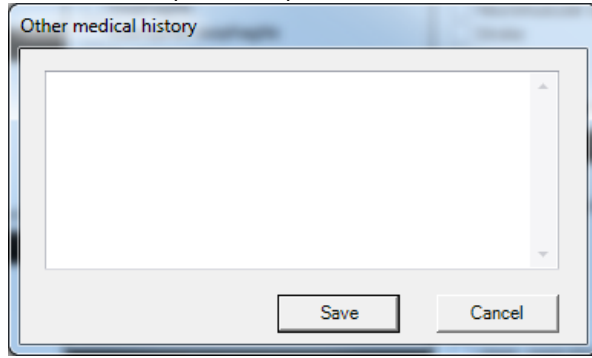
Hematological: Hematological cancer

HemeCaType

Hematological cancer

Please indicate type of hematological cancer

Other: Other medical history
MedHxOther (redacted)



PHYSICAL EXAMINATION

Table: PEDS_PE

EUS Pediatrics
Pathology Images Print Fax Orders GIQuIC

First name: Aga_pt96

Middle name:

Last name: ALEXANDER

MRN: 81750211

Birth date: 4/30/1952

Procedure date: 11/25/2014 1:49 PM

Physical exam performed:

Measurements

Height/length: in Units: English Metric

Weight: lbs

BMI:

BMI Percentile:

BMI Category:

Physical exam(s)

Entire PE WNL

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

Systolic BP: mm. Hg

Diastolic BP: mm. Hg

Pulse: beats / min.

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

Save

Sign

Print Preview

Close

INDICATIONS

Table: PEDS_EusInd

EUS Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name: Aga_pt96 Middle name: Last name: ALEXANDER MRN: 81750211 Birth date: 4/30/1952 Procedure date: 11/25/2014 1:49 PM

Indications

Diagnostic Sampling

- Fine needle aspiration (FNA)
- Forceps Biopsy
- Needle biopsy
- Brush cytology
- Other diagnostic sampling

Therapeutic intervention

- Cyst aspiration
- Celiac plexus neurolysis or block
- Pancreatic pseudocyst drainage
- EUS-assisted EMR
- Other therapeutic intervention

Evaluation or staging of known malignancy

Histology

- Adenocarcinoma
- Lymphoma
- Squamous cell carcinoma
- Unknown
- Other

Tumor site: [dropdown]

Evaluation stage

- preoperative
- postoperative
- post-radiation therapy
- post-chemotherapy

Primary Indication: [dropdown]

Other known or suspected finding

Gastrointestinal - suspected finding

- Achalasia Suspected Established
- Varices Suspected Established
- Large gastric folds Suspected Established
- Anal sphincter injury Suspected Established

Pancreatic

- Acute pancreatitis Suspected Established
- Chronic pancreatitis Suspected Established
- Pancreatic duct dilation Suspected Established
- Pancreatic duct stricture Suspected Established
- Pancreatolithiasis Suspected Established
- Pancreatic mass Suspected Established
- Pancreatic cystic lesion Suspected Established
- Pancreatic pseudocyst Suspected Established

Biliary

- Bile duct dilation Suspected Established
- Bile duct stricture Suspected Established
- Choledocholithiasis Suspected Established
- Cholelithiasis Suspected Established

Hepatic

- Hepatic cystic lesion Suspected Established

Mass or tumor

- Adenopathy Suspected Established
- Extramural/mediastinal mass Suspected Established
- Lymphoma Suspected Established
- Polyp Suspected Established
- Subepithelial mass Suspected Established

Evaluation or staging of known malignancy

Histology

- Adenocarcinoma
- Lymphoma
- Squamous cell carcinoma
- Unknown
- Other

Tumor site: [dropdown]

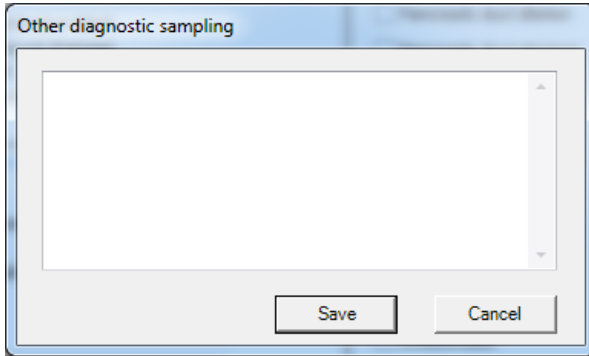
Evaluation stage

- preoperative
- postoperative
- post-radiation therapy
- post-chemotherapy

Primary Indication: [dropdown]

Diagnostic sampling: Other diagnostic sampling

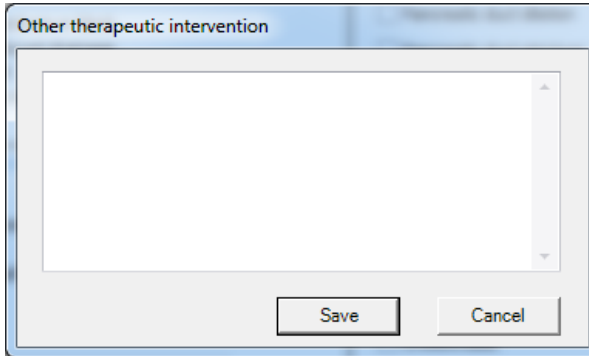
Table: EusIndDxOther



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

Therapeutic intervention: Other therapeutic intervention

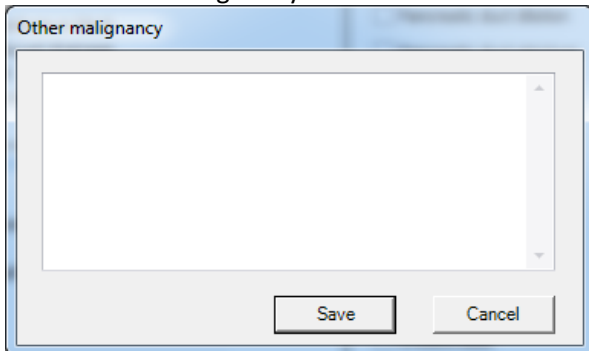
Table: EusIndTherOther



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

Evaluation or staging of known malignancy: Histology: Other

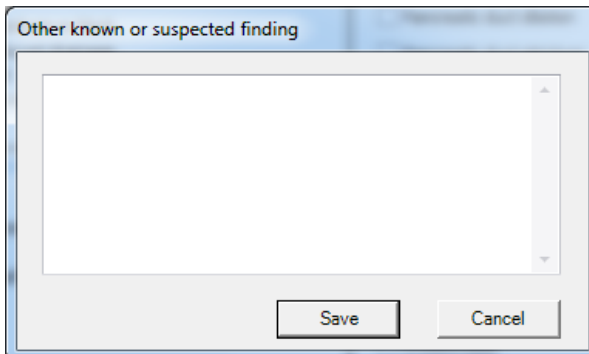
Table: EusIndMalignancyOther



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

Known or suspected finding: Other known or suspected finding

Table: EusIndFindOther



A screenshot of a software dialog box titled "Other known or suspected finding". The dialog box has a light blue header bar with the title. Below the header is a large, empty white rectangular area with a vertical scrollbar on the right side. At the bottom of the dialog box, there are two buttons: "Save" and "Cancel".

PREPROCEDURE

Table: PEDS_EusPreProc

Procedure personnel grid: PEDS_EusPreProc_Procedure_personnel_grid

Antibiotics grid: PEDS_EusPreProc_Antibiotics_grid

The screenshot shows the 'EUS Pediatrics' software window. The main form is titled 'Preprocedure' and contains several sections:

- Header:** Pathology, Images, Print, Fax, Orders, GIQuIC. Patient info: First name (Aga_pt96), Middle name, Last name (ALEXANDER), MRN (81750211), Birth date (4/30/1952), Procedure date (11/25/2014 1:49 PM).
- Procedure consent:** Was a consent obtained? (Yes/No), Person consenting (dropdown), Consent obtained by (dropdown).
- Time-out performed:** (Yes/No)
- Patient Admission Status:** Outpatient, Inpatient, ED. Endoscopy performed in (dropdown).
- Did the patient consent to be contacted for research purposes?** (dropdown)
- Procedure personnel:** Add staff button, table with Role (Endoscopist (Atten...)) and Name (Corey Cori, MD).
- Procedure performed by:** Corey Cori, MD (dropdown)
- Responsible endoscopist:** Corey Cori, MD (dropdown)
- Level of supervision:** (dropdown)
- GI preparation:** Prep used (dropdown), Prep dose (dropdown), Over # hours (spinners).
- Preprocedure antibiotics:** Add med button, table with Medication, Dose, Route.
- Indication for preprocedure antibiotics:** List of checkboxes including Cardiac transplant with valvulopathy, Drainage of pseudocyst planned, EUS-FNA of cystic lesion planned, etc.
- Preprocedure comments:** Text area with a note: 'Please do not use this field if you can document the information using other fields on the screen'.

Menu containing only site-specific data: Procedure performed by

Menu containing only site-specific data: Responsible endoscopist

This close-up shows the 'Procedure consent' section. The 'Was a consent obtained?' field has 'Yes' selected. The 'Person consenting' dropdown is empty. The 'Consent obtained by' dropdown is open, showing the following options: Patient, Family Member, and Guardian.

Procedure consent

Was a consent obtained? Yes No

Person consenting

Consent obtained by

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

Did the patient consent to be contacted for research purposes?

Patient Admission Status

Outpatient Inpatient ED

Bronchoscopy performed in

- Hospital bronchoscopy suite
- Ambulatory surgery center
- Office
- OR
- Radiology suite

Did the patient consent to be contacted for research purposes?

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?

Procedure personnel

Role	Name
Endoscopist - Attending physician	Corey Cori, MD

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

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

Perform by

Procedure personnel

Add staff

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

Procedure performed by

Responsible endoscopist

Level of supervision

- Attending present for the entire procedure
- Attending present for part of the procedure
- Attending available to assist

Role	B prep kit
Endose	Fleets enema
	Fleets prep kit
	Golytely
	Halflytely
	None
Procedure perf	Phospho soda
Corey Cori, MD	Visicol
Responsible en	Mag citrate
Corey Cori, MD	Miralax
	Nulytely
Level of supervi	MoviPrep
	Gatorade & MiraLAX
	OsmoPrep
	SUPREP

GI preparation
Prep used: _____
Prep dose: _____
Over # hours: _____

(Prep used menu customizable by site)

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

Other antibiotic medication
 History of endocarditis

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)

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

Other antibiotic medication

SEDATION

Table: PEDS_EusSedation

Sedation medications grid: PEDS_EusSedation_Sedation_medications_grid

EUS Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name: Aga_pt96 Middle name: Last name: ALEXANDER MRN: 81750211 Birth date: 4/30/1952 Procedure date: 11/25/2014 1:49 PM

Use Defaults

Pre-sedation assessment

ASA classification: [dropdown]

Urgency: Emergency Urgent Elective

Assessed by: [dropdown]

Reassessment performed

Monitoring

Blood pressure

ECG

Pulse oximetry

Capnography

Other monitoring

Supplemental oxygen at baseline

Oxygen flow (liters): [dropdown]

Delivery method: [dropdown]

Patient intubated

Sedation / Anesthesia

Level of sedation: [dropdown]

Managed by: [dropdown]

Supervised by: [dropdown]

Sedation medications Add med

Medication	Dose	Route

Residual sedation from prior procedure present

Other sedation medication

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

Save Sign Print Preview Close Save as Default

Pre-sedation assessment

ASA classification: [dropdown menu open showing I, II, III, IV, V]

Urgency: Emergency Urgent Elective

Assessed by: [dropdown]

Reassessment performed

Pre-sedation assessment

ASA classification ▼

Urgency Emergency
 Urgent
 Elective

Assessed by ▼

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

Monitoring

Blood pressure

ECG

Pulse oximetry

Capnography

Other monitoring

Supplemental oxygen at

Oxygen flow (liters)

Delivery method

Patient intubated

Supplemental oxygen at baseline

Oxygen flow (liters)

Delivery method ▼

Blow by
 Endotracheal tube
 Face mask
 Nasal prongs

Patient intubated

Sedation / Anesthesia

Level of sedation No sedation ▼

Managed by No sedation ▼

Supervised by Anxiolytic sedation ▼

No sedation
 Anxiolytic sedation
 Moderate (conscious sedation)
 Deep sedation
 General anesthesia

Sedation medications Add med

Medication	Dose	Route

Residual sedation from prior procedure present

Other sedation medication

No sedation medications given

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

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

(Dose menu customized to Medication selection)

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

PROCEDURE

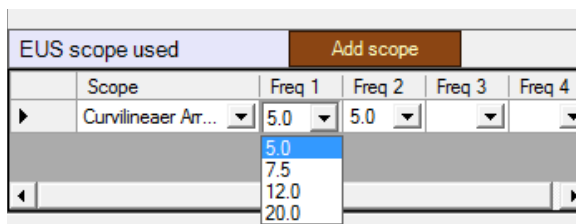
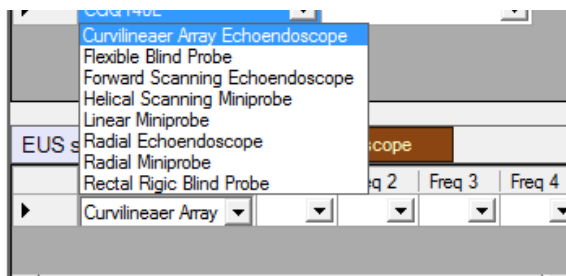
Table: PEDS_EusProc

Instruments grid: PEDS_EusProc_Instruments_grid

Eus scope used grid: PEDSEusProc_Eus_scope_used_grid

The screenshot shows the 'EUS Pediatrics' software interface. On the left is a navigation menu with buttons for History, Physical exam, Indications, Preprocedure, Sedation, Procedure (highlighted), EGD Visual, Colon Visual, EGD Findings, Bil/Pan Findings, Colon Findings, Staging, Events, Assessment/Plan, and Letters/Instructions. At the bottom of the menu are Save, Sign, Print Preview, and Close buttons. The main area contains patient information (First name: Aga_pt96, Middle name, Last name: ALEXANDER, MRN: 81750211, Birth date: 4/30/1952, Procedure date: 11/25/2014 1:49 PM) and procedure details. Under 'Procedure performed', there are checkboxes for Esophagoscopy, Upper GI Endoscopy (EGD), Colonoscopy, Flexible sigmoidoscopy, Thoracentesis (EUS-guided), Pericardiocentesis (EUS-guided), and Other. There are also radio buttons for 'Were images taken?', 'Abdominal compression?', 'Retroflexion performed?', 'Were biopsy(s) taken?', and 'Was fluoroscopy used?'. Below these are dropdowns for 'Patient position' and 'Patient tolerance', and a spinner for 'Estimated blood loss (ml)'. The 'Procedure duration' section includes spinners for 'Total procedure time, including preprocedure and postprocedure activities', 'Scope insertion to scope removal - EGD', 'Scope insertion to scope removal - COL', and 'Cecal withdrawal time'. The 'Patient recovery location' section has dropdowns for 'After procedure patient sent' and 'After recovery patient sent'. There is a 'Condition on discharge' dropdown and a 'Procedure comments' text area. At the bottom, there are two grids: 'Instruments' and 'EUS scope used'. The 'Instruments' grid has columns for Instrument and Serial Number. The 'EUS scope used' grid has columns for Scope, Freq 1, Freq 2, Freq 3, and Freq 4.

Menus customizable by site: Instruments grid – Instrument, Serial Number;
Eus scope used grid – Scope



Were images taken? Yes No
 Abdominal compression? Yes No
 Retroflexion performed? Yes No
 Were biopsy(s) taken? Yes No
 Was fluoroscopy used? Yes No

Patient position

Patient tolerance

Estimated blood loss (ml)

Procedure duration
 Total procedure time preprocedure and postprocedure min sec

Scope insertion to scope removal min sec

Scope insertion to scope removal min sec

Cecal withdrawal time min sec

Were images taken? Yes No
 Abdominal compression? Yes No
 Retroflexion performed? Yes No
 Were biopsy(s) taken? Yes No
 Was fluoroscopy used? Yes No

Patient position

Patient tolerance

Estimated blood loss (ml)

Procedure duration
 Total procedure time, including min sec

Patient recovery location
 After procedure patient sent

After recovery patient sent

Condition on discharge

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

(After procedure patient sent menu customizable by site)

Patient recovery location
 After procedure patient sent

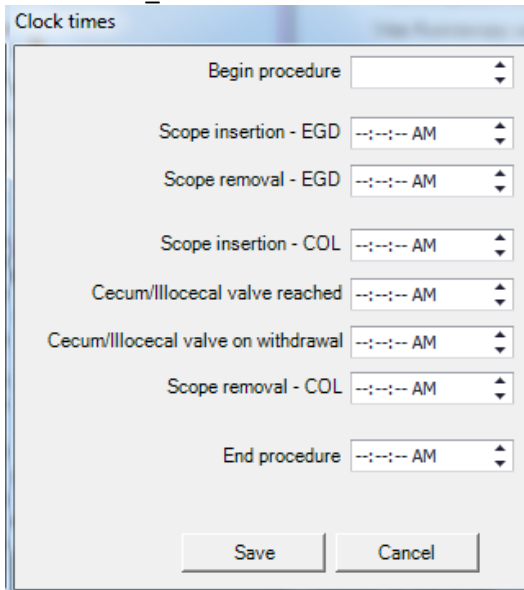
After recovery patient sent

Condition on discharge

(After recovery patient sent menu customizable by site)

Procedure duration, clock times

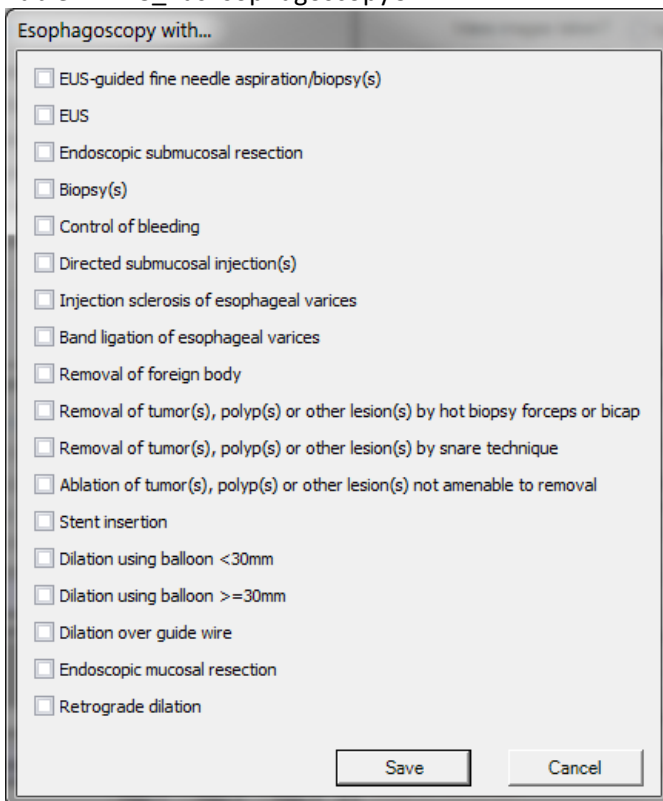
Table: PEDS_EUSClockTimes



A dialog box titled "Clock times" with a light blue header. It contains eight time selection fields, each with a label and a dropdown menu showing "--:--:-- AM". The fields are: "Begin procedure", "Scope insertion - EGD", "Scope removal - EGD", "Scope insertion - COL", "Cecum/Illocecal valve reached", "Cecum/Illocecal valve on withdrawal", "Scope removal - COL", and "End procedure". At the bottom, there are two buttons: "Save" and "Cancel".

Procedure performed: Esophagoscopy

Table: PEDS_EusEsophagoscopyCPT



A dialog box titled "Esophagoscopy with...". It contains a list of 18 items, each with an unchecked checkbox. The items are: "EUS-guided fine needle aspiration/biopsy(s)", "EUS", "Endoscopic submucosal resection", "Biopsy(s)", "Control of bleeding", "Directed submucosal injection(s)", "Injection sclerosis of esophageal varices", "Band ligation of esophageal varices", "Removal of foreign body", "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 technique", "Ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal", "Stent insertion", "Dilation using balloon <30mm", "Dilation using balloon >=30mm", "Dilation over guide wire", "Endoscopic mucosal resection", and "Retrograde dilation". At the bottom, there are two buttons: "Save" and "Cancel".

Procedure performed: Upper GI Endoscopy

Table: PEDS_EusEgdCPT

Upper GI Endoscopy with...

- EUS limited to esophagus
- EUS-guided fine needle aspiration (EUS limited to esophagus)
- EUS
- EUS-guided fine needle aspiration/biopsy(s)
- Endoscopic submucosal resection
- Biopsy(s)
- Directed submucosal injection(s)
- Control of bleeding
- Injection sclerosis of esophageal varices
- Band ligation of esophageal and / or gastric varices
- Removal of foreign body
- 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 technique
- Ablation of tumor(s), polyp(s) or other lesion(s) not amenable to removal
- Directed placement of PEG tube
- Intraluminal tube or catheter placement
- Stent insertion
- Dilatation of gastric outlet obstruction
- Dilatation of esophagus over guide wire
- Dilatation using balloon <30mm
- Dilatation using balloon >=30mm
- Drainage of pseudocyst
- Delivery of thermal energy to the muscle of lower esophageal sphincter
- Ultrasound guided injection
- Endoscopic mucosal resection

Save Cancel

Procedure performed: Colonoscopy

Table: PEDS_EusColCPT

Colonoscopy with...

- EUS
- EUS-guided fine needle aspiration/biopsy(s)
- 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: Flexible sigmoidoscopy

Table: PEDS_EusFlxCPT

Flexible sigmoidoscopy with...

- EUS
- EUS-guided fine needle aspiration/biopsy(s)
- Biopsy(s)
- Removal of foreign body
- Removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bicap
- Control of bleeding
- Directed submucosal injection(s)
- Decompression of volvulus
- Removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- Ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal
- Dilatation by balloon, 1 or more strictures
- Stent placement

Save Cancel

EGD VISUALIZATION

Table: PEDS_Eus_EgdVisual

EUS Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name: Aga_pt96 Middle name: Last name: ALEXANDER MRN: 81750211 Birth date: 4/30/1952 Procedure date: 11/25/2014 1:49 PM

Use Defaults Save as Default

Endoscopic Visualization

Depth of insertion Intended: [dropdown] Actually reached: [dropdown]

Vocal cords viewed

Was gastric retroflexion performed? Yes No

EUS Visualization

Were all organs of interest visualized? Yes No

Visualized

Esophagus	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Stomach	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Duodenum	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Jejunum	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Mediastinum	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Liver	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Spleen	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Bile duct	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Gallbladder	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Pancreas	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Left kidney	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Left adrenal	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Right kidney	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Right adrenal	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Aorta	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Vascular Structures	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized

Other structure visualized

Save Sign Print Preview Close

Endoscopic Visualization

Depth of insertion Intended: [dropdown] Actually reached: [dropdown]

Vocal cords viewed

Was gastric retroflexion performed? Yes No

EUS Visualization

Were all organs of interest visualized? Yes No

Visualized

- Esophagus
- Stomach
- Duodenum
- Jejunum
- Ileum
- Anastomosis site

Endoscopic Visualization

Depth of insertion Intended: [dropdown] Actually reached: [dropdown]

Vocal cords viewed

Was gastric retroflexion performed? Yes No

EUS Visualization

Were all organs of interest visualized? Yes No

Visualized

- Esophagus
- Stomach
- Duodenum
- Jejunum
- Ileum
- Anastomosis site

COLON VISUALIZATION

Table: PEDS_Eus_ColVisual

EUS Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name: Aga_pt96 Middle name: Last name: ALEXANDER MRN: 81750211 Birth date: 4/30/1952 Procedure date: 11/25/2014 1:49 PM

Use Defaults Save as Default

Endoscopic Visualization

Depth of insertion Intended: [dropdown] Actually reached: [dropdown]

Quality of bowel preparation: [dropdown]

OR

Boston bowel preparation scale --> BBPS [input]

EUS Visualization

Were all organs of interest visualized? Yes No

Visualized

Rectum	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Colon	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Uterus	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Prostate	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Bladder	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
External Anal Sphincter	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Internal Anal Sphincter	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Puborectalis	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Iliac vessels	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized

Other structure visualized

Save Sign Print Preview Close

Endoscopic Visualization

Depth of insertion Intended: [dropdown] Actually reached: [dropdown]

Quality of bowel preparation: [dropdown]

OR

Boston bowel preparation scale: [input]

EUS Visualization

Were all organs of interest visualized? Yes No

Visualized

Rectum	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Colon	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Uterus	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Prostate	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Bladder	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
External Anal Sphincter	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Internal Anal Sphincter	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Puborectalis	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Iliac vessels	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized

Other structure visualized

Endoscopic Visualization

Depth of insertion Intended: [dropdown] Actually reached: [dropdown]

Quality of bowel preparation: [dropdown]

OR

Boston bowel preparation scale: [input]

EUS Visualization

Were all organs of interest visualized? Yes No

Visualized

Rectum	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Colon	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Uterus	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Prostate	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Bladder	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
External Anal Sphincter	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Internal Anal Sphincter	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Puborectalis	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized
Iliac vessels	<input type="radio"/> not sought	<input type="radio"/> visualized	<input type="radio"/> not visualized

Other structure visualized

Endoscopic Visualization

Depth of insertion Intended

Actually reached

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

Boston bowel preparation scale

Table: EusBBPSform

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

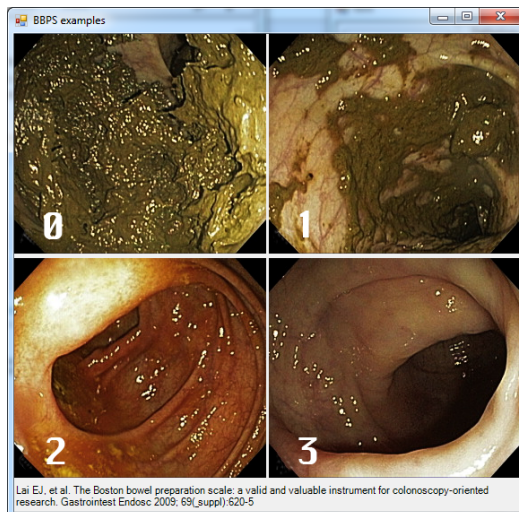
2 - minor amount of residual staining, small fragments of stool, and/or opaque liquid, but mucosa of colon segment is seen well.

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

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

A value for each segment is required

Examples



EGD FINDINGS

Table: PEDS_Eus_EgdFind

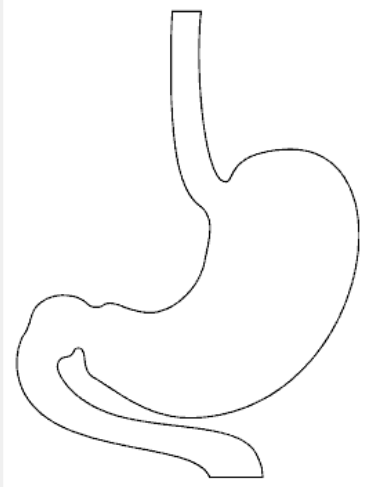
EUS Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name	Middle name	Last name	MRN	Birth date	Procedure date
Aga_pt96		ALEXANDER	81750211	4/30/1952	11/25/2014 1:49 PM

EGD Findings

Import Images



Normal findings

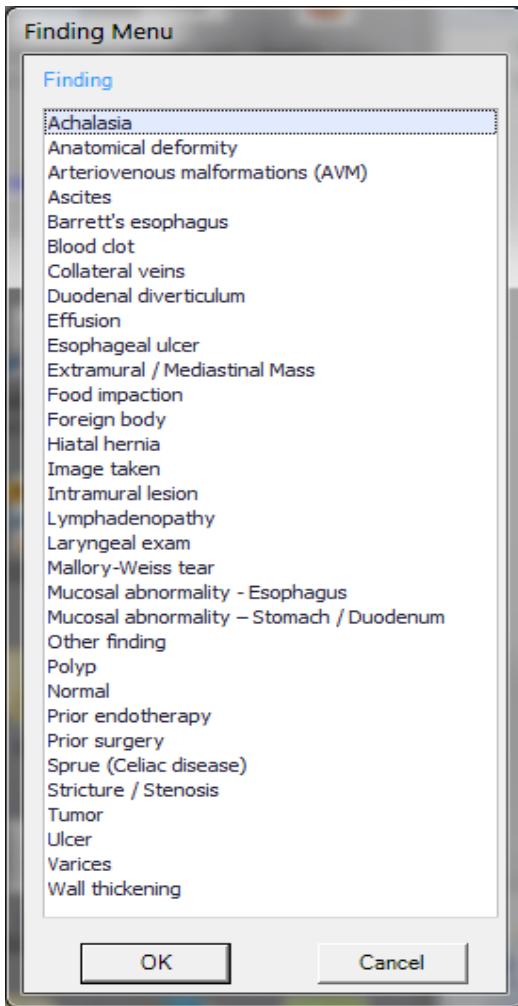
- Esophagus
- Stomach
- Duodenum

Check all

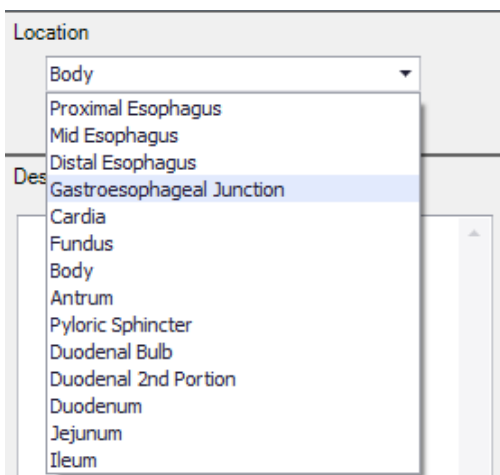
Findings Instructions

- 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



Location menu found in EUS – EGD Findings:



Adjacent Organ Invaded grid found in EUS – EGD Findings:

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
esophageal regi			
<ul style="list-style-type: none"> esophageal region duodenal region gastric region 			

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
esophageal r...	aortic arch		
<ul style="list-style-type: none"> aortic arch azygos vein carina carotid artery descending aorta diaphragm esophagus left atrium left pleural sac lung main bronchus mediastinum periaortic region pericardium periesophageal region pulmonary artery right pleural sac spine superior vena cava trachea 			
Margin <input type="checkbox"/> invading <input checked="" type="radio"/> irregular <input type="radio"/> smooth <input type="radio"/> poorly defined <input type="radio"/> well defined		<input type="checkbox"/> Image(s) taken	
Diagnostics <input type="checkbox"/> Fine needle aspiration <input type="checkbox"/> Needle biopsy taken		nosis	

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
duodenal reg...	abdominal aorta	abutment	
<ul style="list-style-type: none"> abdominal aorta ampulla duodenal bulb caudate lobe of liver duodenum 2nd portion (descending) duodenum 3rd portion (horizontal) inferior vena cava left lobe of liver right adrenal right kidney right lobe of liver stomach 			
Margin <input type="checkbox"/> invading <input type="radio"/> irregular <input type="radio"/> smooth		<input type="checkbox"/> Image(s) taken	

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
gastric region	antrum	abutment	
<ul style="list-style-type: none"> antrum aorta body cardia caudate lobe of liver celiac region duodenum esophagus fundus gastroduodenal artery hepatic artery left adrenal left kidney left lobe of liver portal vein pylorus renal artery renal vein right lobe of liver spleen splenic artery splenic vein splenoportal confluence superior mesenteric artery superior mesenteric vein 			
Margin <input type="checkbox"/> invading <input type="radio"/> irregular <input type="radio"/> smooth <input type="radio"/> poorly defined <input type="radio"/> well defined		<input type="checkbox"/> Image(s) taken	
Diagnostics <input type="checkbox"/> Fine needle aspiration <input type="checkbox"/> Needle biopsy taken Needle used <input type="checkbox"/> <input type="radio"/> successful <input type="radio"/> unsuccessful		nosis ments	

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
esophageal r...	aortic arch	abutment abutment encasement interface loss <15 mm interface loss equal to or > 15 mm intraluminal growth invasion	

Achalasia

Table: PEDS_EusEgdAchalasia

Achalasia

<p>Description</p> <p> <input type="radio"/> Suspected <input checked="" type="radio"/> Established </p> <p>Therapeutic procedure(s)</p> <p> <input type="checkbox"/> Hemostatic ▶ <input type="checkbox"/> Non - hemostatic ▶ </p> <p> <input type="checkbox"/> Image (s) taken </p>	<p>Diagnostics</p> <p> <input type="checkbox"/> Biopsy taken <input type="checkbox"/> Brushing taken </p> <p>Total # of biopsies taken <input type="text"/></p> <p>Sent to pathology <input type="radio"/> Yes <input type="radio"/> No</p> <p>Enter pathology ID <input type="text"/> <input type="button" value="Add"/></p> <p>Current pathology IDs <input type="text"/></p> <p>Diagnosis <input type="text"/></p> <p>Comments <input type="text"/></p>
---	--

Anatomical deformity

Table: PEDS_EusEgdAnatDeform

Anatomical Deformity

<p>Location</p> <p>Proximal Esophagus</p> <p>Description</p> <p><input type="text"/></p>	<p> <input type="checkbox"/> Image(s) taken </p> <p>Diagnosis <input type="text"/></p> <p>Comments <input type="text"/></p>
--	---

Arteriovenous malformations (AVMs)

Table: PEDS_EgdAVM

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

Ascites

Table: PEDS_EusEGDAscites

Ascites	
Location: <input checked="" type="radio"/> perigastric <input type="radio"/> periduodenal	<input type="checkbox"/> Image(s) taken
Description: Degree: <input type="radio"/> extensive <input type="radio"/> moderate <input type="radio"/> minimal <input type="radio"/> indeterminate <input type="checkbox"/> EUS Interventions <input type="text" value=""/>	
Diagnostics: <input type="checkbox"/> Fine needle aspiration (see EUS interventions) Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No Enter pathology ID: <input type="text" value=""/> <input type="button" value="Add"/> Current pathology IDs: <input type="text" value=""/>	Diagnosis: <input type="text" value=""/> Comments: <input type="text" value=""/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Barrett's esophagus

Table: PEDS_EgdBarretts

Barrett's Esophagus	
<p>Description</p> <ul style="list-style-type: none"><input checked="" type="radio"/> Established by prior biopsy, seen on this exam<input type="radio"/> Established by prior biopsy, not seen on this exam<input type="radio"/> Suspected <p>Margins (cm) from mouth</p> <p>Proximal <input type="text"/></p> <p>Distal <input type="text"/></p> <p>Z Line (Squamocolumnar junction) <input type="text"/></p> <p>LES (Lower Esophageal Sphincter) <input type="text"/></p> <p>Length of Barrett's (cm) <input type="text"/></p>	<p>Diagnostics</p> <p><input type="checkbox"/> Biopsy taken <input type="checkbox"/> Brushing taken</p> <p>Biopsy Forceps type <input type="radio"/> Regular <input type="radio"/> Jumbo</p> <p>Total # of biopsies taken <input type="text"/></p> <p>Sent to pathology <input type="radio"/> Yes <input type="radio"/> No</p> <p>Enter pathology ID</p> <p><input type="text"/> <input type="button" value="Add"/></p> <p>Current pathology IDs</p> <p><input type="text"/></p>
<p>Associated findings</p> <ul style="list-style-type: none"><input type="checkbox"/> Inflammation<input type="checkbox"/> Nodules ▶<input type="checkbox"/> Esophageal ulcer ▶	<p><input type="checkbox"/> Image(s) taken</p>
<p>Therapeutic procedure(s)</p> <ul style="list-style-type: none"><input type="checkbox"/> Hemostatic ▶<input type="checkbox"/> Non - hemostatic ▶	<p>Diagnosis <input type="text"/></p> <p>Comments</p> <p><input type="text"/></p>
<p><input type="button" value="Save"/> <input type="button" value="Cancel"/></p>	

Nodules subscreen: See Nodule/polyp finding

Esophageal ulcer subscreen: See Esophageal ulcer finding

Blood clot

Table: PEDS_EgdBloodClot

The screenshot shows a form titled "Blood Clot". It contains a dropdown menu for "Location" with "Proximal Esophagus" selected. Below this are two checkboxes: "Cannot be removed" and "Image(s) taken", both of which are unchecked. There is a text input field for "Diagnosis" and a larger text area for "Comments". At the bottom of the form are "Save" and "Cancel" buttons.

Collateral veins

Table: PEDS_EusEGDCollateralVeins

The screenshot shows a form titled "Collateral veins". It is divided into four quadrants. The top-left quadrant has a "Location" dropdown menu. The top-right quadrant has an unchecked checkbox for "Image(s) taken". The bottom-left quadrant is labeled "Description" and contains radio buttons for "Degree" with options: "extensive", "moderate", "minimal", and "indeterminate". The bottom-right quadrant has a "Diagnosis" text input field and a "Comments" text area. "Save" and "Cancel" buttons are at the bottom.

This is a close-up of the "Location" dropdown menu from the Collateral veins form. The dropdown is open, showing three options: "periesophageal", "perigastric", and "periduodenal".

Duodenal diverticulum

Table: PEDS_EgdDuodenalDiverticulum

Duodenal Diverticulum	
Location: <input type="text" value="Proximal Esophagus"/>	Diagnostics <input type="checkbox"/> Biopsy taken Total # of biopsies taken: <input type="text"/>
Description Relationship to ampulla: <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"/>
Number of diverticulæ: <input type="text"/>	<input type="checkbox"/> Image(s) taken
Size Max (mm): <input type="text"/> Min (mm): <input type="text"/>	
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="text"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/> <input type="text"/>	Diagnosis: <input type="text"/> Comments: <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Description

Relationship to ampulla:

Number of diverticulæ:

Size

Max (mm): Min (mm):

External
Internal
Rim

Effusion

Table: PEDS_EusEGDEffusion

Effusion

Location:

Image(s) taken

Description

Degree: extensive
 moderate
 minimal
 indeterminate

EUS Interventions ▶

Diagnostics

Fine needle aspiration (see EUS interventions)

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Diagnosis:

Comments:

Location:

Description:

pericardial
left pleural sac
right pleural sac

Esophageal ulcer

Table: PEDS_EgdEsoUlcer

Esophageal ulcer

Location:

Description

Single
 Multiple

Largest: < 5 10+

5-9

Characteristics:

Etiology

Caustic Suspected Established

GERD Suspected Established

Pill-related Suspected Established

Other ▶

Infectious

CMV Suspected Established

HSV Suspected Established

Candida Suspected Established

Ulcer stigmata

Active/Recent bleed
 Visible vessel
 Adherent dot
 Dark spot
 Non-bleeding, Clean
 Healed / Scarred

Interventions for adherent clot

Injected
 Washed with water
 Snared

Ulcer stigmata after intervention

Active/Recent bleed
 Visible vessel
 Adherent dot
 Dark spot
 Non-bleeding, Clean
 Healed / Scarred

Therapeutic procedure(s)

Hemostatic ▶

Non-hemostatic ▶

Rate of bleed

Oozing
 Spurting
 Inactive
 Uncertain

Rate of bleed after intervention

Oozing
 Spurting
 Inactive
 Uncertain

Diagnostics

Biopsy taken Brushing taken

Total # of biopsies taken:

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Description

Single
 Multiple

Largest

< 5 10+
 5-9

Characteristics

Etiology

Caustic
 GERD

Radiating folds
 Heaped up margin
 Deep
 Superficial
 Edematous

Etiology: Other

Table: EgDEsoUlcerEtiologyOther

Other etiology of esophageal ulcer

Extramural / Mediastinal mass

Table: PEDS_EusEGDExtramuralMass

Extramural / Mediastinal Mass

Location of EUS probe
 Location of mass

Description

Size: Max (mm) Min (mm)

Echofeatures

heterogeneous
 homogeneous
 anechoic
 hyperechoic
 hyperechoic foci
 hyperechoic strands
 hypoechoic
 isoechoic
 multicystic
 cystic
 solid
 calcified
 distal enhancement
 granular
 lobulated
 loculated
 septated
 shadowing

Shape/character

irregular
 lobulated
 oval
 pedunculated
 round
 sessile
 tortuous
 triangular
 tubular

EUS Interventions ▶

Adjacent organ(s) invaded

Region	Organ	Degree of involvement

Margin

invading
 irregular smooth
 poorly defined well defined

Image(s) taken

Diagnostics

Fine needle aspiration -- see EUS interventions
 Needle biopsy taken
 Needle used
 successful not successful

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Diagnosis

Comments

Location of EUS probe	
Location of mass	<ul style="list-style-type: none"> proximal esophagus mid esophagus distal esophagus cardia fundus body antrum pyloric sphincter duodenal bulb duodenal 2nd portion (descending) jejunum
Description	
Size: Max (mm)	
Echofeatures	

Location of EUS probe	mid esophagus
Location of mass	<ul style="list-style-type: none"> aortic arch carotid artery descending aorta pericardium left atrium azygos vein superior vena cava left pulmonary artery right pulmonary artery left pleural sac right pleural sac left lung right lung left main bronchus right main bronchus carina trachea diaphragm spine aortopulmonary window mediastinum periaortic region periesophageal region
Description	
Size: Max (mm)	
Echofeatures	<input type="radio"/> heterogeneous <input type="radio"/> homogeneous <input type="checkbox"/> anechoic <input type="checkbox"/> hyperechoic <input type="checkbox"/> hyperechoic foci <input type="checkbox"/> hyperechoic strata <input type="checkbox"/> hypoechoic <input type="checkbox"/> isoechoic <input type="checkbox"/> multicystic <input type="checkbox"/> cystic <input type="checkbox"/> solid <input type="checkbox"/> calcified <input type="checkbox"/> distal enhancement

Food impaction

Table: PEDS_EgdFoodImpaction

Food impaction

Location:

Description:

Image (s) taken

Diagnosis:

Comments:

Foreign body

Table: PEDS_EgdForeignBody

Foreign Body / Retained Food	
Location	Proximal Esophagus
<input type="checkbox"/> Foreign body	
<input type="checkbox"/> Retained food	
Retrieved?	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Image (s) taken	
Diagnosis	
Comments	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Hiatal hernia

Table: PEDS_EgdHiatalHernia

Hiatal Hernia	
Description	<input checked="" type="radio"/> Regular, type 1 <input type="radio"/> Paraesophageal
<input type="checkbox"/> Image (s) taken	
Landmarks from mouth (cm)	
Diaphragm	
Z-line/GEJ	
Length	
Cameron Erosions	<input type="radio"/> Yes <input type="radio"/> No
Diagnostics	
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	
Diagnosis	
Comments	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Image taken

Table: PEDS_EgdImageTaken

Intramural lesion

Table: PEDS_EusEGDIntramuralLesion

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous lobulated

homogeneous

- superficial mucosa
- deep mucosa
- muscularis mucosa
- lamina propria
- submucosa
- muscularis propria
- serosa/adventitia

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous

homogeneous

- superficial mucosa
- deep mucosa
- muscularis mucosa
- lamina propria
- submucosa
- muscularis propria
- serosa/adventitia

Lymphadenopathy

Table: PEDS_EusEGDLymphadenopathy

Lymphadenopathy

Location of EUS probe:

Location of adenopathy:

Description

of nodes:

Distance from primary tumor (mm):

Largest (mm): Smallest (mm):

Echofeatures

heterogeneous

homogeneous

hyperechoic

hyperechoic foci

hyperechoic strands

hypoechoic

isoechoic

multicystic

cystic

solid

calcified

distal enhancement

granular

lobulated

loculated

septated

shadowing

EUS Interventions

Shape/character

irregular

lobulated

oval

pedunculated

round

sessile

tortuous

triangular

tubular

Margin

Invading

irregular smooth

poorly defined well defined

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Location of EUS probe:

Location of adenopathy:

Description

Distance from primary t:

Largest (mm):

- proximal esophagus
- mid esophagus
- distal esophagus
- cardia
- fundus
- body
- antrum
- pyloric sphincter
- duodenal bulb
- duodenal 2nd portion (descending)
- jejunum

Location of EUS probe	proximal esophagus
Location of adenopathy	<ul style="list-style-type: none"> Level 2 (upper paratracheal) Level 4 (lower paratracheal) Level 5 (aortopulmonary window) Level 7 (subcarinal) Level 8 (inferior mediastinal)
Description	

Laryngeal exam

Table: PEDS_EgdLaryngealExam

Laryngeal Exam

<p>Subglottic edema <input type="text"/></p> <p>Ventricular obliteration <input type="text"/></p> <p>Erythema/hyperemia <input type="text"/></p> <p>Vocal fold edema <input type="text"/></p> <p>Diffuse laryngeal edema <input type="text"/></p> <p>Posterior commissure hypertrophy <input type="text"/></p> <p>Granuloma/granulation tissue <input type="text"/></p> <p>Thick endolaryngeal mucus <input type="text"/></p> <p>Reflux finding score <input type="text" value="0"/> (score > 7 confirms laryngopharyngeal reflux involvement)</p>	<p>Other laryngeal pathology <input type="text"/></p> <p><input type="checkbox"/> Image(s) taken</p> <p>Diagnosis <input type="checkbox"/> Normal laryngeal exam</p> <p>Comments <input type="text"/></p>
--	--

Subglottic edema	<ul style="list-style-type: none"> absent present
Ventricular obliteration	

Ventricular obliteration	<ul style="list-style-type: none"> none partial complete
Erythema/hyperemia	

Erythema/hyperemia	<ul style="list-style-type: none"> none arytenoids only diffuse
Vocal fold edema	

Vocal fold edema	<ul style="list-style-type: none"> none mild moderate severe polypoid
Diffuse laryngeal edema	
Posterior commissure hypertrophy	

Diffuse laryngeal edema	<input type="text"/> <ul style="list-style-type: none"> none mild moderate severe obstructing
Posterior commissure hypertrophy	<input type="text"/> <ul style="list-style-type: none"> none mild moderate severe obstructing
Granuloma/granulation tissue	<input type="text"/> <ul style="list-style-type: none"> absent present
Thick endolaryngeal mucus	<input type="text"/> <ul style="list-style-type: none"> absent present
Thick endolaryngeal mucus	<input type="text"/> <ul style="list-style-type: none"> absent present
Reflux finding score	<input type="text"/> <ul style="list-style-type: none"> absent present

Mallory - Weiss tear

Table: PEDS_EgdMallory

Mallory-Weiss Tear

Starting Location: <input type="text" value="Proximal Esophagus"/>	<input type="checkbox"/> Image(s) taken
Ending Location: <input type="text" value="Proximal Esophagus"/>	Diagnosis: <input type="text"/>
Rate of bleed: <ul style="list-style-type: none"> <input type="radio"/> Oozing <input type="radio"/> Spurting <input type="radio"/> Inactive <input type="radio"/> Uncertain 	Comments: <div style="border: 1px solid gray; height: 100px; width: 100%;"></div>
Therapeutic procedure(s): <ul style="list-style-type: none"> <input type="checkbox"/> Hemostatic ▶ <li style="margin-left: 20px;"><input type="text"/> <input type="checkbox"/> Non - hemostatic ▶ <li style="margin-left: 20px;"><input type="text"/> 	

Mucosal abnormality - Esophagus

Table: PEDS_EgdEsoMucosalAbnl

Mucosal abnormality / Esophagus

Starting Location:

Ending Location:

Length of inflammation (cm):

Etiology

Reflux disease Caustic

Infection Radiation

Pill - Related Other

Description

Erosions Mosaic / Scaly

Erythema Mottled

Friable Ulcers

Granular Nodularity

Edema Red Spots

Hemorrhage (oozing) Subepithelial hemorrhage

Rate of bleed

Oozing

Spurting

Inactive

Uncertain

Therapeutic procedure(s)

Hemostatic

Non - hemostatic

Diagnostics

Biopsy taken Brushing taken

Total # of biopsies taken:

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Etiology: Reflux disease

Table: EusLAClass

LA Classification

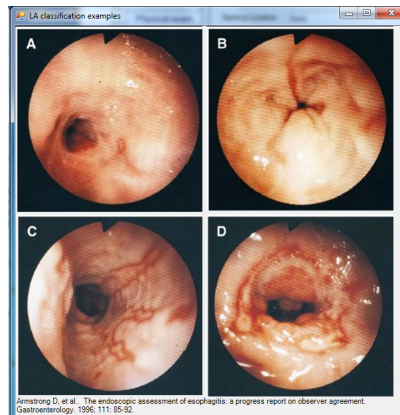
Grade A One or more mucosal breaks no longer than 5 mm, none of which extends between the tops of the mucosal folds

Grade B One or more mucosal breaks more than 5 mm long, none of which extends between the tops of two mucosal folds

Grade C Mucosal breaks that extend between the tops of two or more mucosal folds, but which involve less than 75% of the esophageal circumference

Grade D Mucosal breaks which involve at least 75% of the esophageal circumference

Examples:



Etiology: Infection

Table: EusInfection

Infection detail

<input checked="" type="checkbox"/> Candida	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> CMV	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> HSV	<input type="radio"/> Suspected	<input type="radio"/> Established
<input type="checkbox"/> Other		

Save Cancel

Etiology: Other

Table: EusEsoMucosalOther

Other etiology of esophageal inflammation / mucosal abnormality

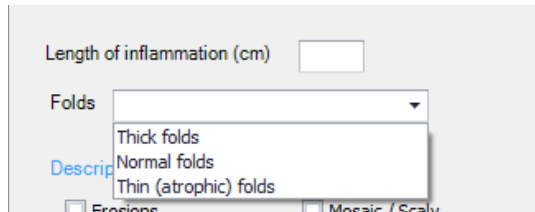
Save Cancel

Mucosal abnormality – Stomach / Duodenum

Table: PEDS_EgdStoDuoMucosaAbnl

Mucosal abnormality / Stomach - Duodenum

<p>Starting Location: <input type="text" value="Mid Esophagus"/></p> <p>Ending Location: <input type="text" value="Mid Esophagus"/></p> <p>Length of inflammation (cm): <input type="text"/></p> <p>Folds: <input type="text"/></p> <p>Description</p> <table border="0"> <tr> <td><input type="checkbox"/> Erosions</td> <td><input type="checkbox"/> Mosaic / Scaly</td> </tr> <tr> <td><input type="checkbox"/> Erythema</td> <td><input type="checkbox"/> Mottled</td> </tr> <tr> <td><input type="checkbox"/> Friable</td> <td><input type="checkbox"/> Ulcers</td> </tr> <tr> <td><input type="checkbox"/> Granular</td> <td><input type="checkbox"/> Nodularity</td> </tr> <tr> <td><input type="checkbox"/> Edema</td> <td><input type="checkbox"/> Red Spots</td> </tr> <tr> <td><input type="checkbox"/> Hemorrhage (oozing)</td> <td><input type="checkbox"/> Subepithelial hemorrhage</td> </tr> <tr> <td><input type="checkbox"/> Portal Hypertensive Gastropathy</td> <td></td> </tr> </table> <p>Rate of bleed</p> <p><input type="radio"/> Oozing</p> <p><input type="radio"/> Spurting</p> <p><input type="radio"/> Inactive</p> <p><input type="radio"/> Uncertain</p> <p>Therapeutic procedure(s)</p> <p><input type="checkbox"/> Hemostatic ▶</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Non - hemostatic ▶</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Erosions	<input type="checkbox"/> Mosaic / Scaly	<input type="checkbox"/> Erythema	<input type="checkbox"/> Mottled	<input type="checkbox"/> Friable	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Granular	<input type="checkbox"/> Nodularity	<input type="checkbox"/> Edema	<input type="checkbox"/> Red Spots	<input type="checkbox"/> Hemorrhage (oozing)	<input type="checkbox"/> Subepithelial hemorrhage	<input type="checkbox"/> Portal Hypertensive Gastropathy		<p>Diagnostics</p> <p><input type="checkbox"/> Biopsy taken <input type="checkbox"/> Brushing taken</p> <p>Total # of biopsies taken: <input type="text"/></p> <p><input type="checkbox"/> RUT results pending</p> <p><input type="checkbox"/> RUT results complete</p> <p>RUT results: <input type="text"/></p> <p>Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Enter pathology ID: <input type="text"/> <input type="button" value="Add"/></p> <p>Current pathology IDs:</p> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div> <p><input type="checkbox"/> Image(s) taken</p> <p>Diagnosis: <input type="text"/></p> <p>Comments:</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
<input type="checkbox"/> Erosions	<input type="checkbox"/> Mosaic / Scaly														
<input type="checkbox"/> Erythema	<input type="checkbox"/> Mottled														
<input type="checkbox"/> Friable	<input type="checkbox"/> Ulcers														
<input type="checkbox"/> Granular	<input type="checkbox"/> Nodularity														
<input type="checkbox"/> Edema	<input type="checkbox"/> Red Spots														
<input type="checkbox"/> Hemorrhage (oozing)	<input type="checkbox"/> Subepithelial hemorrhage														
<input type="checkbox"/> Portal Hypertensive Gastropathy															



Other finding

Table: PEDS_EusEgdFindOther

Other finding

Starting Location: Mid Esophagus
Ending Location: Mid Esophagus

Image(s) taken

Diagnostics

Biopsy taken Total # of biopsies taken: []

RUT results pending

RUT results complete

RUT results: []

Sent to pathology: Yes No

Enter pathology ID: []

Current pathology IDs: []

Therapeutic procedure(s)

Hemostatic ▶ []

Non - hemostatic ▶ []

EUS Interventions ▶ []

Diagnosis: []

Description / Comments: []

Diagnostics

Biopsy taken Total # of biopsies taken: []

RUT results pending

RUT results complete

RUT results: []

Sent to pathology: []

negative

positive

Polyp

Table: PEDS_EgdPolyp

Polyp

Location:

Description

Single
 Multiple

Size (mm):

Attachment: Flat
 Pedunculated
 Sessile

Therapeutic procedure(s)

Hemostatic

Non - hemostatic

Image(s) taken

Diagnostics

Biopsy without cautery
 Biopsy with cautery
 Snare with cautery
 Snare with cautery/saline
 Snare without cautery

Total # of biopsies taken:

Nodule or Polyp removed?:

Tissue retrieved? Yes No

Sent to pathology Yes No

Enter pathology ID:

Current pathology IDs:

Diagnosis:

Comments:

Nodule or Polyp removed?

Tissue

totally removed
partially removed
removed piecemeal
not removed (biopsy only)

No

Normal


Table: PEDS_EgdNormal

Normal	
Starting location: <input type="text" value="Mid Esophagus"/>	<input type="checkbox"/> Image(s) taken
Ending location: <input type="text" value="Mid Esophagus"/>	
Diagnostics	Comments
<input type="checkbox"/> Biopsy taken Total # of biopsies taken: <input type="text"/>	
<input type="checkbox"/> RUT results pending	
<input type="checkbox"/> RUT results complete	
RUT results: <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"/>

Diagnostics	
<input type="checkbox"/> Biopsy taken Total # of biopsies taken: <input type="text"/>	
<input type="checkbox"/> RUT results pending	
<input type="checkbox"/> RUT results complete	
RUT results: <input type="text" value="negative"/>	
Sent to pathology: <input type="text" value="positive"/>	

Prior endotherapy

Table: PEDS_EgdPriorEndo

Prior endotherapy	
Starting Location: <input type="text" value="Mid Esophagus"/>	Diagnostics
Ending Location: <input type="text" value="Mid Esophagus"/>	<input type="checkbox"/> Biopsy taken Total # of biopsies taken: <input type="text"/>
Prior therapies performed	Sent to pathology: <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Stretta procedure	Enter pathology ID: <input type="text"/> <input type="button" value="Add"/>
<input type="checkbox"/> Enteryx procedure	Current pathology IDs: <input type="text"/>
<input type="checkbox"/> Endoscopic fundoplication	
<input type="checkbox"/> Other 	Diagnosis: <input type="text"/>
<input type="checkbox"/> Image(s) taken	Comments
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Prior therapies performed: Other

Table: EusPriorEndoOther

A dialog box titled "Other prior endotherapy" with a large empty text area and "Save" and "Cancel" buttons at the bottom.

Prior surgery

Table: PEDS_EgdPriorSurg

A dialog box titled "Prior surgery" with the following fields and options:

- Starting Location: Mid Esophagus
- Ending Location: Mid Esophagus
- Prior Biopsies ? (dropdown menu)
- Image(s) taken
- Diagnosis (text field)
- Comments (text area)
- Save and Cancel buttons

Under "Prior surgery", there are several checkboxes:

- Anti-reflux surgery
- Billroth I
- Billroth II
- Esophagectomy
- Gastrectomy
- Gastric bypass
 - Banded gastroplasty
 - Roux-en-Y gastric bypass (RYGB)
 - Sleeve Gastrectomy
- Gastrojejunostomy
- Gastrostomy tube
- Jejunostomy tube
- Pyloroplasty
- Other (selected)

A close-up of the "Prior Biopsies ?" dropdown menu showing three options:

- No prior biopsies taken
- Prior biopsies taken
- Unknown if prior biopsies taken

Prior surgery: Other

Table: EusPriorSurgeryOther

A dialog box titled "Other prior surgery" with a large empty text area and "Save" and "Cancel" buttons at the bottom.

Sprue (Celiac disease)

Table: PEDS_EgdSprue

Sprue (Celiac disease)	
Starting Location: Proximal Esophagus	Diagnostics <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"/> <input type="button" value="Add"/> Current pathology IDs <input type="text"/>
Ending Location: Proximal Esophagus	
Description <input type="radio"/> Suspected <input type="radio"/> Established by prior biopsy	Diagnosis: <input type="text"/> Comments: <input type="text"/>
Mucosal appearance <input type="checkbox"/> Scalloped folds <input type="checkbox"/> Flat (missing folds)	
<input type="checkbox"/> Image(s) taken	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Stricture / Stenosis

Table: PEDS_EgdStricture

Stricture / Stenosis	
Starting Location: Mid Esophagus	Diagnostics <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"/> <input type="button" value="Add"/> Current pathology IDs <input type="text"/>
Ending Location: Mid Esophagus	
Distance from mouth (cm): <input type="text"/>	<input type="checkbox"/> Image(s) taken
Severity: <input type="text"/>	
Etiology <input type="checkbox"/> Reflux disease <input type="checkbox"/> Schatzki's ring (lower esophageal ring) <input type="checkbox"/> Malignancy <input type="checkbox"/> Web <input type="checkbox"/> Extrinsic compression <input type="checkbox"/> Benign inflammation (pill, infection, scar) <input type="checkbox"/> Anastomosis site <input type="checkbox"/> Eosinophilic esophagitis <input type="checkbox"/> Other ▶	Diagnosis: <input type="text"/> Comments: <input type="text"/>
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic ▶ <input type="checkbox"/> Non - hemostatic ▶	
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Severity

Etiology partial, not obstructive
 Partial, obstructive, but able to pass endoscope
 complete

Re...

Etiology: Other

Table: EusOtherEtiology

Other etiology

Tumor

Table: PEDS_EgdTumor

Tumor

Starting Location

Ending Location

Description

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

Length (cm)

Circumferential Mucosal
 Fungating Submucosal

Obstruction

Therapeutic procedure(s)

Hemostatic

 Non - hemostatic

Diagnostics

Biopsy taken Brushing taken
 Total # of biopsies taken

RUT results pending
 RUT results complete
 RUT results

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Image(s) taken

Diagnosis

Comments

Diagnostics

Biopsy taken Brushing taken

Total # of biopsies taken

RUT results pending

RUT results complete

RUT results

Sent to pathology

Enter pathology ID

Ulcer

Table: PEDS_EgdUlcer

Ulcer

Location

Size (mm) x (mm)

Characteristics

Ulcer stigmata

Active/Recent bleed Rate of bleed

Visible vessel Oozing

Adherent clot Spurting

Dark spot Inactive

Non-bleeding, Clean Uncertain

Healed / Scarred

Interventions for adherent clot

Injected

Washed with water

Snared

Ulcer stigmata after intervention **Rate of bleed after intervention**

Active/Recent bleed Oozing

Visible vessel Spurting

Adherent clot Inactive

Dark spot Uncertain

Non-bleeding, Clean

Healed / Scarred

Therapeutic procedure(s)

Hemostatic

Non - hemostatic

Diagnostics

Biopsy taken Brushing taken

Total # of biopsies taken

RUT results pending

RUT results complete

RUT results

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Image(s) taken

Diagnosis

Comments

Size (mm) x (mm)

Characteristics

Ulcer stigmata

Active/Recent bleed

Visible vessel

Adherent clot

Inactive

Radiating folds

Heaped up margin

Deep

Superficial

Edematous

Diagnostics

Biopsy taken Brushing taken

Total # of biopsies taken

RUT results pending

RUT results complete

RUT results

Sent to pathology YES NO

Varices

Table: PEDS_EusEgdVarices

Varices

Starting Location

Ending Location

Number of varices

Distance (cm) from incisors

Proximal Distal

Grade of varices

Esophageal

Gastro-esophageal

Isolated gastric

Stigmata of recent hemorrhage (cherry red spots, red wale marking or hematocystic spot)

present absent

Esophagitis present absent

Rate of bleed Oozing
 Spurting
 Inactive
 Uncertain

Therapeutic procedure(s)

Hemostatic

Non - hemostatic

Image(s) taken

Diagnosis

Comments

Save Cancel

Grade of varices

Table: PEDS_GradeOfVarices

Grade of varices

Esophageal

- I - dilated veins (< 5mm) still at the level of the surrounding tissue
- II - dilated, straight veins (> 5 mm) protruding into the esophageal lumen but not obstructing it
- III- large, and winding veins already obstructing the esophageal lumen considerably
- IV - near complete obstruction of the esophageal lumen with impending danger of hemorrhage (cherry red spots)

Gastro-esophageal

GOV-1
 GOV-2

Isolated gastric

IGV-1
 IGV-2

Gastro-esophageal varices (GOV)

GOV-1 GOV-2

Isolated gastric varices (IGV)

IGV-1 IGV-2

Save Cancel

Wall thickening

Table: PEDS_EusEgdWallThicken

Wall Thickening		
Location: Mid Esophagus	Diagnostics	<input type="checkbox"/> Image(s) taken
Wall involved:	<input type="checkbox"/> Fine needle aspiration (see EUS interventions)	
Description	<input type="checkbox"/> Needle biopsy taken	
<input type="radio"/> diffuse <input type="radio"/> localized	Needle used:	
Layer pattern:	<input type="radio"/> successful <input type="radio"/> not successful	
Total wall thickness (mm):	<input type="checkbox"/> Biopsy taken	Diagnosis:
thickness (mm):	Biopsy forceps type:	Comments:
Mucosal thickening? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Regular <input type="radio"/> Jumbo <input type="radio"/> Pediatric	
Submucosal thickening? <input type="radio"/> Yes <input type="radio"/> No	Total # of biopsies taken:	
Muscularis propria thickening? <input type="radio"/> Yes <input type="radio"/> No	Sent to pathology <input type="radio"/> Yes <input type="radio"/> No	
Serosal/adventitial thickening? <input type="radio"/> Yes <input type="radio"/> No	Enter pathology ID:	
<input type="checkbox"/> EUS Interventions	Current pathology IDs:	
		Save Cancel

Description	
<input type="radio"/> diffuse <input type="radio"/> localized	
Layer pattern:	
Total wall thickness (mm):	preserved not preserved partially preserved

BILIARY / PANCREATIC FINDINGS

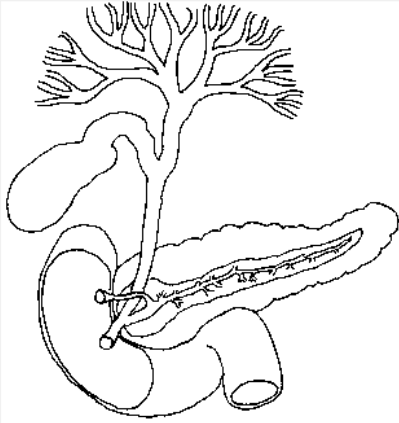
Table: PEDS_EusBilPanFinding

EUS Pediatrics
Pathology Images Print Fax Orders GIQuIC

First name	Middle name	Last name	MRN	Birth date	Procedure date
Aga_pt96		ALEXANDER	81750211	4/30/1952	11/25/2014 1:49 PM

Biliary / Pancreatic Findings

Import Images



Pertinent negatives

Pancreas divisum not visualized

Ventral anlage not visualized

Check all

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

Close

Print Preview

Sign

Save

Letters/Instructions

Assessment/Plan

Events

Staging

Colon Findings

Bil/Pan Findings

EGD Findings

Colon Visual

EGD Visual

Procedure

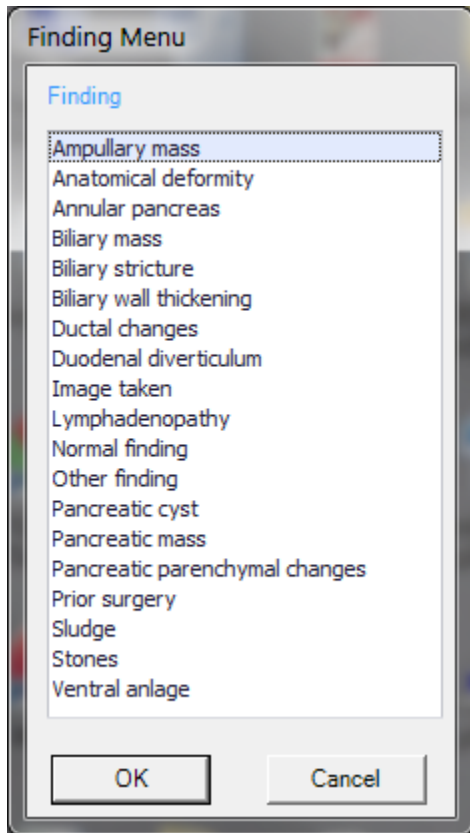
Sedation

Preprocedure

Indications

Physical exam

History



Adjacent organ(s) invaded grid used in EUS – Biliary/Pancreatic Findings

Adjacent organ(s) invaded		Add organ
Region	Organ	Degree of involvement
liver		
	liver	
	other	
	biliary tree	
	pancreas	
margin	vascular structures	

Adjacent organ(s) invaded		Add organ
Region	Organ	Degree of involvement
liver	left lobe of liver	
	left lobe of liver	
	caudate lobe of liver	
	right lobe of liver	

Adjacent organ(s) invaded		Add organ
Region	Organ	Degree of involvement
other	gastric wall	
	gastric wall	
	left adrenal	
	left kidney	
	right kidney	
	right adrenal	
	duodenal wall	

Adjacent organ(s) invaded		Add organ
Region	Organ	Degree of involvement
biliary tree	bile duct bifurcation	
	bile duct bifurcation	
	common bile duct	
	common channel	
	common hepatic duct	
	cystic duct	
	intrahepatic bile duct	
	intrahepatic ducts	
	gallbladder	
	gallbladder body	
	gallbladder neck	
	hepatic hilum	

invading smooth
 irregular poorly defined well defined
 Image(s) taken

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
pancreas	pancreatic parenchyma < =2 cm		
	pancreatic parenchyma > 2 cm		
	pancreatic tail		
	ventral anlage		
	dorsal anlage		
	main pancreatic body		
	pancreatic head		
	uncinate process		
	accessory pancreatic duct		
	pancreatic duct		
	genu		
	side branches		
	entire pancreas		

invading
 irregular smooth
 poorly defined well defined
 agnostics
 Fine needle aspiration -- see

Image(s) taken

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
vascular stru...	splenic artery		
	splenic vein		
	splenoportal confluence		
	superior mesenteric artery		
	superior mesenteric vein		
	gastroduodenal artery		
	abdominal aorta		
	celiac trunk		
	hepatic artery		
	left renal artery		
	left renal vein		
	portal vein		
	inferior vena cava		

invading
 irregular smooth
 poorly defined well defined
 agnostics
 Fine needle aspiration -- see

Image(s) taken

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
liver	left lobe of liver	abutment	
		abutment	
		encasement	
		interface loss <15 mm	
		interface loss equal to or > 15 mm	
		intraluminal growth	
		invasion	

invading
 irregular smooth
 poorly defined well defined
 agnostics
 Fine needle aspiration -- see

Ampullary mass

Table: PEDS_EusBilAmpullary

Ampullary mass

Description

Wall layer invaded:

Size: Max (mm) Min (mm)

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

EUS Interventions ▶

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	

Image(s) taken

Margin

invading

irregular smooth

poorly defined well defined

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Biopsy taken Brushing taken

Biopsy Forceps type

Regular Jumbo Pediatric

Total # of biopsies taken:

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Diagnosis:

Comments:

Description

Wall layer invaded

Size: Max (mm)

Echofeatures

heterogeneous

homogeneous

hyperechoic

hvnerechoic foci

- superficial mucosa
- deep mucosa
- muscularis mucosa
- lamina propria
- submucosa
- muscularis propria
- serosa/adventitia
- transmural

Anatomical deformity

Table: PEDS_EusBilAnatDeform

Anatomical Deformity

Location

Image(s) taken

Description

Diagnosis

Comments

Save Cancel

Location

- Accessory pancreatic duct
- Common bile duct
- Common hepatic duct
- Cystic duct, Duodenum
- Gallbladder
- Left hepatic duct
- Major duodenal papilla
- Minor duodenal papilla
- Pancreas
- Pancreatic duct
- Right hepatic duct

Annular pancreas

Table: PEDS_EusBilAnnular

Annular pancreas

Image(s) taken

Diagnosis

Comments

Save Cancel

Biliary mass

Table: PEDS_EusBilMass

Biliary mass

Location

Adjacent organ(s) invaded

Region	Organ	Degree of involvement
--------	-------	-----------------------

Description

Origin of lesion

Depth of invasion

Size: Max (mm) Min (mm)

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

Shape/character

- irregular
- lobulated
- oval
- pedunculated
- round
- sessile
- tortuous
- triangular
- tubular

Margin

- invading
- irregular smooth
- poorly defined well defined

Image(s) taken

Diagnostics

- Fine needle aspiration -- see EUS interventions
- Needle biopsy taken
- Needle used
- successful not successful
- Total # of biopsies taken
- Sent to pathology Yes No
- Enter pathology ID
- Current pathology IDs

Diagnosis

Comments

Save Cancel

Location

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous

- bile duct bifurcation
- common bile duct
- common channel
- common hepatic duct
- cystic duct
- intraduodenal bile duct
- intrahepatic ducts
- gallbladder
- gallbladder body
- gallbladder neck
- hepatic hilum

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous

homogeneous

lobulated

- superficial mucosa
- deep mucosa
- muscularis mucosa
- lamina propria
- submucosa
- muscularis propria
- serosa/adventitia
- transmural

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous

homogeneous

hyperechoic

- superficial mucosa
- deep mucosa
- muscularis mucosa
- lamina propria
- submucosa
- muscularis propria
- serosa/adventitia
- transmural

Biliary stricture

Table: PEDS_EusBilStricture

Biliary stricture

<p>Location <input type="text"/></p> <p>Description</p> <p>Lumen diameter (mm) <input type="text"/></p> <p>Length (mm) <input type="text"/></p> <p>Obstruction <input type="text"/></p> <p>Traversability <input type="text"/></p> <p>Appearance</p> <p><input type="radio"/> benign <input type="radio"/> malignant</p> <p><input type="radio"/> smooth <input type="radio"/> irregular shelf effect</p> <p><input type="radio"/> circumferential <input type="radio"/> eccentric</p> <p><input type="radio"/> tapered <input type="radio"/> other</p> <p><input type="radio"/> other</p> <p>Etiology <input type="text"/></p> <p><input type="checkbox"/> EUS Interventions ▶</p>	<p>Diagnostics</p> <p><input type="checkbox"/> Fine needle aspiration -- see EUS interventions</p> <p><input type="checkbox"/> Needle biopsy taken</p> <p>Needle used <input type="text"/></p> <p><input type="radio"/> successful <input type="radio"/> not successful</p> <p>Sent to pathology <input type="radio"/> Yes <input type="radio"/> No</p> <p>Enter pathology ID <input type="text"/> <input type="button" value="Add"/></p> <p>Current pathology IDs <input type="text"/></p> <p><input type="checkbox"/> Image(s) taken</p>
<p>Comments</p> <div style="border: 1px solid gray; height: 100px; width: 100%;"></div>	<p>Diagnosis <input type="text"/></p> <p style="text-align: right;"><input type="button" value="Save"/> <input type="button" value="Cancel"/></p>

Location

Description

Lumen diameter (mm)

Length (mm)

Obstruction

Traversability

Description

Lumen diameter (mm)

Length (mm)

Obstruction

Traversability

Appearance

Description

Lumen diameter (mm)

Length (mm)

Obstruction

Traversability

Appearance not traversable
 traversable after dilation
 traversable with miniprobe

Etiology

EUS Intervention

Comments

benign
 benign inflammatory
 anastomotic
 suspected malignancy

Biliary wall thickening

Table: PEDS_EusBilWallThicken

Biliary wall thickening

Location

Description

diffuse localized

Layer pattern

Total wall thickness (mm)

Wall layer(s) involved

superficial mucosa submucosa
 deep mucosa muscularis propria
 muscularis mucosa serosa / adventitia
 lamina propria transmural

EUS Interventions

Diagnostics

Fine needle aspiration -- see EUS interventions
 Needle biopsy taken
 Needle used

successful not successful

Sent to pathology Yes No
 Enter pathology ID
 Current pathology IDs

Image(s) taken

Diagnosis

Comments

Location

Description

diffuse localized

Layer pattern

Total wall thickness

Wall layer(s) involved

bile duct bifurcation
 common bile duct
 common channel
 common hepatic duct
 cystic duct
 intraduodenal bile duct
 intrahepatic ducts
 gallbladder
 gallbladder body
 gallbladder neck
 hepatic hilum

Description

diffuse localized

Layer pattern

Total wall thickness

Wall layer(s) involved

preserved
 not preserved
 partially preserved

Ductal changes

Table: PEDS_EusBilDuctalChanges

Ductal changes

Location:

Image(s) taken

Echofeatures Add feature

Feature	Degree

Diagnosis:

Comments:

Save Cancel

Location:

Echofeature

Feature	Degree

- bile duct bifurcation
- common bile duct
- common channel
- common hepatic duct
- cystic duct
- gallbladder
- gallbladder body
- gallbladder neck
- hepatic hilum
- intrahepatic bile duct
- intrahepatic ducts
- accessory pancreatic duct
- main pancreatic duct

Echofeatures Add feature

Feature	Degree
▶ beaded	
▶ beaded	
▶ dilated	
▶ irregular contour	
▶ narrowed	
▶ normal	
▶ regular	
▶ strictured	
▶ with thick walls	
▶ with hyperechoic walls	

Echofeatures Add feature

Feature	Degree
▶ beaded	▶ extensive
▶ beaded	▶ extensive
▶ dilated	▶ moderate
▶ irregular contour	▶ minimal
▶ narrowed	▶ indeterminate
▶ normal	
▶ regular	
▶ strictured	
▶ with thick walls	
▶ with hyperechoic walls	

Duodenal diverticulum

Table: PEDS_EusBillDuodenalDiverticulum

Duodenal Diverticulum

Relationship to ampulla: [dropdown]

Number: [spinner]

Size: Max (mm): [spinner] Min (mm): [spinner]

Image(s) taken

Diagnosis: [text box]

Comments: [text area]

Save Cancel

Relationship to ampulla: [dropdown menu]

- external
- internal
- rim

Number: [spinner]

Size: Max (mm): [spinner] Min (mm): [spinner]

Image taken

Table: PEDS_EusBillImageTaken

Image taken

Location: [dropdown menu] Mid Esophagus

Image(s) taken

Comments: [text area]

Save Cancel

Location

Image(s)

Comments

- Proximal Esophagus
- Mid Esophagus
- Distal Esophagus
- Gastroesophageal Junction
- Cardia
- Fundus
- Body
- Antrum
- Pyloric Sphincter
- Duodenal Bulb
- Duodenal 2nd Portion
- Duodenum
- Jejunum
- Ileum

Lymphadenopathy

Table: PEDS_usBillLymphadenopathy

Lymphadenopathy

Location of adenopathy:

Image(s) taken

Description

of nodes:

Distance from primary tumor (mm):

Largest (mm): Smallest (mm):

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

EUS Interventions

Shape/character

- irregular
- lobulated
- oval
- pedunculated
- round
- sessile
- tortuous
- triangular
- tubular

Margin

- invading
- irregular
- smooth
- poorly defined
- well defined

Diagnostics

- Fine needle aspiration -- see EUS interventions
- Needle biopsy taken

Needle used:

- successful
- not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Diagnosis:

Comments:

Location of adenopathy:

Description

- peribiliary region
- peripancreatic region
- periampullary region
- periduodenal region
- periportal region

Normal finding

Table: PEDS_EusBilNormal

Normal

Location

Image(s) taken

Comments

Save Cancel

Location

- bile duct bifurcation
- common bile duct
- common channel
- common hepatic duct
- cystic duct
- intrahepatic bile duct
- intrahepatic ducts
- gallbladder
- gallbladder body
- gallbladder neck
- hepatic hilum
- pancreatic parenchyma
- pancreatic tail
- ventral anlage
- dorsal anlage
- main pancreatic body
- pancreatic head
- uncinate process
- accessory pancreatic duct
- pancreatic duct
- genu
- side branches
- entire pancreas

Other finding

Table: PEDS_EusBilOther

Other

Location

Description / Comments

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

Shape/character

- irregular
- lobulated
- oval
- pedunculated
- round
- sessile
- tortuous
- triangular
- tubular

EUS Interventions ▶

Margin

- invading
- irregular smooth
- poorly defined well defined

Diagnostics

- Fine needle aspiration -- see EUS interventions
- Needle biopsy taken
- Needle used
- successful not successful
- Biopsy taken Brushing taken
- Biopsy forceps type
- Regular Jumbo Pediatric
- Total # of biopsies taken
- Sent to pathology Yes No
- Enter pathology ID
- Current pathology IDs

Image(s) taken

Diagnosis

Location

Description / Comments

Echofeatures

- heterogen
- homogene
- hyperech
- hyperech
- hyperech
- hypoecho
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular

bile duct bifurcation
 common bile duct
 common channel
 common hepatic duct
 cystic duct
 intraduodenal bile duct
 intrahepatic ducts
 gallbladder
 gallbladder body
 gallbladder neck
 hepatic hilum
 pancreatic parenchyma
 pancreatic tail
 ventral anlage
 dorsal anlage
 main pancreatic body
 pancreatic head
 uncinat process
 accessory pancreatic duct
 pancreatic duct
 genu
 side branches
 entire pancreas

Pancreatic cyst

Table: PEDS_EusBilPancCyst

Pancreatic Cyst

Location:

Description

Size: Max (mm) Min (mm)

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

Shape/character

- irregular
- lobulated
- oval
- pedunculated
- round
- sessile
- tortuous
- triangular
- tubular

EUS Interventions ▶

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Location:

Description

Size: Max (mm)

head
body
tail
uncinate process

Pancreatic mass

Table: PEDS_EusBilPancMass

Pancreatic mass

Location:

Description

Size: Max (mm) Min (mm)

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

Shape/character

- irregular
- lobulated
- oval
- pedunculated
- round
- sessile
- tortuous
- triangular
- tubular

EUS Interventions ▶

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Location:

Description

Size: Max (mm)

head
body
tail
uncinate process

Pancreatic parenchymal changes

Table: PEDS_EusBilPanPare

Pancreatic parenchymal changes

Location:

Echofeatures Add feature

Features	Degree

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID: Add

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Save Cancel

Location:

Echofeatures Add feature

Features	Degree

entire pancreas
head
body
tail
uncinate process

Echofeatures Add feature

Features	Degree
anechoic	

anechoic
hypoechoic
isoechoic
multicystic
cystic
solid heterogeneous
solid homogeneous
calcified
distal enhancement
granular, lobulated
loculated
septated
shadowing

Echofeatures Add feature

Features	Degree
anechoic	extensive

extensive
moderate
minimal
indeterminate

Prior surgery

Table: PEDS_EusBilPrior

Prior Surgery

Surgical procedure

- Cholecystectomy
- Pancreatic cyst drainage procedure
- Pancreatic resection

Type

- Biliary sphincterotomy
- Pancreatic sphincterotomy
- Other

Image(s) taken

Diagnosis

Comments

Save Cancel

Surgical procedure

- Cholecystectomy
- Pancreatic cyst drainage procedure
- Pancreatic resection

Type

- Biliary s
- Pancre
- Other

distal pancreatic
pancreatic tail
pancreatic tail-body
pancreatico-jejunostomy
puestow pancreatic
total pancreatic
Whipple

Sludge

Table: PEDS_EusBilSludge

Sludge

Location

Amount of sludge extensive
 moderate
 minimal
 indeterminate

Image(s) taken

Diagnosis

Comments

Save Cancel

Location

Amount of sludge

- bile duct bifurcation
- common bile duct
- common channel
- common hepatic duct
- intrahepatic bile duct
- intrahepatic duct
- cystic duct
- gallbladder

Stones

Table: PEDS_EusBilStones

Stones

Location

Image(s) taken

Description

Number of stones

Size: Max (mm) Min (mm)

Echofeatures

calcified

hyperechoic

isoechoic

lobulated

shadowing

Shape/character

crescent-shaped

diffuse

irregular

lobulated

oval

round

triangular

Diagnosis

Comments

Save Cancel

Location

bile duct bifurcation

common bile duct

common channel

common hepatic duct

intraduodenal bile duct

cystic duct

intrahepatic duct

gallbladder

Ventral anlage

Table: PEDS_EusBilVentralAnlage

Ventral anlage

Diagnosis

Comments

Save Cancel

COLON FINDINGS

Table: PEDS_EUS_ColFind

EUS Pediatrics
Pathology Images Print Fax Orders GIQuIC

First name	Middle name	Last name	MRN	Birth date	Procedure date
Aga_pt96		ALEXANDER	81750211	4/30/1952	11/25/2014 1:49 PM

Colon Findings

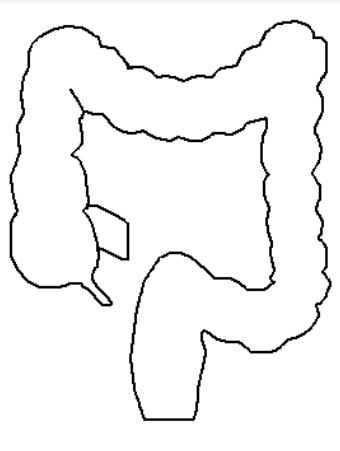
Import Images

Save

Sign

Print Preview

Close



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

Were any of the following NOT SEEN on the exam ?

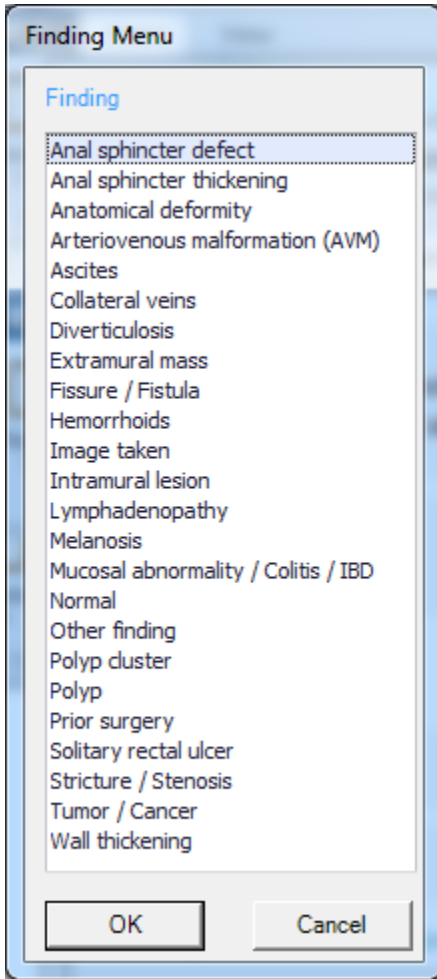
AVM

Diverticulosis / Diverticulitis

Hemorrhoids

Normal findings

Entire colon



Adjacent Organ(s) involved grid

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
colorectal			
	colorectal		

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
colorectal	prostate gland		
	prostate gland		
	puborectalis muscle		
	sacrum		
	seminal vessels		
	urinary bladder		
	uterus		
	vagina		

Adjacent organ(s) invaded			Add organ
Region	Organ	Degree of involvement	
colorectal	prostate gland	abutment	
		abutment	
		encasement	
		interface loss <15 mm	
		interface loss equal to or > 15 mm	
		intraluminal growth	
		invasion	

Anal sphincter defect

Table: PEDS_EusCOLSphincterDef

Anal sphincter defect	
Location <input checked="" type="radio"/> Anterior (Ventral) <input type="radio"/> Posterior (Dorsal) <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Proximal <input type="radio"/> Middle <input type="radio"/> Distal	<input type="checkbox"/> Image(s) taken
Description Sphincter type <input type="radio"/> external <input type="radio"/> internal Clock position <input type="text"/> o'clock Circumference involved <input type="text"/> %	Diagnosis <input type="text"/> Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Anal sphincter thickening

Table: PEDS_EusCOLSphincterThick

Anal sphincter thickening	
Location <input checked="" type="radio"/> Anterior (Ventral) <input type="radio"/> Posterior (Dorsal) <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Proximal <input type="radio"/> Middle <input type="radio"/> Distal	<input type="checkbox"/> Image(s) taken
Description Sphincter type <input type="radio"/> external <input type="radio"/> internal Maximum thickness (mm) <input type="text"/>	Diagnosis <input type="text"/> Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Anatomical deformity

Table: PEDS_EusColAnatDeform

Anatomical Deformity

Location: Hepatic flexure

Image(s) taken

Description:

Diagnosis:

Comments:

Save Cancel

Location

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

Arteriovenous malformation (AVM)

Table: PEDS_EusColAVM

Arteriovenous Malformation (AVM)

Starting location: Hepatic flexure
Ending location: Hepatic flexure

Total # of AVMs: [] Maximum size (mm): []

Therapeutic procedure(s)

Hemostatic ▶
 Non - hemostatic ▶

Rate of bleed

Oozing
 Spurting
 Inactive
 Uncertain

Image(s) taken

Diagnosis: []

Comments: []

Save Cancel

Starting location: Cecum

Ending location: Anus
Rectum
Sigmoid colon
Descending colon

Total # of AVMs: []

Therapeutic proced

Hemostatic ▶
Cecum
Ileum

Ascites

Table: PEDS_EusCOLAscites

Ascites

Description

Degree: extensive
 moderate
 minimal
 indeterminate

EUS Interventions ▶

Diagnostics

Fine needle aspiration (see EUS interventions)

Sent to pathology: Yes No

Enter pathology ID: [] Add

Current pathology IDs: []

Image(s) taken

Diagnosis: []

Comments: []

Save Cancel

Collateral veins

Table: PEDS_EusCOLCollateralVeins

Collateral veins	
Location <input type="text"/>	<input type="checkbox"/> Image(s) taken
Description Degree <input type="radio"/> extensive <input type="radio"/> moderate <input type="radio"/> minimal <input type="radio"/> indeterminate	Diagnosis <input type="text"/> Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Location	
<input type="text"/>	
Description	<ul style="list-style-type: none">perianal regionpericolonic regionperineal bodyperirectal regionprostate glandpuborectalis musclesacrumseminal vesselsurinary bladderuterusvagina

Diverticulosis

Table: PEDS_EusColDivertic

Diverticulosis

Starting location: <input type="text" value="Hepatic flexure"/>	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="Hepatic flexure"/>	<input type="checkbox"/> Image(s) taken
Degree: <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe <input type="checkbox"/> Diverticulitis suspected	Diagnosis: <input type="text"/>
Therapeutic procedure(s): <input type="checkbox"/> Hemostatic <input type="checkbox"/> Non - hemostatic	Comments: <div style="border: 1px solid gray; height: 40px; width: 100%;"></div>

Starting location	<input type="text" value="Cecum"/>
Ending location	<input type="text" value="Anus"/> <input type="text" value="Rectum"/> <input type="text" value="Sigmoid colon"/> <input type="text" value="Descending colon"/> <input type="text" value="Splenic flexure"/> <input type="text" value="Transverse colon"/> <input type="text" value="Hepatic flexure"/> <input type="text" value="Ascending colon"/> <input type="text" value="Terminal ileum"/>
Degree	<input type="radio"/> mild <input type="checkbox"/> Div
Therapeutic proced	<input type="checkbox"/> Hemostatic <input type="checkbox"/> Ileum

Extramural mass

Table: PEDS_EusCOLExtramuralMass

Extramural / Mediastinal Mass

Location of EUS probe

Location of mass

Description

Size: Max (mm) Min (mm)

Echofeatures

heterogeneous
 homogeneous

anechoic
 hyperechoic
 hyperechoic foci
 hyperechoic strands
 hypoechoic
 isoechoic
 multicystic
 cystic
 solid
 calcified
 distal enhancement
 granular
 lobulated
 loculated
 septated
 shadowing

Shape/character

irregular
 lobulated
 oval
 pedunculated
 round
 sessile
 tortuous
 triangular
 tubular

EUS Interventions ▶

Adjacent organ(s) invaded

Region	Organ	Degree of involvement

Margin

invading
 irregular
 smooth
 poorly defined
 well defined

Diagnostics

Fine needle aspiration -- see EUS interventions
 Needle biopsy taken
 Needle used

successful not successful

Sent to pathology Yes No
 Enter pathology ID

Current pathology IDs

Image(s) taken

Diagnosis

Comments

Location of EUS probe

Location of mass

Description

Size: Max (mm)

Echofeatures

heterogeneous
 homogeneous

external sphincter
 internal sphincter
 anal canal
 rectum
 rectosigmoid junction
 sigmoid colon
 descending colon
 transverse colon
 ascending colon
 cecum
 ileocecal valve
 terminal ileum
 anastomosis

Location of EUS probe

Location of mass

Description

Size: Max (mm)

Echofeatures

heterogeneous
 homogeneous

perianal region
 pericolonic region
 perineal body
 perirectal region
 prostate gland
 puborectalis muscle
 sacrum
 seminal vessels
 urinary bladder
 uterus
 vagina

Fissure / Fistula

Table: PEDS_EusColFissureFistula

Fissure / Fistula

Location:

Image(s) taken

Description

Fissure Maximum size (mm)

Fistula

Rate of bleed

Oozing
 Spurting
 Inactive
 Uncertain

Therapeutic procedure(s)

Hemostatic ▶

Non - hemostatic ▶

Diagnostics

Biopsy taken Total # of biopsies taken

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Diagnosis

Comments

Location:

Description

Fissure

Fistula

Rate of bleed

Cecum

Ileum

Hemorrhoids

Table: PEDS_EusColHemorrhoid

Hemorrhoids

Type

Classification

Size

Thrombosis present

Therapeutic procedure(s)

Hemostatic ▶

Non - hemostatic ▶

Infrared coagulation

hemorrhoids treated

location

of pulses

duration of pulses sec

Rate of bleed Oozing
 Spurting
 Inactive
 Uncertain

Image(s) taken

Diagnosis

Comments

Save Cancel

Type

Classification
 External
 Internal
 Internal + External

Size

Thrombosis present

Type

Classification

Size
 Grade I: Non-prolapsed
 Grade II: Spontaneously reduced
 Grade III: Reducible, manually / endoscopically
 Grade IV: Permanent prolapse

Type

Classification

Size
 Small
 Medium
 Large

Image taken

Table: PEDS_EusCollImageTaken

Image taken

Location: Hepatic flexure

Image(s) taken

Comments

Save Cancel

Location: Cecum

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

Image(s)

Comments: Ileum

Intramural lesion

Table: PEDS_EusCOLIntramuralLesion

Intramural lesion

Location:

Wall involved:

Adjacent organ(s) invaded: Add organ

Region	Organ	Degree of involvement

Description

Origin of lesion:

Depth of invasion:

Size: Max (mm) Min (mm)

Echofeatures

- heterogeneous
- homogeneous
- hyperechoic
- hyperechoic foci
- hyperechoic strands
- hypoechoic
- isoechoic
- multicystic
- cystic
- solid
- calcified
- distal enhancement
- granular
- lobulated
- loculated
- septated
- shadowing

Shape/character

- irregular
- lobulated
- oval
- pedunculated
- round
- sessile
- tortuous
- triangular
- tubular

Margin

- invading
- irregular
- smooth
- poorly defined
- well defined

Diagnostics

- Fine needle aspiration (see EUS interventions)
- Needle biopsy taken
- Needle used:
- successful
- not successful
- Biopsy taken
- Brushing taken
- Biopsy forceps type:
- Regular
- Jumbo
- Pediatric
- Total # of biopsies taken:
- Sent to pathology: Yes No
- Enter pathology ID: Add
- Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

EUS Interventions ▶

Save Cancel

Location:

Wall involved:

Description

Origin of lesion:

Depth of invasion:

Size: Max (mm)

Echofeatures

- heterogeneous
- homogeneous

external sphincter
internal sphincter
anal canal
rectum
rectosigmoid junction
sigmoid colon
descending colon
transverse colon
ascending colon
cecum
ileocecal valve
terminal ileum
anastomosis

Location:

Wall involved:

Description

Origin of lesion:

Depth of invasion:

Size: Max (mm)

anterior (ventral) wall
posterior (dorsal) wall
left side
right side
medial wall
lateral wall
circumferential

Description

Origin of lesion:

Depth of invasion:

Size: Max (mm)

Echofeatures

- heterogeneous

superficial mucosa
deep mucosa
muscularis mucosa
lamina propria
submucosa
muscularis propria
serosa/adventitia

Description

Origin of lesion

Depth of invasion

Size: Max (mm)

Echofeatures

heterogeneous

homogeneous

- superficial mucosa
- deep mucosa
- muscularis mucosa
- lamina propria
- submucosa
- muscularis propria
- serosa/adventitia

Lymphadenopathy

Table: PEDS_EusCOLLymphadenopathy

Lymphadenopathy

Location of EUS probe:

Location of adenopathy:

Description

of nodes:

Distance from primary tumor (mm):

Largest (mm): Smallest (mm):

Echofeatures

heterogeneous

homogeneous

hyperechoic

hyperechoic foci

hyperechoic strands

hypoechoic

isoechoic

multicystic

cystic

solid

calcified

distal enhancement

granular

lobulated

loculated

septated

shadowing

EUS Interventions

Margin

invading

irregular smooth

poorly defined well defined

Diagnostics

Fine needle aspiration -- see EUS interventions

Needle biopsy taken

Needle used:

successful not successful

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Image(s) taken

Diagnosis:

Comments:

Location of EUS probe:

Location of adenopathy:

Description

Distance from primary tumor (mm):

Largest (mm):

Echofeatures

- external sphincter
- internal sphincter
- anal canal
- rectum
- rectosigmoid junction
- sigmoid colon
- descending colon
- transverse colon
- ascending colon
- cecum
- ileocecal valve
- terminal ileum
- anastomosis

Location of EUS probe:

Location of adenopathy:

Description

Distance from primary tumor (mm):

Largest (mm):

Echofeatures

- perianal region
- pericolonic region
- perineal body
- perirectal region
- prostate gland
- puborectalis muscle
- sacrum
- seminal vessels
- urinary bladder
- uterus
- vagina

Melanosis

Table: PEDS_EusColMelanosis

Melanosis

Starting location: Hepatic flexure
Ending location: Hepatic flexure

Image(s) taken

Diagnostics

Biopsy taken
Total # of biopsies taken: [dropdown]

Sent to pathology: Yes No
Enter pathology ID: [text] [Add]
Current pathology IDs: [text area]

Diagnosis: [text]

Comments: [text area]

[Save] [Cancel]

Starting location: Cecum
Ending location: Anus, Rectum, Sigmoid colon, Descending colon, Splenic flexure, Transverse colon, Hepatic flexure, Ascending colon, Terminal ileum, Cecum, Ileum

Diagnostics

Biopsy taken
Total # of biopsies taken: [dropdown]

Sent to pathology: [radio buttons]

Mucosal abnormality / Colitis / IBD

Table: PEDS_EusColMucosalAbnl

Mucosal Abnormality / Colitis / IBD

Starting location: Hepatic flexure
Ending location: Hepatic flexure

Activity: [dropdown]

Etiology

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

Description

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

Therapeutic procedure(s)

Hemostatic [dropdown]
 Non - hemostatic [dropdown]

Image(s) taken

Diagnostics

Biopsy taken
Total # of biopsies taken: [dropdown]

Sent to pathology: Yes No
Enter pathology ID: [text] [Add]
Current pathology IDs: [text area]

Diagnosis: [text]

Comments: [text area]

Extent

Estimated length of colitis (cm): [text]

Pancolitis

Rate of bleed: Oozing Spurting Inactive Uncertain

[Save] [Cancel]

Starting location: Cecum

Ending location: Anus, Rectum, Sigmoid colon, Descending colon, Splenic flexure, Transverse colon, Hepatic flexure, Ascending colon, Terminal ileum, Cecum, Ileum

Etiology

- Crohn's disease
- Infectious colitis
- Ischemic colitis
- Microscopic colitis
- Pseudomembranous colitis
- Radiation colitis

Activity: Inactive

Description: Mild, Moderate, Severe

- Erosion
- Fistula
- Friability
- Loss of haustral folds
- Loss of vascularity
- Pseudopolyps
- Stenosis
- Ulcer

Normal

Table: PEDS_EusColNormal

Normal

Starting location: Hepatic flexure

Ending location: Hepatic flexure

Image(s) taken

Diagnostics

Biopsy taken Total # of biopsies taken: []

Sent to pathology: Yes No

Enter pathology ID: [] [Add]

Current pathology IDs: []

Comments: []

[Save] [Cancel]

Starting location	Cecum
Ending location	Anus Rectum Sigmoid colon Descending colon Splenic flexure Transverse colon Hepatic flexure Ascending colon Terminal ileum Cecum
<input type="checkbox"/> Image(s) taken	Ileum
Diagnostics	

Other finding

Table: PEDS_EusColFindOther

Other finding	
Starting Location	Hepatic flexure
Ending Location	Hepatic flexure
<input type="checkbox"/> Image(s) taken	
Diagnostics	
<input type="checkbox"/> Biopsy taken	Total # of biopsies taken
Sent to pathology <input type="radio"/> Yes <input type="radio"/> No	
Enter pathology ID	
Current pathology IDs	
Therapeutic procedure(s)	
<input type="checkbox"/> Hemostatic	
<input type="checkbox"/> Non - hemostatic	
<input type="checkbox"/> EUS Interventions	
Diagnosis	
Description / Comments	
Save	
Cancel	

Starting Location	Transverse colon
Ending Location	Anus Rectum Sigmoid colon Descending colon Splenic flexure Transverse colon
<input type="checkbox"/> Biopsy taken	Hepatic flexure Ascending colon Terminal ileum Cecum Ileum Vocal cords
Diagnostics	
Sent to pathology	
Enter pathology	
Current patholo	

Polyp cluster

Table: PEDS_EusColPolypCluster

Polyp cluster: multiple diminutive polyps in one section of the colon

Starting location: Hepatic flexure
Ending location: Hepatic flexure

Description

Estimated number of polyps: []
Size range (mm): [] to []
Color: red pale

Therapeutic procedure(s)

Hemostatic
 Non - hemostatic

Image(s) taken

Diagnostics

Biopsy without cautery
 Biopsy with cautery
 Snare without cautery
 Snare with cautery
 Snare with cautery/saline

Polyp removed? Yes No (biopsy only)
Number removed: []
Tissue retrieved? Yes No
Number retrieved: []
Sent to pathology Yes No
Enter pathology ID: [] Add
Current pathology IDs: []

Placement of tattoo

Diagnosis: []

Comments: []

Save Cancel

Starting location: Ascending colon
Ending location: Anus
Description: Splenic flexure
Estimated number: Hepatic flexure
Size range (mm): Terminal ileum
Color: red pale

Polyp

Table: PEDS_EusColPolyp

Polyp

Location: Hepatic flexure

Distance from anal verge (cm):

Description

Diminutive polyp (<= 5mm)

Size (mm):

Type

pedunculated

sessile

flat with depressed area

flat without depressed area

Therapeutic procedure(s)

Hemostatic

Non - hemostatic

Image(s) taken

Diagnostics

Biopsy without cautery

Biopsy with cautery

Snare without cautery

Snare with cautery

Snare with cautery/saline

Polyp removed?:

Tissue retrieved? Yes No

Sent to pathology Yes No

Enter pathology ID: Add

Current pathology IDs:

Placement of tattoo

Diagnosis:

Comments:

Save Cancel

Location: Ascending colon

Distance from:

Description

Diminutive

Size (mm):

Type

flat with depressed area

sessile

Polyp removed?:

Tissue retrieved?:

Sent to pathology:

Enter pathology ID:

Prior surgery

Table: PEDS_EusColPriorSurg

Prior surgery

Starting location:

Ending location:

Prior surgery

Colostomy

Left hemicolectomy

Right hemicolectomy

Segmental colectomy

Terminal Ileum Resection

Total colectomy

Ileostomy

Ileo-anal pouch

Koch pouch

Other prior surgery

Image(s) taken

Diagnostics

Biopsy taken Total # of biopsies taken:

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Diagnosis:

Comments:

Starting location:

Ending location:

Prior surgery

Colostomy

Left hemicolectomy

Right hemicolectomy

Segmental colectomy

Terminal Ileum Resection

Total colectomy

Solitary rectal ulcer

Table: PEDS_EusColRectalUlcer

Solitary rectal ulcer	
Description Distance from anal verge (cm) <input type="text"/> Maximum size (mm) <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 <input type="text"/>
Therapeutic procedure(s) <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/>	Diagnosis <input type="text"/>
<input type="checkbox"/> Image(s) taken	Comments <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Stricture / Stenosis

Table: PEDS_EusColStricture

Stricture / Stenosis	
Starting location <input type="text" value="Splenic flexure"/> Ending location <input type="text" value="Splenic flexure"/> Distance from anus (cm) <input type="text"/> Severity <input type="text"/>	Therapeutic procedure(s) <input type="checkbox"/> Hemostatic <input type="button" value="▶"/> <input type="checkbox"/> Non - hemostatic <input type="button" value="▶"/>
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 type="checkbox"/> Malignancy <input type="checkbox"/> Post surgical <input type="checkbox"/> Radiation colitis <input type="checkbox"/> Other <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 <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"/>	

Starting location: Cecum

Ending location: Anus

Distance from anus: Descending colon

Severity:

Suspected etiology: Terminal ileum

Crohn's disease

Severity:

Suspected etiology: Partial, obstructive, but able to pass endoscope

Crohn's disease

Tumor / Cancer

Table: PEDS_EusColTumor

Tumor / Cancer

Starting location: Splenic flexure

Ending location: Splenic flexure

Distance from anal verge (cm):

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

Diagnostics

Biopsy taken Total # of biopsies taken:

Sent to pathology: Yes No

Enter pathology ID:

Current pathology IDs:

Placement of tattoo

Image(s) taken

Diagnosis:

Comments:

Starting location: Cecum

Ending location: Rectum

Distance from anal: Descending colon

Description

Suspected malignant
 Established malignant by prior biopsy
 Suspected benign

Obstruction

Therapeutic pr

- Partial, not obstructive
- Partial, obstructive, but able to pass endoscope
- Complete

Wall thickening

Table: PEDS_EusColWallThicken

Wall Thickening

Location

Wall involved

Description

diffuse localized

Layer pattern

Total wall thickness (mm)

Mucosal thickening? Yes No

Submucosal thickening? Yes No

Muscularis propria thickening? Yes No

Serosal/adventitial thickening? Yes No

EUS Interventions

Diagnostics

Fine needle aspiration (see EUS interventions)

Needle biopsy taken

Needle used

successful not successful

Biopsy taken

Biopsy forceps type

Regular Jumbo Pediatric

Total # of biopsies taken

Sent to pathology Yes No

Enter pathology ID

Current pathology IDs

Image(s) taken

Diagnosis

Comments

Location

Wall involved

Description

diffuse

Layer pattern

Total wall thickness (mm)

Mucosal thickening? Yes No

- external sphincter
- internal sphincter
- anal canal
- rectum
- rectosigmoid junction
- sigmoid colon
- descending colon
- transverse colon
- ascending colon
- cecum
- ileocecal valve
- terminal ileum
- anastomosis

Location

Wall involved

Description

diffuse

Layer pattern

Total wall thickness (mm)

- anterior (ventral) wall
- posterior (dorsal) wall
- left side
- right side
- medial wall
- lateral wall
- circumferential

Description

diffuse localized

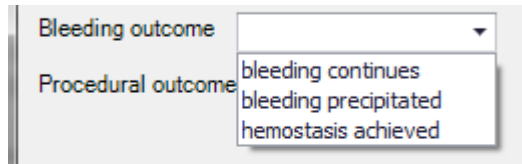
Layer pattern

Total wall thickness (mm)

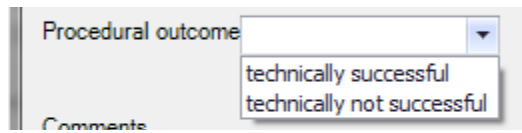
- preserved
- not preserved
- partially preserved

THERAPIES

For all therapies:



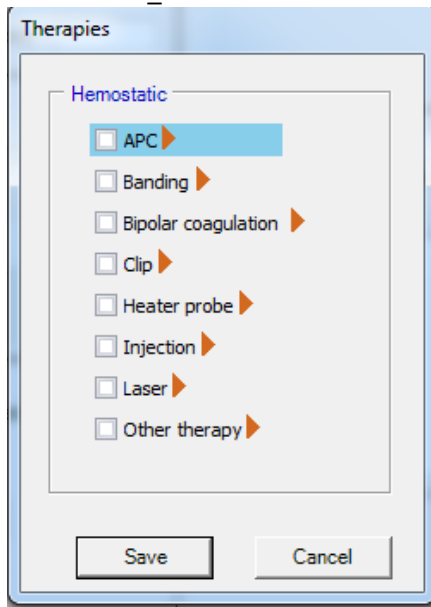
A screenshot of a software interface showing two dropdown menus. The first menu is labeled 'Bleeding outcome' and is currently open, displaying three options: 'bleeding continues', 'bleeding precipitated', and 'hemostasis achieved'. The second menu is labeled 'Procedural outcome' and is also open, displaying two options: 'technically successful' and 'technically not successful'.



A screenshot of a software interface showing a dropdown menu labeled 'Procedural outcome' which is open, displaying two options: 'technically successful' and 'technically not successful'. Below the menu, the text 'Comments' is partially visible.

Hemostatic therapies

Table: PEDS_TheraLauncherHemo



A screenshot of a dialog box titled 'Therapies'. Inside the dialog, there is a section labeled 'Hemostatic' containing a list of therapy options, each with an unchecked checkbox and a right-pointing arrow: 'APC', 'Banding', 'Bipolar coagulation', 'Clip', 'Heater probe', 'Injection', 'Laser', and 'Other therapy'. The 'APC' option is highlighted with a blue background. At the bottom of the dialog, there are two buttons: 'Save' and 'Cancel'.

Hemostatic Argon Plasma Coagulation (APC)

Table: TxHemAPC

The screenshot shows a software window titled "Hemostatic Argon Plasma Coagulation (APC)". It contains several input fields: "Watts" and "Litres / min of Ar" are spinners; "Bleeding outcome" and "Procedural outcome" are dropdown menus; and "Comments" is a text area. At the bottom are "Save" and "Cancel" buttons.

Hemostatic banding

Table: PEDS_TxHemBanding

The screenshot shows a software window titled "Hemostatic Banding". It contains several input fields: "Banding device" is a dropdown menu; "Total bands fired" and "Bands placed" are spinners; "Bleeding outcome" is a dropdown menu with a tooltip that says "Must be from 0 to 99"; "Procedural outcome" is a dropdown menu; and "Comments" is a text area. At the bottom are "Save" and "Cancel" buttons.

(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 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 several input fields: two spinners for "Total clips fired" and "Clips placed", a dropdown menu for "Bleeding outcome", and a dropdown menu for "Procedural outcome". A large text area for "Comments" is positioned below the dropdowns. At the bottom of the window are "Save" and "Cancel" buttons.

Hemostatic Heater Probe

Table: TxHemProbe

The screenshot shows a form titled "Hemostatic Heater Probe". It contains the following fields: "Instrument" (a dropdown menu), "Watts" (a spinner control), "Bleeding outcome" (a dropdown menu), "Procedural outcome" (a dropdown menu), and "Comments" (a text area). At the bottom of the form are "Save" and "Cancel" buttons.

(Heater probe instrument menu customized by site)

Hemostatic Injection

Table: TxHemInjection

The screenshot shows a form titled "Hemostatic Injection". It contains the following fields: "Injectant" (a dropdown menu), "Combined with" (a text input field), "Number of injections" (a spinner control), "Total volume injected (cc)" (a text input field), "Bleeding outcome" (a dropdown menu), "Procedural outcome" (a dropdown menu), and "Comments" (a text area). At the bottom of the form are "Save" and "Cancel" buttons.

(Injectant menu customized by site)

Hemostatic Laser

Table: TxHemLaser

The screenshot shows a form titled "Hemostatic Laser". It contains the following fields:

- Type of laser: A dropdown menu.
- Watts: A spinner control.
- Joules: A spinner control.
- Total seconds: A spinner control.
- Bleeding outcome: A dropdown menu.
- Procedural outcome: A dropdown menu.
- Comments: A text area with a vertical scrollbar.
- Save and Cancel buttons: Located at the bottom of the form.

(Type of laser menu customized by site)

Other Hemostatic Therapy(s)

Table: TxHemOther

The screenshot shows a form titled "Other hemostatic therapy(s)". It contains the following fields:

- Description: A text area with a vertical scrollbar.
- Bleeding outcome: A dropdown menu.
- Procedural outcome: A dropdown menu.
- Comments: A text area with a vertical scrollbar.
- Save and Cancel buttons: Located at the bottom of the form.

Non-Hemostatic Therapies

Table: PEDS_TheraLauncherNonHemo

The 'Therapies' dialog box contains a section titled 'Non-hemostatic' with a list of therapy options, each with an unchecked checkbox and a right-pointing arrow:

- APC
- Banding
- Clip
- Dilation
- EMR
- Heater probe
- Injection
- Laser
- Stent
- 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 includes the following fields:

- Watts: [spin box]
- Litres / min of Ar: [spin box]
- Procedural outcome: [dropdown menu]
- Comments: [text area]

'Save' and 'Cancel' buttons are located at the bottom.

Non-Hemostatic Banding

Table: PEDS_TxNonHemBanding

The 'Non-hemostatic Banding' dialog box includes the following fields:

- Banding device: [dropdown menu]
- Total bands fired: [spin box]
- Bands placed: [spin box]
- Procedural outcome: [dropdown menu]
- Comments: [text area]

'Save' and 'Cancel' buttons are located at the bottom.

(Banding device menu customized by site)

Non-Hemostatic Clip(s)

Table: TxNonHemClip

Non-Hemostatic Dilation

Table: TxNonHemDilation

(Dilator type menu customized by site)

Non-Hemostatic Endoscopic Mucosal Resection (EMR)

Table: TxNonHemEMR

Non-hemostatic Endoscopic Mucosal Resection (EMR)

Instrument

Complete resection

Sample retrieved

Procedural outcome

Comments

Save Cancel

Non-Hemostatic Heater Probe

Table: TxNonHemProbe

Non-hemostatic Heater Probe

Instrument

Watts

Procedural outcome

Comments

Save Cancel

(Heater probe instrument menu customized by site)

Non-Hemostatic Injection

Table: TxNonHemInjection

Non-hemostatic Injection

Injectant

Combined with

Number of injections

Total volume injected (cc)

Procedural outcome

Comments

Save Cancel

(Injectant menu customized by site)

Non-Hemostatic Laser

Table: TxNonHemLaser

Non-hemostatic Laser

Type of laser

Watts

Joules

Total seconds

Procedural outcome

Comments

Save Cancel

(Type of laser menu customized by site)

Non-Hemostatic Stent

Table: TxNonHemStent

Non-hemostatic Stent

Number of stents used

Stent type

Length (cm)

Covered (cm)

Diameter Fr mm

Flange (mm)

Guidewire

Proximal clips placed Distal clips placed

Performed under fluoroscopic guidance

Injected with contrast

Procedural outcome

Comments

Save Cancel

(Stent type menu customized by site)

Stent type

Length (cm)

Covered (cm)

Diameter Fr mm

Flange (mm)

Guidewire

Jag

Savary

Other Non-Hemostatic Therapy(s)

Table: TxNonHemOther

Other non-hemostatic therapy(s)

Description

Procedural outcome

Comments

Save Cancel

EUS Therapies

Table: EusTxLauncher

The screenshot shows a dialog box titled "Therapies" with a list of five therapy options, each with an unchecked checkbox and a right-pointing arrow. The first option, "Celiac plexus neurolysis / block", is highlighted in blue. Below the list are "Save" and "Cancel" buttons.

Therapy	Selected
Celiac plexus neurolysis / block	Yes
EUS-guided injection therapy	No
Fine needle aspiration	No
Other therapeutic intervention	No
Pseudocyst drainage	No

Menu used in multiple findings: Procedure outcome

The screenshot shows a dropdown menu for "Procedure outcome" with two options: "Technically successful" and "Technically unsuccessful".

Procedure outcome
Technically successful
Technically unsuccessful

Celiac plexus neurolysis / block

Table: EusIntNeurolysis

Injection medication grid: EusIntNeurolysis_Injection_medication_grid

The screenshot shows a dialog box titled "Neurolysis". It features an "Injection medication" table with columns for "Medication", "Concentration", and "Dose", and an "Add injection" button. Below the table are fields for "Needle", "# Passes", "unilateral" and "bilateral" radio buttons, "Procedure outcome", and "Comments". "Save" and "Cancel" buttons are at the bottom.

Medication	Concentration	Dose
------------	---------------	------

Needle: [Dropdown]
Passes: [Spinner]
unilateral [Radio] bilateral [Radio]
Procedure outcome: [Dropdown]
Comments: [Text Area]
Save Cancel

Injection medication		Add injection	
Medication	Concentration	Dose	
<input type="text"/> bupivacaine ethanol triamcinolone			

EUS-guided injection therapy

Table: EusIntInjection

Injection

Injectant

Needle

Injections

Total volume injected (cc)

Procedure outcome

Comments

Needle	<input type="text"/> Wilson-Cook 25 ga. Wilcon-Cook 22 ga. Wilson-Cook 19 ga.
# Injections	Olympus
Total volume	GIP/Mediglobe

Fine needle aspiration

Table: EusIntFNA

FNA

Needle

Passes

Volume obtained (cc)

Adequate material obtained Inadequate material obtained

Fluid color clear straw bloody

Viscosity viscous non-viscous

Procedure outcome

Comments

Save Cancel

Needle

- Wilson-Cook 25 ga.
- Wilson-Cook 22 ga.
- Wilson-Cook 19 ga.
- Olympus
- GIP/Mediglobe

Other therapeutic intervention

Table: EusIntOther

Other

Description

Procedure outcome

Comments

Save Cancel

Pseudocyst drainage

Table: EusIntDrain

Stents grid: EusIntDrain_Stents_grid

Pseudocyst drainage

Needle

Passes

Stents		Add Stent		
Stent	Size (Fr)	Length (cm)	Note	

Guidewire used

Guidewire size (in)

Procedure outcome

Comments

Save Cancel

Needle

Passes

Stents

Wilson-Cook 25 ga.
Wilson-Cook 22 ga.
Wilson-Cook 19 ga.
Olympus
GIP/Mediglobe

Stents		Add Stent		
Stent	Size (Fr)	Length (cm)	Note	
barbed amsterdam double pig tail pancreatic single pig tail	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Stents		Add Stent		
Stent	Size (Fr)	Length (cm)	Note	
<input type="text"/>	3	<input type="text"/>	<input type="text"/>	
	3 5 7 10 11.5			

Guidewire used

Guidewire size (in)

Procedure outcome

Cutting
Glide
Metro
Pathfinder

Guidewire used	<input type="text"/>
Guidewire size (in)	<input type="text"/>
Procedure outcome	0.035
Comments	0.025
	0.018

STAGING

Note: These EUS Staging screens conform to the American Joint Committee on Cancer guidelines, 6th edition.

Table: PEDS_EusStaging

EUS Pediatrics

Pathology Images Print Fax Orders GIQuIC

First name: Aga_pt96 Middle name: Last name: ALEXANDER MRN: 81750211 Birth date: 4/30/1952 Procedure date: 11/25/2014 1:49 PM

Staging

- Upper Gastrointestinal
 - Esophagus
 - Stomach
 - Small intestine
- Lower Gastrointestinal
 - Colon and rectum
 - Anal canal
- Biliary / Pancreatic
 - Ampulla of Vater
 - Extrahepatic bile ducts
 - Gallbladder
 - Pancreas
 - Liver
- Lung
- Lymphoid neoplasia

Save Sign Print Preview Close

Esophagus

Table: EusStageEso

Staging of tumor of esophagus

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor invades lamina propria or submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades adventitia
- T4 Tumor invades adjacent structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Tumors of the lower thoracic esophagus

- M1a Metastasis in celiac lymph nodes
- M1b Other distant metastasis

Tumors of the midthoracic esophagus

- M1b Nonregional lymph nodes and/or other distant metastasis

Tumors of the upper thoracic esophagus

- M1a Metastasis in cervical nodes
- M1b Other distant metastasis

Comments

Save Cancel

Stomach

Table: EusStageStomach

Staging of tumor of stomach

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ: intraepithelial tumor without invasion of the lamina propria
- T1 Tumor invades lamina propria or submucosa
- T2 Tumor invades muscularis propria or subserosa
- T2a Tumor invades muscularis propria
- T2b Tumor invades subserosa
- T3 Tumor invades serosa (visceral peritoneum) without invasion of adjacent structures
- T4 Tumor invades adjacent structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in 1 to 6 regional lymph nodes
- N2 Metastasis in 7 to 15 regional lymph nodes
- N3 Metastasis in more than 15 regional lymph nodes

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

Save Cancel

Small intestine

Table: EusStageSmIntestine

Staging of tumor of small intestine

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor invades lamina propria or submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades through the muscularis propria into the subserosa or into the non-peritonealized perimuscular tissue (mesentery or retroperitoneum) with extension 2 cm or less
- T4 Tumor perforates the visceral peritoneum or directly invades other organs or structures (includes other loops of small intestine, mesentery, or retroperitoneum more than 2 cm, and abdominal wall by way of seerosa.; for duodenum only, invasion of pancreas)

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

Save Cancel

Colorectal

Table: EusStageColonRectum

Staging of tumor of colon and rectum

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ: intraepithelial or invasion of lamina propria
- T1 Tumor invades submucosa
- T2 Tumor invades muscularis propria
- T3 Tumor invades through muscularis propria into the subserosa, or into non-peritonealized pericolic or perirectal tissues
- T4 Tumor directly invades other organs or structures, and/or perforates visceral peritoneum

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in 1 to 3 regional lymph nodes
- N2 Metastasis in 4 or more regional lymph nodes

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

Save Cancel

Anal Canal

Table: EusStageAnalCanal

Staging of tumor of anal canal

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor 2 cm or less in greatest dimension
- T2 Tumor more than 2 cm but not more than 5 cm in greatest dimension
- T3 Tumor more than 5 cm in greatest dimension
- T4 Tumor of any size invades adjacent organ(s), e.g., vaginal, urethra, bladder

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis in perirectal lymph node(s)
- N2 Metastasis in unilateral internal iliac and/or inguinal lymph node(s)
- N3 Metastasis in perirectal and inguinal lymph nodes and/or bilateral internal iliac and/or inguinal lymph nodes

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

Save Cancel

Ampulla of Vater

Table: EusStageAmpVater

Staging of tumor of Ampulla of Vater

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor limited to ampulla of Vater or sphincter of Oddi
- T2 Tumor invades duodenal wall
- T3 Tumor invades pancreas
- T4 Tumor invades peripancreatic soft tissues or other adjacent organs or structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

Save Cancel

Bile Ducts

Table: EusStageBileDucts

Staging of tumor of extrahepatic bile ducts

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor confined to the bile duct histologically
- T2 Tumor invades behind the wall of the bile duct
- T3 Tumor invades the liver, gallbladder, pancreas, and/or ipsilateral branches of the portal vein (right or left) or hepatic artery (right or left)
- T4 Tumor invades any of the following: main portal vein or its branches bilaterally, common hepatic artery, or other adjacent structures, such as the colon, stomach, duodenum, or abdominal wall

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

Save Cancel

Gallbladder

Table: EusStageGB

Staging of tumor of gallbladder

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor invades lamina propria or muscle layer
- T1a Tumor invades lamina propria
- T1b Tumor invades muscle layer
- T2 Tumor invades perimuscular connective tissue: no extension beyond serosa or into liver
- T3 Tumor perforates the serosa (visceral peritoneum) and/or directly invades the liver and/or one other adjacent organ or structure, such as the stomach, duodenum, colon, pancreas, omentum or extrahepatic bile ducts
- T4 Tumor invades main portal vein or hepatic artery or invades two or more extrahepatic organs or structures

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

Save Cancel

Pancreas

Table: EusStagePanc

Staging of tumor of pancreas

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor limited to the pancreas 2 cm or less in greatest dimension
- T2 Tumor limited to the pancreas more than 2 cm in greatest dimension
- T3 Tumor extends beyond the pancreas but without involvement of the celiac axis or the superior mesenteric artery
- T4 Tumor involves the celiac axis or the superior mesenteric artery (unresectable primary tumor)

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

Save Cancel

Liver

Table: EusStageLiver

Staging of tumor of liver

T-Stage

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- T1 Solitary tumor without vascular invasion
- T2 Solitary tumor with vascular invasion or multiple tumors none more than 5 cm
- T3 Multiple tumors more than 5 cm or tumor involving a major branch of the portal or hepatic vein(s)
- T4 Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Regional lymph node metastasis

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

Save Cancel

Lung

Table: EusStageLung

Staging of tumor of lung

T-Stage

- TX Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)
- T2 Tumor with any of the following features of size or extent:
 - More than 3 cm in greatest diameter
 - Involves main bronchus, 2 cm or more distal to the carina
 - Invades the visceral pleura
 - Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung
- T3 Tumor of any size that directly invades any of the following: chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina, but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of hte entire lung
- T4 Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, esophagus, vertebral body, carina; or separate tumor nodules in the same lobe; or tumor with malignant pleural effusion

N-Stage

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph nodes metastasis
- N1 Metastasis to ipsilateral peribronchial and/or ipsilateral hilar lymph nodes, and intrapulmonary nodes including involvement by direct extension of the primary tumor
- N2 Metastasis to ipsilateral mediastinal and/or subcarinal lymph node(s)
- N3 Metastasis to contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, contralateral scalene, or supraclavicular lymph node(s)

M-Stage

- MX Distant metastases cannot be assessed
- M0 No distant metastases
- M1 Distant metastases

Comments

Save Cancel

Lymphoid neoplasia

Table: EusStageLymphoid

Staging of tumor of lymphoid neoplasia

Ann Arbor Stage

- Stage I Involvement of a single lymph node region
- Stage IE Localized involvement of a single extralymphatic organ or site in the absence of any lymph node involvement
- Stage II Involvement of two or more lymph node regions on the same side of the diaphragm
- Stage IIE Localized involvement of a single extralymphatic organ or site in association with regional lymph node involvement with or without involvement of other lymph node regions on the same side of the diaphragm.
- Stage III Involvement of lymph node regions on both sides of the diaphragm.
- Stage IIIE Involvement of lymph node regions on both sides of the diaphragm accompanied by extralymphatic extension in association with adjacent lymph node involvement.
- Stage IV Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or isolated extralymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s). Any involvement of the liver or bone marrow, or nodular involvement of the lung(s).

Comments

Save Cancel

EVENTS

Table: Intervention

Intervention medication grid: Intervention_Intervention_medication_grid

(Dose menu customized to Medication selection)

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

Cardiac events: Other cardiac event

Table: EventCardiacOther

Other cardiac events

Pulmonary events: Hypoxia – prolonged (>15 sec)

Table: EventHypoxia

Prolonged hypoxia comments

Pulmonary events: Other pulmonary event

Table: EventPulmOther

Other pulmonary events

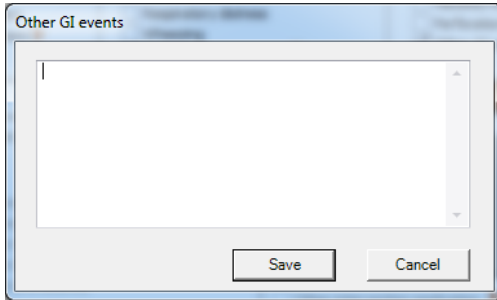
Gastrointestinal events: Bleeding

Table: EventBleeding

Bleeding comments

Gastrointestinal events: Other GI event

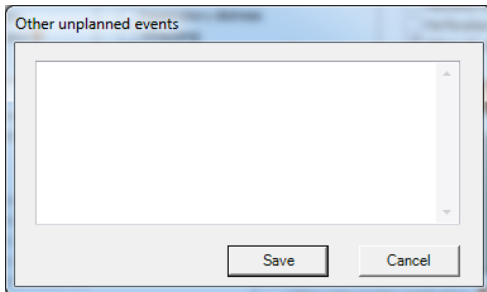
Table: EventGIOther



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

Other events: Other event

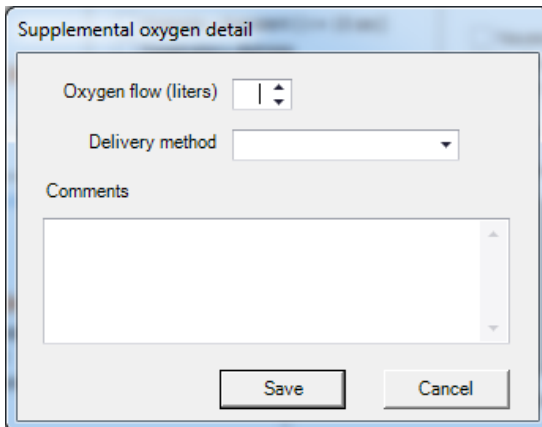
Table: EventOther



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

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

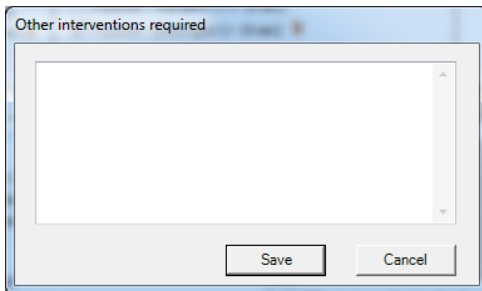
Table: EventsO2Admin



A screenshot of a dialog box titled "Supplemental oxygen detail". It contains several input fields: "Oxygen flow (liters)" with a numeric spinner, "Delivery method" with a dropdown menu, and "Comments" with a large text area. At the bottom, there are "Save" and "Cancel" buttons.

If yes, specify the interventions: Other interventions

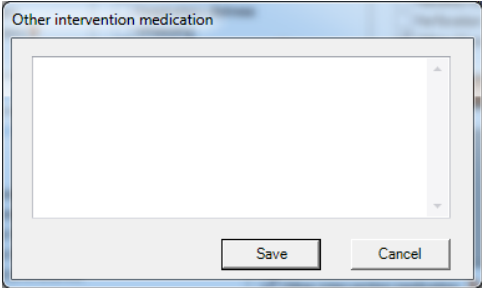
Table: EventIntervenOther



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

Intervention medications: Other intervention medication

Table: IntervenMedOther



ASSESSMENT / PLAN

Table: PEDS_TreatmentPlan

New Medications grid: PEDS_TreatmentPlan_New_mediations_grid

Scheduling and Referring grid: PEDS_TreatmentPlan_Scheduling_and_Referring_grid (redacted)

(Medication menu customized to Medication Type selection)

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

(Dose menu customized to Medication selection)

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

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

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

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

(Activity menu customized to Activity Type selection)

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

Medication plan: Discontinue current medications

Table: DiscontinueCurMeds

Discontinue current medication(s)

List current medication(s) to discontinue

Medication plan: Continue current medications

Table: ContinueMeds

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

New medications: Other new medications

Table: OtherNewMeds

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

Scheduling and Referring: Other plan

Table: PlanOther

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

LETTERS / INSTRUCTIONS

Table: Letters

EUS Pediatrics
Pathology Images Print Fax Orders GIQuIC

First name: Aga_pt96
Middle name:
Last name: ALEXANDER
MRN: 81750211
Birth date: 4/30/1952
Procedure date: 5/12/2015 12:52 PM

Select Providers to receive copies of the report

Search by last name: [Providers](#)

Gissel, Theodore	Whoville Clinic
Nimble, Jack	
Provider, Default	Oregon Health and Science University
Provider, First	
Provider, Second	Second Tier Medical
Slughorn, Prof	Hogwarts
Test, Tom	Northwest Test Center of Lower hoboken New Jersey
Turtle, Mertle	Turtle Pond Digestive Care

Referring provider

Provider, A

Other providers to be copied

Print these providers at bottom of procedure report

Finding-specific instructions

Upper GI | Upper GI - EUS | Biliary/Panc - EUS | Colon | Colon - EUS

<input type="checkbox"/> Achalasia	<input type="checkbox"/> Food impaction	<input type="checkbox"/> Nodule / Polyp	<input type="checkbox"/> Tumor
<input type="checkbox"/> Arteriovenous malformations (AVM)	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Normal	<input type="checkbox"/> Ulcer
<input type="checkbox"/> Barrett's esophagus	<input type="checkbox"/> Hiatal hernia	<input type="checkbox"/> Prior endotherapy	<input type="checkbox"/> Varices
<input type="checkbox"/> Blood clot	<input type="checkbox"/> Mallory-Weiss tear	<input type="checkbox"/> Prior surgery	
<input type="checkbox"/> Duodenal diverticulum	<input type="checkbox"/> Mucosal abnormality - Esophagus	<input type="checkbox"/> Sprue (Celiac disease)	
<input type="checkbox"/> Esophageal ulcer	<input type="checkbox"/> Mucosal abnormality - Stomach / Duodenum	<input type="checkbox"/> Stricture / Stenosis	

Instructions given in:

Post-exam instructions given

NPO:

Liquids only:

Resume prior diet:

No alcohol:

ASA / NSAIDS:

Restart medications:

Standardized instructions given

Sedation High-fiber diet

Other specific post-exam instructions