Screenshots for Documentation of Pediatric Motility (MOT) Procedures in CORI v4

Table of Contents

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

Patient habits

Smoking history [Current smoker ▼]

Amount * [_____ ▼]

Number of years [____]

Smokes every day ○ Yes ○ No

Current alcohol consumption
(wine, beer, liquor) [_____ ▼]

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

☐ No prior surgeries
☐ Surgical history ▶

Recent labs/studies ◉ Yes ○ No

Hemoglobin [_____ ▼]   ESR [_____ ▼]

| high |
| normal |
| low |

Albumin   CRP [_____ ▼]

Other recent labs/studies

[_____]

Recent labs/studies ◉ Yes ○ No

Hemoglobin [_____ ▼]   ESR [_____ ▼]

Albumin [_____ ▼]   CRP [_____ ▼]

| high |
| normal |
| low |

Other recent labs/studies

[_____]

Recent labs/studies ◉ Yes ○ No

Hemoglobin [_____ ▼]   ESR [_____ ▼]

Albumin [_____ ▼]   CRP

| high |
| normal |
| low |

Other recent labs/studies

[_____]

Recent labs/studies ◉ Yes ○ No

Hemoglobin [_____ ▼]   ESR [_____ ▼]

Albumin [_____ ▼]   CRP [_____ ▼]

| high |
| normal |
| low |

Other recent labs/studies

[_____]

Surgical History

Table: PEDS_HxSurgHx

Other: Other surgical history

SurgHxOther

Medical History

Table: PEDS_HxMedHx

Patient history > Medical history

Cardiovascular
- [ ] Congestive heart failure (CHF)
- [ ] Dysrhythmia
- [ ] Deep vein thrombosis/PE
- [ ] Hypertension (HTN)
- [ ] Murmur
- [ ] Peripheral vascular disease (PVD)
- [ ] Rheumatic fever
- [ ] Valvular heart disease

Endocrine
- [ ] Diabetes
- [ ] Hyperlipidemia
- [ ] Steroid use
- [ ] Thyroid abnormality
- [ ] Weight change > 10 lbs (recent)

Gynecological
- [ ] Pregnancy

Hematological
- [ ] Anemia
- [ ] Chemotherapy
- [ ] Hematological cancer ▶
- [ ] Hemophilia
- [ ] Radiation therapy
- [ ] Sickle cell disease/trait
- [ ] Thrombocytopenia

Genitourinary
- [ ] Benign prostatic hypertrophy
- [ ] Nephrolithiasis

Gastrointestinal
- [ ] Barrett's esophagus
- [ ] Celiac disease
- [ ] Chronical abdominal pain
- [ ] Constipation
- [ ] Crohn's disease
- [ ] Diverticulitis
- [ ] Dysphagia
- [ ] Eosinophilic colitis
- [ ] Eosinophilic esophagitis
- [ ] Esophagitis
- [ ] Failure to thrive
- [ ] Food impaction
- [ ] Gastric emptying syndrome
- [ ] Gastritis
- [ ] Gastroesophageal reflux disease (GERD)
- [ ] GI Cancer
- [ ] H. pylori
- [ ] Indeterminate colitis
- [ ] Inflammatory bowel disease (IBD)
- [ ] Irritable bowel syndrome (IBS)
- [ ] Obesity
- [ ] Pancreatitis ○ chronic ○ acute
- [ ] Polyps, adenomatous
- [ ] Polyps, juvenile
- [ ] Small bowel obstruction
- [ ] Sphincter of Oddi dysfunction
- [ ] Ulcerative colitis
- [ ] Ulcers

Liver/Biliary
- [ ] Cholelithiasis
- [ ] Cholecystitis
- [ ] Cirrhosis
- [ ] Other hepatitis
- [ ] Portal hypertension
- Viral hepatitis
  - [ ] Hepatitis B
  - [ ] Hepatitis C

Infection
- [ ] Human immunodeficiency virus (HIV)
- [ ] Methicillin resistant Staph. aureus (MRSA)
- [ ] Sepsis
- [ ] Vancomycin resistant Staph. aureus (VRSA)

Neuro/Musculoskeletal/Psychiatric
- [ ] ADHD
- [ ] Anxiety disorder
- [ ] Arthritis
- [ ] Autism
- [ ] Back problems
- [ ] Cerebral palsy
- [ ] Depression
- [ ] JRA
- [ ] Neuromuscular disease
- [ ] Seizure
- [ ] Stroke / TIA
- [ ] SLE
- [ ] Syncope

Pulmonary
- [ ] Asthma
- [ ] Bronchopulmonary dysplasia (BPD)
- [ ] Cystic fibrosis
- [ ] Dyspnea
- [ ] Orthopnea
- [ ] Pneumonia
- [ ] Sleep apnea
- [ ] Tuberculosis
- [ ] Upper respiratory infection (recent)

Renal
- [ ] Continuous abdominal peritoneal dialysis (CAPD)
- [ ] Hemodialysis
- [ ] Renal failure
- [ ] Urinary tract infection (recent)

Other
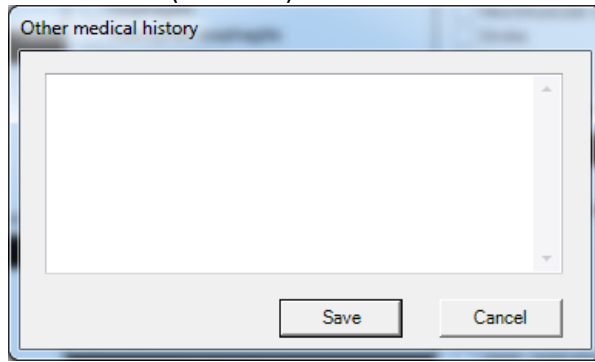- [ ] Other medical history ▶

[Save] [Cancel]

Hematological: Hematological cancer

HemeCaType

Hematological cancer

Please indicate type of hematological cancer

[   ]

[Save] [Cancel]

Other: Other medical history
MedHxOther (redacted)

Other medical history

[text input area]

Save   Cancel

PHYSICAL EXAMINATION

Table: PEDS_PE

INDICATIONS

Table: PEDS_MotInd

Motility Pediatrics

Pathology   Images   Print   Fax   Orders

First name	Middle name	Last name	MRN	Birth date	Procedure date
Aga_pt96		ALEXANDER	81750211	4/30/1952	11/25/2014 2:10 PM

Sidebar buttons: History · Physical exam · Indications · Preprocedure · Procedure · Ambulatory pH Study · pH - Impedance · Esophageal Manometry · Anorectal Manometry · Events · Assessment/Plan · Letters/Instructions · Save · Sign · Print Preview · Close

Upper GI Symptoms

- [ ] Dysphagia
  - [ ] Oro-pharyngeal
  - [ ] Esophageal
    - ( ) with solids   ( ) with solids and liquids
    - ( ) with liquids
- [ ] Reflux symptoms

  Duration   Frequency
  - ( ) unknown   ( ) unknown
  - ( ) <1 year   ( ) <3 days/week
  - ( ) 1-5 years   ( ) 3-6 days/week
  - ( ) 6-10 years   ( ) daily
  - ( ) >10 years

- [ ] Regurgitation

  Duration   Frequency
  - ( ) unknown   ( ) unknown
  - ( ) <1 year   ( ) <3 days/week
  - ( ) 1-5 years   ( ) 3-6 days/week
  - ( ) 6-10 years   ( ) daily
  - ( ) >10 years

- [ ] Vomiting
- [ ] Nausea
- [ ] Bloating
- [ ] Early satiety
- [ ] Anorexia
- [ ] Other upper GI symptom

Primary Indication [_____ ▼]

Extra-esophageal symptoms

- [ ] Chest pain
- [ ] Globus hystericus
- [ ] Cough
  - ( ) at night   ( ) during the day   ( ) day and night
- [ ] Laryngitis/hoarsenes
- [ ] Asthma
- [ ] Aspiration
- [ ] Other extra-esophageal symptom

Lower GI Symptoms

- [ ] Incontinence
- [ ] Diarrhea   # stools/day [ ]
- [ ] Constipation
  - # stools/week [ ]
  - [ ] straining with stools
  - # vaginal deliveries [ ]
  - Bristol Stool Scale Type [ ]   [Examples]
- [ ] Pseudoobstruction symptoms
- [ ] Other lower GI symptom(s)

Indications comments

Bristol Stool Scale Examples

Bristol Stool Chart

Type 1	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped but lumpy
Type 3	Like a sausage but with cracks on its surface
Type 4	Like a sausage or snake, smooth and soft
Type 5	Soft blobs with clear-cut edges (passed easily)
Type 6	Fluffy pieces with ragged edges, a mushy stool
Type 7	Watery, no solid pieces. **Entirely Liquid**

CORI v4 Endoscopic Reporting Software   8

PREPROCEDURE

Table: PEDS_MotPreProc

Procedure personnel grid: PEDS_MotPreProc_Procedure_personnel_grid

Menu containing only site-specific data: Performed by

Menu containing only site-specific data: Interpreted by

Procedure consent

Was a consent obtained? ◉ Yes ○ No

Person consenting [▼]

Consent obtained by [▼]

Physician
Endoscopist
PA
GI assistant
Staff nurse

Did the patient consent to be contacted for research purposes?

Patient Admission Status
◉ Outpatient
○ Inpatient
○ ED

Endoscopy performed in
[▼]

Hospital endoscopy suite
Ambulatory surgery center
Office
Radiology suite

Did the patient consent to be c[

Patient Admission Status
○ Outpatient
◉ Inpatient
○ ED

Endoscopy performed in
[▼]

Did the patient consent to be c

Procedure personnel

Role

Endoscopist - Atten...

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

Did the patient consent to be contacted for research purposes?

[▼]

Consented
Did not consent
Not asked for consent

Do

Cardiac pacemaker ?   ○ Yes   ○ No

Implantable defibrillator device?   ○ Yes   ○ No

Procedure personnel	Add staff

	Role	Name
▶	Endoscopist - Attendin ▼	Corey Cori, MD ▼

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

Perform
Corey Cori, MD

Pre-sedation assessment

ASA classification [▼]

Urgency [rgency
           ent
           tive

I
II
III
IV
V

Assessed by [▼]

Monitoring: Supplemental oxygen at baseline

Table: PreProcSupO2
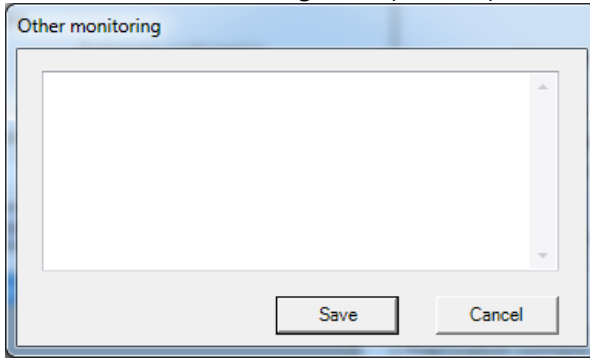
Monitoring: Other monitoring

    Table: PreProcMonitoringOther (no data)

Preprocedure antibiotics given

    Table: PreProcAntibiotics (no data)

    Antibiotics grid: MotPreProc_Antibiotics_grid (no data)

(Dose menu customized to Medication selection)

PROCEDURE

Table: PEDS_MotProc

Instruments grid: PEDS_MotProc_Instruments_grid

Menu customized by site: Instrument, Serial Number in Instruments grid

AMBULATORY PH STUDY

Table: PEDS_MotPh

PH IMPEDENCE

Table: PEDS_MotARM

ESOPHAGEAL MANOMETRY

Table: PEDS_MotEso

Motility Pediatrics

Pathology   Images   Print   Fax   Orders

First name	Middle name	Last name	MRN	Birth date	Procedure date
Aga_pt96		ALEXANDER	81750211	4/30/1952	11/25/2014 2:10 PM

Navigation buttons (left):
- History
- Physical exam
- Indications
- Preprocedure
- Procedure
- Ambulatory pH Study
- pH - Impedance
- **Esophageal Manometry**
- Anorectal Manometry
- Events
- Assessment/Plan
- Letters/Instructions
- Save
- Sign
- Print Preview
- Close

Probe Placement
Probe placement determined
- ○ endoscopically
- ○ fluoroscopically
- ○ manometrically
- ○ by other method

Lower Esophageal Sphincter
Sphincter location
- Proximal (cm)
- Distal (cm)
- Length (cm)

Mean LES pressures (mmHg)
- Basal
- Residual
- Relaxation

☐ Unable to assess LES
- ○ unable to pass a catheter across the LES
- ○ insufficient pressure to measure accurately
- ○ other

Esophageal Body
of swallows

- ○ Peristalsis present
- ○ Peristalsis absent
- ○ Unable to assess peristalsis
  - ○ unable to pass a catheter across the LES
  - ○ insufficient pressure to measure accurately
  - ○ other

- Mean distal amplitude (mmHg)
- Mean duration (sec)
- Velocity (cm/sec)
- ☐ Diffuse esophageal spasm present   % swallows
- ☐ Non-transmitted contractions present   % swallows

Assessment
- LES
- Esophageal body
- Manometric diagnosis

Comments

Assessment
LES dropdown:
- Normal LES
- Abnormal LES
- Hypotensive LES
- Normotensive LES with normal relaxation
- Normotensive LES with incomplete relaxation
- Hypertensive LES with normal relaxation
- Hypertensive LES with incomplete relaxation

Assessment
Esophageal body dropdown:
- Normal peristalsis
- Abnormal peristalsis
- Effective peristaltic function
- Ineffective peristaltic function
- Aperistalsis
- Hypotensive peristaltic contractions
- Normotensive peristaltic contractions
- Hypertensive peristaltic contractions

Assessment

LES [▼]

Esophageal body [▼]

Manometric diagnosis [▼]

| Normal esophageal motility |
| Abnormal esophageal motility |
| Nonspecific esophageal motility disorder |
| Achalasia |
| Diffuse Esophageal Spasm |
| Nutcracker esophagus |
| Scleroderma-type esophagus |

Comments

ANORECTAL MANOMETRY

Table: PEDS_MotAno

EVENTS

Table: Intervention
Intervention medication grid: Intervention_Intervention_medication_grid

(Dose menu customized to Medication selection)

Cardiac events: Other cardiac event

Table: EventCardiacOther

Pulmonary events: Hypoxia – Prolonged (>15 sec)

Table: EventHypoxia

Pulmonary events: Bleeding

Table: EventBleeding
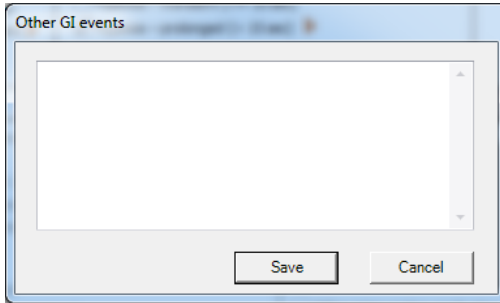
Pulmonary events: Other pulmonary event

Table: EventPulmOther

Gastrointestinal events: Other GI event
Table:EventGIOther
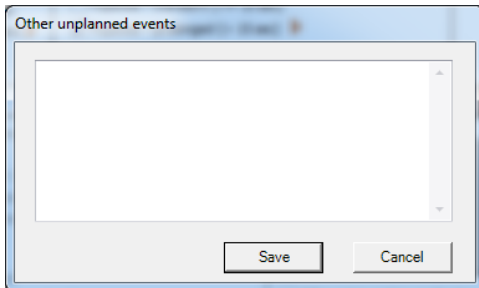
Other GI events

[Save] [Cancel]

Other events: Other event
Table: EventOther
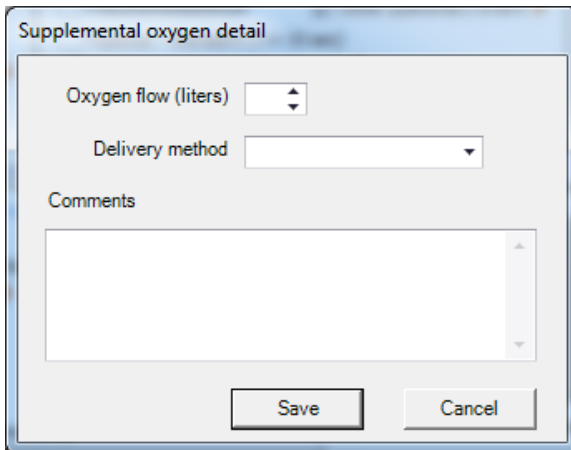
Other unplanned events

[Save] [Cancel]

If yes, specify the interventions: Oxygen administered
Table: EventsO2Admin
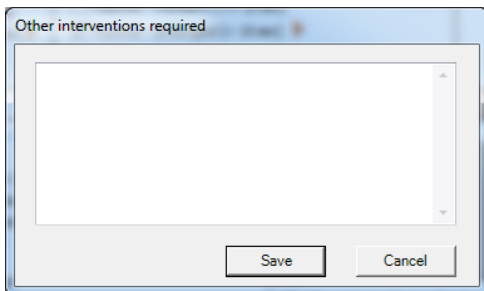
Supplemental oxygen detail

Oxygen flow (liters)

Delivery method

Comments

[Save] [Cancel]

If yes, specify the interventions: Other interventions
Table: EventIntervenOther

Other interventions required

[Save] [Cancel]

Intervention medications: Other intervention medication

Table: IntervenMedOther
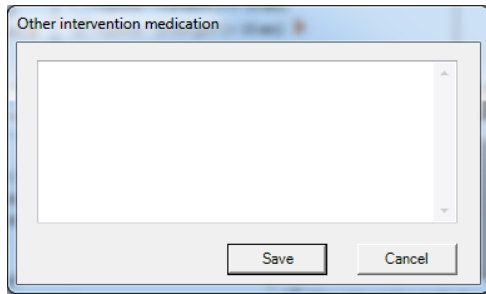
ASSESSMENT / PLAN

Table: PEDS_TreatmentPlan
New medications grid: PEDS_TreatmentPlan_New_medications_grid
Scheduling and Referring grid: PEDS_TreatmentPlan_Scheduling_and_Referring_grid (redacted)

(Medication menu customized to Medication Type selection)

(Dose menu customized to Medication selection)

(Activity menu customized to Activity Type selection)

Medication plan: Discontinue current medications

Table: DiscontinueCurMeds

Medication plan: Continue all current medications
   Table: ContinueMeds

Medication plan: Other new medications
   Table: OtherNewMeds

Scheduling and Referring: Other plan
   Table: PlanOther

LETTERS / INSTRUCTIONS

Table: Letters