



ChiLDReNLink

Form 41 GI ENDO Pre-Transplant BASIC

C: FINDINGS – ESOPHAGEAL VARICES

| | | |
|---|---------------------------------------|--|
| C1 | Date of GI Endoscopy | ____ / ____ / ____ |
| C2 | Indication for endoscopy (check one): | <input type="radio"/> Screening (no previous episodes of bleeding) <input type="radio"/> Surveillance (follow up of therapy) <input type="radio"/> Ongoing therapy of varices <input type="radio"/> Other (specify): _____ <input type="radio"/> Evaluation of GI bleeding |
| C3 | Esophageal varices found: | <input type="radio"/> None → go to D1 <input type="radio"/> Yes |
| Identify SMALL or LARGE and the GRADE, noting that the grade should reflect the largest size of varices identified, if more than one varix. | | |
| C4 | Small varices | <input type="radio"/> No → go to C6 <input type="radio"/> Yes |
| C5 | If yes, choose grade: | <input type="radio"/> Grade I (Small) <input type="radio"/> Grade I – II (Small to Medium, Flat) <input type="radio"/> Grade II – III (Flatten with Insufflation) |
| C6 | Large varices | <input type="radio"/> No → go to D1 <input type="radio"/> Yes |
| C7 | If yes, choose grade: | <input type="radio"/> Grade III (Large) <input type="radio"/> Grade III – IV (Very large, Protuberant) <input type="radio"/> Grade IV (Filling entire lumen, do not flatten with insufflations) |

D: FINDINGS – ESOPHAGUS

| | | |
|----|--|---|
| D1 | Esophageal findings? | <input type="radio"/> No → go to E1 <input type="radio"/> Yes |
| D2 | What esophageal findings were reported? (check all that apply) | <input type="checkbox"/> Red markings (any) <input type="checkbox"/> Active bleeding |
| D3 | Which intervention(s) were performed? (check all that apply) | <input type="checkbox"/> None <input type="checkbox"/> Band Ligation <input type="checkbox"/> Sclerotherapy |

E: FINDINGS - STOMACH

| | | |
|----|---|---|
| E1 | Stomach findings? | <input type="radio"/> None → go to E4 <input type="radio"/> Yes |
| E2 | What stomach findings were reported? (check all that apply) | <input type="checkbox"/> Portal Gastropathy <input type="checkbox"/> Gastric varices |

E: FINDINGS - STOMACH

| | | |
|----|---|---|
| E3 | Which endoscopic interventions were performed? (check all that apply) | <input type="checkbox"/> None <input type="checkbox"/> Banding <input type="checkbox"/> Glue injection <input type="checkbox"/> Other (specify): _____ |
| E4 | Other interventions reported? | <input type="radio"/> None → go to G1 <input type="radio"/> Yes |
| E5 | Which interventions were reported? (check all that apply) | <input type="checkbox"/> Porto-systemic Shunt <input type="checkbox"/> Non-selective Beta Blocker <input type="checkbox"/> TIPPS <input type="checkbox"/> Other (specify): _____ |

G: INVESTIGATOR SIGNATURE

| | | |
|----|--------------------------|---|
| G1 | Investigator Signed? | <input type="radio"/> No → Done <input type="radio"/> Yes _____ |
| G2 | Date investigator signed | ____ / ____ / ____ |