



EGD Data Collection Form

Bold Text = Required field

Patient Sociodemographic Information

Patient Identifier:

Patient Type

- Inpatient
 Outpatient

Patient Zip Code

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Patient Birth Date

m	m	d	d	y	y	y	y
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Patient Gender

- Male
 Female

Patient Height (in inches)

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Patient Weight (in pounds)

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Patient Race

- American Indian (Native American) or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Patient declined to provide
 Unknown
 Other

Patient Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino
 Patient declined to provide
 White

Patient Insurance Type

- Aetna
 Blue Cross/Blue Shield
 Cigna
 Humana
 United Healthcare
 Wellpoint
 Medicare Advantage
 Medicare Fee for Service
 Medicaid
 Tricare
 None
 Other (list specific name of plan if not listed above): _____



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Endoscopy Suite Information

Endoscopy Facility ID	<table border="1" style="width: 100%; height: 25px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Endo Suite Type	<input type="checkbox"/> Hospital <input type="checkbox"/> ASC/AEC <input type="checkbox"/> Physician Office				
Physician ID	<table border="1" style="width: 100%; height: 25px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									Endo Suite Teaching Status	<input type="checkbox"/> Teaching <input type="checkbox"/> Non-Teaching
Fellow Physician ID (NPI)	<table border="1" style="width: 100%; height: 25px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									Did the Fellow Physician perform the procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Fellowship	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4	Physician Specialty	<input type="checkbox"/> GI <input type="checkbox"/> IM <input type="checkbox"/> FP <input type="checkbox"/> Surgeon <input type="checkbox"/> Other								

General Quality Indicators

Procedure Date	<table border="1" style="width: 100%; height: 25px;"> <tr> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">m</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">d</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> <td style="width: 12.5%; text-align: center;">y</td> </tr> </table>	m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y		
Endoscopy Procedure	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> EGD <input type="checkbox"/> ERCP <input type="checkbox"/> EUS								
Current History & Physical Documented on Chart?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Is <i>H. pylori</i> status known or unknown?	<input type="checkbox"/> Known <input type="checkbox"/> Unknown								
Is the patient on anti-platelet or anticoagulation therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Informed Consent Documented in Medical Record?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
ASA Category	<input type="checkbox"/> ASA I <input type="checkbox"/> ASA II <input type="checkbox"/> ASA III <input type="checkbox"/> ASA IV <input type="checkbox"/> ASA V <input type="checkbox"/> ASA-E								



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Sedation type	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Deep (propofol) <input type="checkbox"/> General
Sedation administered by	<input type="checkbox"/> Nurse <input type="checkbox"/> Endoscopist <input type="checkbox"/> Anesthesia professional
Discharge Instructions	
<i>Note: If the procedure is for an inpatient, please fill out only the questions on Diet Instructions and Medication Resumption. If the procedure is for an outpatient, please fill out all the instruction questions below.</i>	
Written <u>Discharge Instructions</u> provided to patient before discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diet Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Resumption / Orders Given	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Return to Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Potential Delayed Complications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Emergency Contact Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticoagulation / Anti-platelet Therapy	
Anticoagulation / Anti-platelet Therapy: Patient given instructions relative to resumption of therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

EGD Procedure Quality Indicators

EGD Indication – Select at least one (1) reason for performing the EGD

<input type="checkbox"/>	Upper abdominal symptoms that persist despite an appropriate trial of therapy
<input type="checkbox"/>	Upper abdominal symptoms associated with other symptoms or signs suggesting structural disease (e.g., anorexia and weight loss) or new-onset symptoms in patients >50 years old
<input type="checkbox"/>	Dysphagia or odynophagia
<input type="checkbox"/>	Esophageal reflux symptoms that persist or recur despite appropriate therapy
<input type="checkbox"/>	Persistent vomiting of unknown cause
<input type="checkbox"/>	Other diseases in which the presence of upper GI pathologic conditions might modify other planned management (examples include patients who have a history of ulcer or GI bleeding who are scheduled for organ transplantation, long-term anticoagulation, or long-term nonsteroidal anti-inflammatory drug therapy for arthritis, and those with cancer of the head and neck)
<input type="checkbox"/>	Familial adenomatous polyposis syndromes



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<input type="checkbox"/>	For confirmation and specific histologic diagnosis of radiologically demonstrated lesions 1. Suspected neoplastic lesion 2. Gastric or esophageal ulcer 3. Upper tract stricture or obstruction
<input type="checkbox"/>	GI bleeding 1. In patients with active or recent bleeding 2. For presumed chronic blood loss and for iron deficiency anemia when the clinical situation suggests an upper GI source or when colonoscopy does not provide an explanation
<input type="checkbox"/>	When sampling of tissue or fluid is indicated
<input type="checkbox"/>	In patients with suspected portal hypertension to document or treat esophageal varices
<input type="checkbox"/>	To assess acute injury after caustic ingestion
<input type="checkbox"/>	To assess diarrhea in patients suspected of having small-bowel disease (e.g., celiac disease)
<input type="checkbox"/>	Treatment of bleeding lesions such as ulcers, tumors, vascular abnormalities (e.g., electrocoagulation, heater probe, laser photocoagulation, or injection therapy)
<input type="checkbox"/>	Removal of foreign bodies
<input type="checkbox"/>	Removal of selected lesions
<input type="checkbox"/>	Placement of feeding or drainage tubes (e.g., peroral, percutaneous endoscopic gastrostomy, percutaneous endoscopic jejunostomy)
<input type="checkbox"/>	Dilation and stenting of stenotic lesions (e.g., with transendoscopic balloon dilators or dilation systems using guidewires)
<input type="checkbox"/>	Management of achalasia (e.g., botulinum toxin, balloon dilation)
<input type="checkbox"/>	Palliative treatment of stenosing neoplasms (e.g., laser, multipolar electrocoagulation, stent placement)
<input type="checkbox"/>	Endoscopic therapy of intestinal metaplasia
<input type="checkbox"/>	Intraoperative evaluation of anatomic reconstructions typical of modern foregut surgery (e.g., evaluation of anastomotic leak and patency, fundoplication formation, pouch configuration during bariatric surgery)
<input type="checkbox"/>	Management of operative complications (e.g., dilation of anastomotic strictures, stenting of anastomotic disruption, fistula, or leak in selected circumstances)
<input type="checkbox"/>	Surveillance for malignancy in patients with premalignant conditions (e.g., Barrett's esophagus,



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	polyposis syndromes, gastric adenomas, tylosis, or previous caustic ingestion).
<input type="checkbox"/>	Other, specify: _____

Placement of Percutaneous Enteral Feeding Tube

Was a percutaneous enteral feeding tube placed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the patient receive antibiotic therapy in the 24 hours before the procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
GI Bleeding	
Did the patient demonstrate a spurting visible vessel, an oozing visible vessel or a non-bleeding visible vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the patient receive endoscopic hemostatic therapy by any modality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was there a finding of esophageal varices AND EITHER active bleeding OR stigmata of recent hemorrhage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the patient undergo esophageal variceal band ligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ulcer	
Did the patient have a duodenal or gastric ulcer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes and the <i>H. pylori</i> status was unknown, is there a plan documented for assessing <i>H. pylori</i> status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Barrett's Esophagus	
Was the indication for the procedure Barrett's esophagus screening or surveillance, or was there an endoscopic finding of Barrett's?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the length in centimeter of the Barrett's segment?	
How many specimen jars were sent to pathology?	



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Pathology	
Was Barrett's esophagus confirmed by pathology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was it dysplastic?	<input type="checkbox"/> Non-dysplastic <input type="checkbox"/> Indefinite for dysplasia <input type="checkbox"/> Low-grade dysplasia <input type="checkbox"/> High-grade dysplasia
Recommended endoscopic follow-up:	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 1 year <input type="checkbox"/> 1 and ½ years <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> Other _____
Adverse Events	
Please specify immediate adverse event(s) occurring the same day, before the patient leaves the endoscopy facility	
<input type="checkbox"/>	No Adverse Events
<input type="checkbox"/>	Bowel Perforation
<input type="checkbox"/>	Bleeding (Unplanned Intervention or Hospital Admission)
<input type="checkbox"/>	Emergency Dept visit related to EGD procedure
<input type="checkbox"/>	Hospital Admission related to EGD procedure
<input type="checkbox"/>	Sedation Related (Unplanned Intervention)
<input type="checkbox"/>	Death
<input type="checkbox"/>	Other, specify: _____



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Unit Quality Indicators

Procedure End Time to Room Ready

Note: include all procedures done in a dedicated endoscopy procedure room. Examples of excluded procedures are: non-endoscopy OR, ED, patient rooms, ICU, radiology.

<p>Procedure End Time (24-hour clock):</p> <p><i>When all therapeutic and diagnostic interventions are completed (in many, but not all cases, this is when the endoscope is removed from the patient)</i></p>	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>	m	m	d	d	y	y	y	y	H	H	M	M
m	m	d	d	y	y	y	y	H	H	M	M		
<p>Wheels Out Time (24-hour clock):</p>	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>	m	m	d	d	y	y	y	y	H	H	M	M
m	m	d	d	y	y	y	y	H	H	M	M		
<p>Room Ready Time (24-hour clock):</p> <p><i>Room is cleaned and ready to accept another patient</i></p>	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>	m	m	d	d	y	y	y	y	H	H	M	M
m	m	d	d	y	y	y	y	H	H	M	M		