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|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID  Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Auto-fill  Auto-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  MARISTAT  RACE | Patient SSN  First Name  Last Name  Birth Date  Sex  Marital Status  Race | Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: can change  Auto-fill: no change  Auto-fill: no change |  |
|  |  | **Index Upper Endoscopy** |  |  |
| 1 | ndxegdt | Enter the date of the index upper endoscopy/EGD completed during the timeframe from 1/01/2017 through 12/31/2017. | mm/dd/yyyy  **Computer will pre-fill from pull list**   |  | | --- | | >= 1/01/2017 and <= 12/31/2017 | | An upper endoscopy procedure is also known as esophagogastroduodenoscopy, or “EGD”.  Computer will pre-fill the date of the index upper endoscopy/EGD completed during the specified timeframe. |
| 2 | ndxegd | On (computer to display ndxegdt), is there documentation in the medical record that the index upper endoscopy/EGD was performed?  1. Yes  2. No | 1,2  If 1, auto-fill othndx as 95, othndxdt as 99/99/9999, and go to ndxrpt; else go to othndx | **Index upper endoscopy/EGD** = upper endoscopy/EGD performed during the specified timeframe.  Search procedure reports, surgical reports, and progress notes for documentation that an upper endoscopy/EGD was performed on the date entered in NDXegdt. Reports may also be found in VISTA Imaging. |
| 3 | othndx | During the timeframe from (computer to display ndxegdt – 30 days to ndxegdt + 30 days), is there documentation an upper endoscopy/EGD was performed?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if ndxegd = 1  If 2, go to end | Search procedure reports, surgical reports, and progress notes for documentation that an upper endoscopy/EGD was performed within 30 days prior to or after the pre-filled index upper endoscopy/EGD date.  **Exclusion Statement:**  **No documentation of an upper endoscopy/EGD was found in the medical record during the specified time frame and the case was excluded.** |
| 4 | othndxdt | Enter the date of the most recent upper endoscopy/EGD performed during the timeframe from (computer to display ndxegdt – 30 days to ndxegdt + 30 days). | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if  ndxegd = 1   |  | | --- | | <= 30 days prior to ndxegdt and <= 30 days after ndxegdt and < = stdyend | | If more than one upper endoscopy/EGD was performed during the timeframe, enter the date of the most recent upper endoscopy/EGD. |
| 5 | ndxrpt | Where was the index upper endoscopy/EGD procedure report found in the medical record?  3. Procedure report found in CPRS  4. Procedure report found in VISTA imaging  99. Procedure report not found in medical record | 3,4,99   |  | | --- | | Warning if 99 and ndxegd = 1 |   If 99, go to end | If the report is found in CPRS AND either Vista Imaging or Joint Legacy Viewer (JLV), enter Value 3  If the actual upper endoscopy/EGD report is not found in CPRS, VISTA imaging, or JLV, enter “99”.  **Suggested data sources:** Notes, consults, procedures, VISTA imaging, JLV, surgical report  **Exclusion Statement:**  **No documentation of the upper endoscopy/EGD was found in the medical record during the specified time frame and the case was excluded.** |
| 6 | egdrsn1  egdrsn2  egdrsn3  egdrsn4  egdrsn5  egdrsn6  egdrsn7  egdrsn8  egdrsn9  egdrsn10  egdrsn11  egdrsn12  egdrsn13  egdrsn14  egdrsn15  egdrsn16  egdrsn17  egdrsn18  egdrsn19  egdrsn20  egdrsn21  egdrsn22  egdrsn23  egdrsn24  egdrsn25  egdrsn26  egdrsn27  egdrsn99 | Is there physician/APN/PA documentation of a specific reason (indication) the index upper endoscopy/EGD was performed?  **Select all that apply:**   * 1. Evaluation for Barrett’s esophagus   2. Cirrhosis   3. Dysphagia (trouble swallowing), achalasia   4. Odynophagia (pain with swallowing)   5. GI bleeding (melena/black stools, hematemesis/throwing up blood, anemia/low blood counts, mention of blood in stools, FOBT/FIT +, etc.)   6. Esophageal varices   7. Stenosis   8. Fistula   9. Malignancy   10. Bleeding lesions   11. Suspected Ulcer   12. Esophagitis   13. Foreign body (e.g., “food impaction”)   14. Abnormal imaging study (xray, CT, MRI, barium esophagram/Upper GI series)   15. Feeding tube placement   16. Weight loss/malnutrition/early satiety   17. Diarrhea/loose stools   18. Bloating/Gas pain   19. Gastritis   20. Anemia (iron deficiency)   21. Nausea/vomiting   22. Jaundice (yellowing of the skin or eyes)   23. Gastroesophageal reflux disease (GERD, “heartburn”, “globus”, “reflux”)   24. Chest pain (non-cardiac)  25. Abdominal pain | **1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,99**  If egdrsn27 = -1, go to othegdrsn | **Only Acceptable Source: Upper Endoscopy (EGD) Report or Upper Endoscopy (EGD) Procedure Note**  Other terms for reason may be used (e.g., pre-operative diagnosis). Documentation of terms such as “Rule out (r/o)”, “Patient complains of (c/o)” may precede the reason/indication(s).   * Barrett’s esophagus - may be a complication of GERD; normal tissue lining the esophagus changes to tissue that resembles the lining of the intestine. Acceptable terms for evaluation may include screening or surveillance for Barrett’s esophagus. * Esophageal varices - abnormal, enlarged veins in esophagus; if the indication notes screening for esophageal varices due to cirrhosis, select option 2 and 6 * Feeding tube placement - gastrostomy/PEG tube * Stenosis -- narrowing in the esophagus, such as by a stricture or other lesion; if the indication notes the need for dilation, select option 7; Note: if the lesion causing the narrowing is cancer/malignancy, select Option 9 instead. * Abdominal pain - a very general indication; if there is a more specific description of indication, that should be selected in addition to abdominal pain. If the term dyspepsia is mentioned, select option 25. |
|  |  | 26. Hiatal hernia  27. Other  99. No indication documented |  |  |
| 7 | othegdrsn | Enter the other reason/indication the index upper endoscopy/EGD was performed that is documented in the procedure report.   |  | | --- | |  | | **Free text** | If the reason/indication documented in the upper endoscopy/EGD report is not in the list for EGDRSN, PLEASE enter the exact Reason/Indication documented in the EGD report. |
| 8 | egdfnd1  egdfnd2  egdfnd3  egdfnd4  egdfnd5  egdfnd6  egdfnd7  egdfnd8  egdfnd9  egdfnd10  egdfnd11  egdfnd12  egdfnd13  egdfnd14 | What were the findings of the index upper endoscopy/EGD documented in the medical record?  **Select all that apply:**   * 1. Esophageal or gastric (stomach) varices   2. Esophageal stricture/stenosis   3. Fistula   4. Malignancy   5. Barrett’s esophagus   6. Portal hypertensive gastropathy (PHG)   7. Foreign body   8. Esophagitis   9. Ulcer of the esophagus, stomach, or duodenum (small intestine)   10. Mass/nodule in the esophagus, stomach, or duodenum (small intestine)   11. Erythema (redness/gastritis/duodenitis) of the stomach or duodenum   12. No abnormal findings   13. Hiatal hernia   14. Other | 1,2,3,4,5,6,7,8,9,10,11,12,13,14  If egdfnd14 = -1, go to othrfnd   |  | | --- | | Hard Edit: cannot enter egdfnd12 if any egdfnd1-11 or egdfnd13 or 14 = -1 | | **Only Acceptable Source: Upper Endoscopy (EGD) Report or Upper Endoscopy (EGD) Procedure Note**  Review the “Findings” and/or “Impressions” sections of the procedure report and indicate the findings that are documented. Conditions may apply only to the esophagus or to the stomach and/or small intestine   * If “Schatzki ring”, “esophageal ring” or “narrowed esophagus” is mentioned in findings, select option 2. * Barrett’s esophagus - findings may note the presence of “salmon-colored mucosa”; to assess whether there has been a finding of Barrett’s esophagus, please review BOTH the procedure report and anatomic pathology/biopsy results. There must be documentation of suspicion of Barrett’s esophagus in procedure report AND confirmation of Barrett’s esophagus on pathology/biopsy results (e.g., “intestinal metaplasia,” “goblet cells,” or “Barrett’s esophagus.”) DO NOT mark Barrett’s esophagus as a finding unless BOTH elements are present in the record. * If the procedure report indicates normal findings and/or reference to an “irregular Z-line” this should be interpreted as a normal exam, select value 12. |
| 9 | othrfnd | Enter the other findings documented in the index upper endoscopy/EGD report.   |  | | --- | |  | | **Free text** | If the findings documented in the upper endoscopy/EGD report are not in the list for EGDFND, PLEASE enter the exact Finding(s)/Impression(s) documented in the EGD report. |

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| 10 | egdintv1 egdintv2  egdintv3  egdintv4  egdintv5  egdintv6  egdintv7  egdintv8  egdintv9  egdintv10 | Is there documentation any of the following interventions were performed during the index upper endoscopy/EGD?   |  |  | | --- | --- | | **Intervention** | **Field Format**  If all egdintv = 2, go to biopsy1; else go to anesegd | | 1. Feeding tube placement (gastrostomy, ”PEG” tube)  1. Yes  2. No | 1,2 | | 2. Removal of a foreign body (most commonly food but could be another object)      1. Yes      2. No | 1,2 | | 3. Injection of any substance into the esophagus, stomach, or duodenum  1. Yes      2. No | 1,2 | | 4. Treatment of varices of the esophagus or stomach with banding/ligation or injection of a sclerosing agent  1. Yes  2. No | 1,2 | | 5. Control of bleeding in the esophagus, stomach, or duodenum (No mention of varices)  1. Yes  2. No | 1,2 | | 6. Dilation of the esophagus or stomach (pylorus/gastric outlet) by any method (guidewire, balloon, etc.)  1. Yes  2. No | 1,2 | | 7. Placement of a stent in the esophagus, stomach (gastric), or duodenum (small intestine)  1. Yes  2. No | 1,2 |   **Cont’d next page** | | **Only Acceptable Source: Upper Endoscopy (EGD) Report or Upper Endoscopy (EGD) Procedure Note**  Indicate if there is documentation of each intervention in the procedure report for the index upper endoscopy. |
|  |  | |  |  | | --- | --- | | 8. “Ablation” of tissue in the esophagus, stomach (gastric), or duodenum (small intestine)  1. Yes  2. No | 1,2 | | 9. Removal of a polyp (polypectomy) or nodule in the esophagus, stomach, or duodenum by any method (ex. snare, heat)  1. Yes  2. No | 1,2 | | 10. Thermal treatment to the lower esophagus or upper stomach (“cardia”) (“RFA” or “radiofrequency ablation”)  1. Yes  2. No | 1,2 | | |  |
| 11 | biopsy1 | Was a biopsy of any tissue in the esophagus, stomach, or duodenum performed during the index procedure?  1. Yes  2. No | 1,2 | Biopsy - removal of tissue for microscopic examination to discover the presence, cause, or extent of a disease.  **Suggested Data Sources:** Consult note, Pathology reports, Procedure report, Progress note |
| 12 | anesegd | Is there any indication that an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) was present at the time of the index upper endoscopy/EGD to sedate the patient for the procedure?  1. Yes  2. No | 1,2 | The intent of this question is to determine if the patient was sedated for the procedure under the supervision of an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA). This type of procedural sedation may be documented as Monitored Anesthesia Care (MAC).  Look at the index upper endoscopy/EGD report and any peri-procedural notes (including sedation records) available in the medical record for documentation of procedural sedation.  **Note:** may see the terms “anesthesiologist,” “CRNA (Certified Registered Nurse Anesthetist)”, “Propofol” (under medications), “See anesthesia note,” or “MAC (monitored anesthesia care).”  If any of the above terms are documented, select “Yes.”  If none of these terms are present, select “No.” |

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|  |  | **Non-Index Upper Endoscopy** |  |  |
| 13 | noninegdt | Enter the date of the non-index upper endoscopy/EGD performed within 10 years prior to the index upper endoscopy/EGD. | mm/dd/yyyy  **Computer will pre-fill date of the non-index upper endoscopy**  **\*If null, go to end**   |  | | --- | | <= 10 years prior to ndxegdt | | Computer will pre-fill the date of the non-index upper endoscopy performed within 10 years prior to the index upper endoscopy/EGD. |
| 14 | noninegd | On (computer to display noninegdt), is there documentation in the medical record the non-index upper endoscopy/EGD was performed?  1. Yes  2. No | 1,2  If 1, auto-fill othnondx as 95, othnondxdt as 99/99/9999, and go to noninrpt; else go to othnondx | **Non-Index upper endoscopy/EGD** = upper endoscopy/EGD performed within 10 years prior to the index upper endoscopy/EGD  Search procedure reports, surgical reports, and progress notes for documentation that an upper endoscopy/EGD was performed on the date entered in NONINegdt. Reports may also be found in VISTA Imaging. |
| 15 | othnondx | During the timeframe from (computer to display noninegdt – 30 days to noninegdt + 30 days), is there documentation an upper endoscopy/EGD was performed?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if noninegd = 1  If 2, go to end | Search procedure reports, surgical reports, and progress notes for documentation that an upper endoscopy/EGD was performed within 30 days prior to or after the pre-filled non-index upper endoscopy/EGD date. |
| 16 | othnondxdt | Enter the date of the most recent upper endoscopy/EGD performed during the timeframe from (computer to display noninegdt – 30 days to noninegdt + 30 days). | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if  noninegd = 1   |  | | --- | | <= 30 days prior to noninegdt and <= 30 days after noninegdt and < = stdyend | | If more than one upper endoscopy/EGD was performed during the timeframe, enter the date of the most recent upper endoscopy/EGD. |
| 17 | noninrpt | Where was the upper endoscopy/EGD procedure report for the procedure on (computer to display noninegdt) found in the medical record?  3. Procedure report found in CPRS  4. Procedure report found in VISTA imaging  99. Procedure report not found in medical record | 3,4,99  Warning if 99 and noninegd = 1  If 99, go to end | If the report is found in CPRS AND either VISTA imaging or JLV, enter Value 3.  If the actual upper endoscopy/EGD report is not found in CPRS, VISTA imaging or Joint Legacy Viewer (JLV), enter “99”.  **Suggested data sources:** Notes, consults, procedures, VISTA imaging, JLV, surgical report |
| 18 | noninrsn1  noninrsn2  noninrsn3  noninrsn4  noninrsn5  noninrsn6  noninrsn7  noninrsn8  noninrsn9  noninrsn10  noninrsn11  noninrsn12  noninrsn13  noninrsn14  noninrsn15  noninrsn16  noninrsn17  noninrsn18  noninrsn19  noninrsn20  noninrsn21  noninrsn22  noninrsn23  noninrsn24  noninrsn25  noninrsn26  noninrsn27  noninrsn99 | Is there physician/APN/PA documentation of the specific reason/indication the non-index upper endoscopy/EGD was performed?  **Select all that apply:**   1. Evaluation for Barrett’s esophagus 2. Cirrhosis 3. Dysphagia (trouble swallowing), achalasia 4. Odynophagia (pain with swallowing) 5. GI bleeding (melena/black stools, hematemesis/throwing up blood, anemia/low blood counts, mention of blood in stools, FOBT/FIT +, etc.) 6. Esophageal varices 7. Stenosis 8. Fistula 9. Malignancy 10. Bleeding lesions 11. Suspected Ulcer 12. Esophagitis 13. Foreign body (e.g., “food impaction”) 14. Abnormal imaging study (xray, CT, MRI, barium esophagram/Upper GI series) 15. Feeding tube placement 16. Weight loss/malnutrition/early satiety 17. Diarrhea/loose stools 18. Bloating/Gas pain 19. Gastritis 20. Anemia (iron deficiency) 21. Nausea/vomiting 22. Jaundice (yellowing of the skin or eyes) 23. Gastroesophageal reflux disease (GERD, “heartburn”, “globus”, “reflux”) 24. Chest pain (non-cardiac) 25. Abdominal pain   26. Hiatal hernia  27, Other  99. No indication documented | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,99  If 27 = -1, go to othnonrsn | **Only Acceptable Source: Upper Endoscopy (EGD) Report or Upper Endoscopy (EGD) Procedure Note**  Other terms for reason may be used (e.g., pre-operative diagnosis).  Documentation of terms such as “Rule out (r/o)”, “Patient complains of (c/o)” may precede the reason/indication(s).   * Barrett’s esophagus - may be a complication of GERD; normal tissue lining the esophagus changes to tissue that resembles the lining of the intestine. Acceptable terms for evaluation may include screening or surveillance for Barrett’s esophagus. * Esophageal varices - abnormal, enlarged veins in esophagus; if the indication notes screening for esophageal varices due to cirrhosis, select option 2 and 6. * Feeding tube placement - gastrostomy/jejunostomy/PEG tube * Stenosis -- narrowing in the esophagus, such as by a stricture or other lesion; if the indication notes the need for dilation, select option 7 stenosis; Note: if the lesion causing the narrowing is cancer/malignancy, select Option 9 instead. * Abdominal pain - a very general indication; if there is a more specific description of indication, that should be selected in addition to abdominal pain. |
| 19 | othnonrsn | Enter the other documented reason/indication for the non-index upper endoscopy.   |  | | --- | |  | | Free text entry | If the documented reason/indication for the non-index upper endoscopy/EGD is not in the list for NONINRSN, enter what is documented in the medical record. |
| 20 | noninfnd1  noninfnd2  noninfnd3  noninfnd4  noninfnd5  noninfnd6  noninfnd7  noninfnd8  noninfnd9  noninfnd10  noninfnd11  noninfnd12  noninfnd13 | What were the findings of the non-index upper endoscopy/EGD documented in the medical record?  **Select all that apply:**  1. Esophageal or gastric (stomach) varices  2. Esophageal stricture/stenosis  3. Fistula  4. Malignancy  5. Barrett’s esophagus  6. Portal hypertensive gastropathy (PHG)  7. Foreign body  8. Esophagitis  9. Ulcer of the esophagus, stomach, or duodenum (small intestine)  10. Mass/nodule in the esophagus, stomach, or duodenum (small intestine)  11. Erythema (redness/gastritis/duodenitis) of the stomach or duodenum  12. No abnormal findings  13. Hiatal hernia  14. Other | 1,2,3,4,5,6,7,8,9,10,11,12,13,14  If 14 = -1, go to othnonfnd   |  | | --- | | Hard Edit - cannot enter noninfnd12 if any noninfnd1-11 or noninfnd13 or 14 = -1 | | **Only Acceptable Source: Upper Endoscopy (EGD) Report or Upper Endoscopy (EGD) Procedure Note**  Review the “Findings” and/or “Impressions” sections of the procedure report and indicate the findings that are documented. Conditions may apply only to the esophagus or to the stomach and/or small intestine   * If “Schatzki ring”, “esophageal ring” or “narrowed esophagus” is mentioned in findings, select option 2. * Barrett’s esophagus - findings may note the presence of “salmon-colored mucosa”; to assess whether there has been a finding of Barrett’s esophagus, please review BOTH the procedure report and anatomic pathology/biopsy results. There must be documentation of suspicion of Barrett’s esophagus in procedure report AND confirmation of Barrett’s esophagus on pathology/biopsy results (e.g., “intestinal metaplasia,” “goblet cells,” or “Barrett’s esophagus.”) DO NOT mark Barrett’s esophagus as a finding unless BOTH elements are present in the record. * If the procedure report indicates normal findings and/or reference to an “irregular Z-line” this should be interpreted as a normal exam, select value 12. |
| 21 | othnonfnd | Enter the other documented finding for the non-index upper endoscopy/EGD.   |  | | --- | |  | | Free text entry | If the documented finding(s) for the non-index upper endoscopy/EGD is not in the list for NONINFND, PLEASE enter the exact Finding(s)/Impression(s) documented in the EGD report. |
| 22 | nonintv1  nonintv2  nonintv3  nonintv4  nonintv5  nonintv6  nonintv7  nonintv8  nonintv9  nonintv10 | Is there documentation any of the following interventions were performed during the non-index upper endoscopy/EGD?   |  |  | | --- | --- | | **Intervention** | **Field Format** | | 1. Feeding tube placement (gastrostomy, ”PEG” tube)  1. Yes  2. No | 1,2 | | 2. Removal of a foreign body (most commonly food but could be another object)      1. Yes      2. No | 1,2 | | 3. Injection of any substance into the esophagus, stomach, or duodenum  1. Yes      2. No | 1,2 | | 4. Treatment of varices of the esophagus or stomach with banding/ligation or injection of a sclerosing agent  1. Yes  2. No | 1,2 | | 5. Control of bleeding in the esophagus, stomach, or duodenum (No mention of varices)  1. Yes  2. No | 1,2 | | 6. Dilation of the esophagus or stomach (pylorus/gastric outlet) by any method (guidewire, balloon, etc.)  1. Yes  2. No | 1,2 | | 7. Placement of a stent in the esophagus, stomach (gastric), or duodenum (small intestine  1. Yes  2. No | 1,2 | | | **Only Acceptable Source: Upper Endoscopy (EGD) Report or Upper Endoscopy (EGD) Procedure Note**  Indicate if there is documentation of each intervention in the procedure report for the non-index upper endoscopy/EGD. |
|  |  | |  |  | | --- | --- | | 8. “Ablation” of tissue in the esophagus, stomach (gastric), or duodenum (small intestine)  1. Yes  2. No | 1,2 | | 9. Removal of a polyp (polypectomy) or nodule in the esophagus, stomach, or duodenum by any method (ex. snare, heat)  1. Yes  2. No | 1,2 | | 10. Thermal treatment to the lower esophagus or upper stomach (“cardia”) (“RFA” or “radiofrequency ablation”)  1. Yes  2. No | 1,2 | | **If all nonintv= 2,**  **go to biopsy2** | | | |  |
| 23 | biopsy2 | Was a biopsy of any tissue in the esophagus, stomach, or duodenum performed during the non-index upper endoscopy/EGD?  1. Yes  2. No | 1,2 | Biopsy - removal of tissue for microscopic examination to discover the presence, cause, or extent of a disease.  **Suggested Data Sources:** Consult note, Pathology reports, Procedure report, Progress note |
| 24 | newdxref | During the timeframe from (computer to display ndxegdt-180 days to ndxegdt) is there physician/APN/PA documentation of a new symptom or diagnosis since the non-index upper endoscopy/EGD that resulted in the referral for the index upper endoscopy/EGD?  1. Yes  2. No | **1,2**  If 2, auto-fill specdx as 95 | Review all progress notes in the 180 days preceding the index upper endoscopy/EGD for documentation of patient symptoms and/or a diagnosis that resulted in the referral for the index upper endoscopy/EGD. Documentation of terms such as “Rule out (r/o)”, “Patient complains of (c/o)” may precede the reason/indication(s).  Symptoms and/or diagnoses may include but are not limited to:   * + Barrett’s esophagus   + Cirrhosis   + Dysphagia (trouble swallowing), achalasia   + Odynophagia (pain with swallowing)   + GI bleeding (melena/black stools, hematemesis/throwing up blood, anemia/low blood counts, mention of blood in stools, FOBT/FIT +, etc.)   + Esophageal varices   + Stenosis/fistula/malignancy (cancer)   + Bleeding lesions   + Suspected Ulcer   + Esophagitis   + Foreign body (ex. “food impaction”)   + Abnormal imaging study (xray, CT, MRI, barium esophagogram/Upper GI series)   + Feeding tube placement   + Weight loss/malnutrition/earlysatiety   + Diarrhea/loose stools   + Bloating/Gas pain   + “Gastritis”   + Anemia (iron deficiency)   + Nausea/vomiting   + Jaundice (yellowing of the skin or eyes)   + Gastroesophageal reflux disease (GERD) [Note: may see language such as “heartburn,” “globus”, “reflux”]   + Chest pain (non-cardiac)   + Abdominal pain   + Hiatal hernia |
| 26 | specdx1  specdx2  specdx3  specdx4  specdx5  specdx6  specdx7  specdx8  specdx9  specdx10  specdx11  specdx12  specdx13  specdx14  specdx15  specdx16  specdx17  specdx18  specdx19  specdx20  specdx21  specdx22  specdx23  specdx24  specdx25  specdx26  specdx27  specdx95 | Indicate the new symptom(s) or diagnosis documented in the medical record that resulted in the referral for the index upper endoscopy/EGD.  **Select all that apply**:   1. Evaluation for Barrett’s esophagus 2. Cirrhosis 3. Dysphagia (trouble swallowing), achalasia 4. Odynophagia (pain with swallowing) 5. GI bleeding (melena/black stools, hematemesis/throwing up blood, anemia/low blood counts, mention of blood in stools, FOBT/FIT +, etc.) 6. Esophageal varices 7. Stenosis 8. Fistula 9. Malignancy 10. Bleeding lesions 11. Suspected Ulcer 12. Esophagitis 13. Foreign body (e.g., “food impaction”) 14. Abnormal imaging study (xray, CT, MRI, barium esophagram/Upper GI series) 15. Feeding tube placement 16. Weight loss/malnutrition/early satiety 17. Diarrhea/loose stools 18. Bloating/Gas pain 19. Gastritis 20. Anemia (iron deficiency) 21. Nausea/vomiting 22. Jaundice (yellowing of the skin or eyes) 23. Gastroesophageal reflux disease (GERD, “heartburn”, “globus”, “reflux”) 24. Chest pain (non-cardiac)   25. Abdominal pain  26. Hiatal hernia  27. Other  95. Not Applicable | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,95  If 27 = -1, go to othrsym | Review all progress notes in the 180 days preceding the index upper endoscopy for documentation of patient symptoms and/or a diagnosis. Documentation of terms such as “Rule out (r/o)”, “Patient complains of (c/o)” may precede the specific term(s).   * Barrett’s esophagus - may be a complication of GERD; normal tissue lining the esophagus changes to tissue that resembles the lining of the intestine. Acceptable terms for evaluation may include screening or surveillance for Barrett’s esophagus. * Esophageal varices - abnormal, enlarged veins in esophagus; if the indication notes screening for esophageal varices due to cirrhosis, select option 2 and 6 * Feeding tube placement - gastrostomy/jejunostomy/PEG tube * Stenosis -- narrowing in the esophagus, such as by a stricture or other lesion; if the indication notes the need for dilation, select option 7; Note: if the lesion causing the narrowing is cancer/malignancy, use Option 9 instead. * Abdominal pain - a very general indication; if there is a more specific description of indication, that should be selected in addition to abdominal pain. |

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| 26 | othrsym | Enter the other documented symptom(s) and /or diagnosis.   |  | | --- | |  | | Free text entry | If the documented symptom(s) and/or diagnosis that resulted in referral for the index upper endoscopy/EGD is not in the list for SPECDX, PLEASE enter the exact Symptom/Diagnosis documented in the medical record. |