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|  |  | **Organizational Identifiers** |  |  |
|  | VAMCCONTROLQICBEGDTEREVDTE | Facility IDControl NumberAbstractor IDAbstraction Begin DateAbstraction End Date | Auto-fillAuto-fillAuto-fillAuto-fillAuto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSNPTNAMEFPTNAMELBIRTHDTSEXMARISTATRACE | Patient SSNFirst NameLast NameBirth DateSexMarital StatusRace | Auto-fill: no changeAuto-fill: no changeAuto-fill: no changeAuto-fill: no changeAuto-fill: can changeAuto-fill: no changeAuto-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**

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| >= 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. Yes2. No  |  1,2If 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. Yes2. No95. Not applicable | 1,2,95Will be auto-filled as 95 if ndxegd = 1If 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/yyyyWill be auto-filled as 99/99/9999 if ndxegd = 1

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| <= 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 CPRS4. Procedure report found in VISTA imaging99. Procedure report not found in medical record | 3,4,99

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| 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 3If 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 | egdrsn1egdrsn2egdrsn3egdrsn4egdrsn5egdrsn6egdrsn7egdrsn8egdrsn9egdrsn10egdrsn11egdrsn12egdrsn13egdrsn14egdrsn15egdrsn16egdrsn17egdrsn18egdrsn19egdrsn20egdrsn21egdrsn22egdrsn23egdrsn24egdrsn25egdrsn26egdrsn27egdrsn99 | 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 hernia27. Other99. No indication documented |  |  |
| 7 | othegdrsn | Enter the other reason/indication the index upper endoscopy/EGD was performed that is documented in the procedure report.

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 | **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 | egdfnd1egdfnd2egdfnd3egdfnd4egdfnd5egdfnd6egdfnd7egdfnd8egdfnd9egdfnd10egdfnd11egdfnd12egdfnd13egdfnd14 | 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
 | 1,2,3,4,5,6,7,8,9,10,11,12,13,14If egdfnd14 = -1, go to othrfnd

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| 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.
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| 9 | othrfnd | Enter the other findings documented in the index upper endoscopy/EGD report.

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 | **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 egdintv2egdintv3egdintv4egdintv5egdintv6egdintv7egdintv8egdintv9egdintv10 | Is there documentation any of the following interventions were performed during the index upper endoscopy/EGD?

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| **Intervention** | **Field Format**If all egdintv = 2, go to biopsy1; else go to anesegd |
| 1. Feeding tube placement (gastrostomy, ”PEG” tube)1. Yes2. 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. |
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| 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. Yes2. 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. Yes2. 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**

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| <= 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. Yes2. No  |  1,2If 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/EGDSearch 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. Yes2. No95. Not applicable | 1,2,95Will be auto-filled as 95 if noninegd = 1If 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/yyyyWill be auto-filled as 99/99/9999 if noninegd = 1

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| <= 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 CPRS4. Procedure report found in VISTA imaging99. Procedure report not found in medical record | 3,4,99Warning if 99 and noninegd = 1If 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 | noninrsn1noninrsn2noninrsn3noninrsn4noninrsn5noninrsn6noninrsn7noninrsn8noninrsn9noninrsn10noninrsn11noninrsn12noninrsn13noninrsn14noninrsn15noninrsn16noninrsn17noninrsn18noninrsn19noninrsn20noninrsn21noninrsn22noninrsn23noninrsn24noninrsn25noninrsn26noninrsn27noninrsn99 | 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 hernia27, Other99. No indication documented | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,99If 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.
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| 19 | othnonrsn | Enter the other documented reason/indication for the non-index upper endoscopy.

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 | 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 | noninfnd1noninfnd2noninfnd3noninfnd4noninfnd5noninfnd6noninfnd7noninfnd8noninfnd9noninfnd10noninfnd11noninfnd12noninfnd13 | 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) varices2. Esophageal stricture/stenosis3. Fistula4. Malignancy5. Barrett’s esophagus 6. Portal hypertensive gastropathy (PHG)7. Foreign body8. Esophagitis9. 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 duodenum12. No abnormal findings13. Hiatal hernia14. Other | 1,2,3,4,5,6,7,8,9,10,11,12,13,14If 14 = -1, go to othnonfnd

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| 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.

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 | 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 | nonintv1nonintv2nonintv3nonintv4nonintv5nonintv6nonintv7nonintv8nonintv9nonintv10 | 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. Yes2. 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. |
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| --- | --- |
| 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. Yes2. 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. Yes2. 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 | specdx1specdx2specdx3specdx4specdx5specdx6specdx7specdx8specdx9specdx10specdx11specdx12specdx13specdx14specdx15specdx16specdx17specdx18specdx19specdx20specdx21specdx22specdx23specdx24specdx25specdx26specdx27specdx95 | 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 pain26. Hiatal hernia27. Other 95. Not Applicable | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,95If 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.

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 | 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. |