## **Pediatric Gastroenterology, Hepatology and Nutrition Research Center** Endoscopy Questionary Form for caustic agent Ingestion and harmful material

First Name:	Family name:	Age:	Sex:	Date of birth:	Father name:
Race:	Patient National number:		Father/ mother I	National number:	
Hospital file number:		Phone / mobile number:		Address:	

1 – Please fill the chi	ld growth a	nd developmental st	atus.							
Weight:		Height:	Head circu	mfere	ence:		BMI:		Z-Sco	re:
2- Please determine	the status of	neuropsychological	developme	nt.						
Normal		Autism	Mental ret	ard	Hy	peractive	Dep	pression		Other
3-please determine th	he socio-cult	tural status of the fa	mily.				•			
Education status of	Illiterate	Junior School	Diploma	AA	/AS	BA/BS	MA/MS	PhD/Doctor	job	Housewife
parents										
Father										
Mother										
Nurse care										
Another child care										

4- please determ	4- please determine child care status.										
Two parents	Single parent Father care	Single parent Mother care	Nurse care	Grandmother /grandfather	Non-nurse care	Other					

5- please determ	nine how swal	lowed ob	jects occur.				
Accidental	Intentional		Swallowing seen Swallowing not seen St		een Suicide	child abuse	Other
6- please determ	nine the time	nterval l	between the swallowed	l caustic agent and	the time of endo	scopy in the hospital.	
< 12 hr	12 -	18 hr	18 - 24 hr	24 – 72 hr	72 – 96 hr	>96 hr	Other
7- Please deter	mine the dura	ion of re	ferral from the first v	isit by a doctor or l	health center to t	the hospital (in case of	referral).
Referred Hosp	ital < (	6 hr	6 – 12 hr	12 – 18 hr	18 – 24 hr	24 - 72 hr	>72 hr

8- please	determine	by who	om and he	ow was	the pa	tient refe	erred?									
Direct by	y parent	Em	ergency	service	115	Gen	eral physic	ian	Ped	iatricia	ns/ inter	nist	Pec	liatric	Gastr	oenterologist
9. please	determine t	he type	e and quali	ity of cau	istic ag	ent.										
Spray / Foam	Powder/ spangle	Jelly	Liquid	Solid	Con	centration	PH	Whit	ex / be	lching	Alkaliı	ne	Acid	Bra com	nd or pany	Name of corrosive agent
Arsenic ag	gent				Rice	Tab	Drug	Para	acoat	Petrole	eum or Are	omatic	agent			
Amount of	f ingested															
< 5 cc		5 –	10 cc		10	0 - 20 cc		20-3	80 cc			> 3	0 cc		Other	•••••
10. please	determine th	e specif	ications of	f contain	ers con	taining m	aterials.									
	rown colored ntainer	At	tractive col container		-	o open or	Protective door	plas	stic bag	-	astic ottle	Glass	bottle		ome tainer	Company container
Mine	ral water bottl	e														
								•		•						•

11- Please determine the storage location of the caustic agent that the child has been exposed to.										
Safe place indoors	Kitchen cabin	storeroom	Toilet cabin	Bathroom cabin	Kitchen space	Parking	Another place			
12- Which of the following	g symptoms has the p	atient referred t	0?							

Refuse od feeding	Sialorrhea/ drooling	Nausea	Bloody Vomiting	Vomiting	Refuse of Drinking	Asymptomatic
Cough	Cyanosis	Fever	Respiratory	distress	Chocking	Chest pain

NO		Yes		NO	Yes		NO	Yes		NO	Y	les			endosco	ру	
	charcoal asogastric inser			Cortico			IV An				Antibiotic				cedures		re
17- Please fill None	Activated	Fruit	U	e endoscoj se of neutr Mi	ralizers		Wa	nter		Stimu NO	lation of vo	omitin; Zes	g	Be	efore ref	erral	
			11.														_
	Lisoph	-9-m por		Cubt	1 0110										Shot		
<b>16 - Please id</b> No side effect	tentify the ad	c <mark>ute com</mark> ageal per			ndoscop ric Perfo		Pneu	momedia	astinum	Pn	eumothora	ax I	Mediasti	nitis	Shoo	k /d	eath
No side effe	ct Esophag perforat	geal ion	Medias	tinitis	Pneumo	thorax		nomedia	stinum	Ga	stric perfo	ratior	n S	Shock/	death	Otł	ıer
15- Please io	lentify the ad	cute com	plication	of the ca	austic ag	gent in	gestion.										
Obstruction	Other																
Duodenum Normal	Superficial erythema	Erosiv	ve lesion		ive erosiv esion	e	Superfic	ial Small cer	De	ep sma	ll ulcer	La	rge ulcer		Per	forati	.on
					-		ne	ecrosis		with	out perforat	tion	p	erforat	ion		
Stomach Normal M	ild local erythe	ma withou	it necrosis	Diffus	se eryther	na N	Aild local	erythem	a with	Exte	nsive necro	osis	Extensi	ve neci	rosis wit	h	Othe
			IIA		gra	de IIB		grade III	ÍA	_	IIIB						
Esophagus Normal	Esophagitis gra	ade I	Esophagiti			phagitis		Esophagi		Esop	bhagitis gra	de	Esopha	agitis g	rade IV		Othe
Nori	mal		ema / mation	Necrosis	Bol	us	Ra	pture		Hei	norrhagic		B	leeding		0	ther
Vocal cord					-	,										_	
Normal	Oral o	avity eryt	hema	Oral bo	olus	Oral	mucosa n	iecrosis	Epig	glottic r	necrosis	Ton	gue necro	0818	0	)ther	
Organ damaş Oropharynx	, 									1	· · ·						
Vomiting		GI ble	eeing		Oth	er body	site burn	l		Child	abuse sign				Other	•	
Other		Irrita	-				hal pain				ethargy				Shock		
Fever		Tachy				Tachy					atory distres	55		E	mphyser	na	
			-	inema	Ten oral			0515					1			-	
13- Which of Normal	the following	-	loes the pa		e <b>in the c</b> l Peri oral					F	nd neck Bu			T 1	chest cr	•.	
-		-															
Abdominal p	ain I	ritability			Deci	ease le	vel of con	sciousne	ess		Dysphag	jia		Sh	ock/ arr	est	

No side effect	Esophageal stenosis needs Balloon dilatation	Esophageal stricture requires surgery	Esophagectomy	Gastric Pull-up	Gastrectomy	Death

19 – please identify	the anesthesia measu	res.				
	Anesthesia side effect			داروی بیهوشی		Without tracheal intubation
Apnea	Tachycardia	Seizure	Sevoflurane	Propofol	Midazolam	
Bronchospasm	Bradycardia	Arrythmia	Etomidate	Atropine	Ketamine	Tracheal intubation
Transit hypoxia	Hypotension	Need intubation	Lidocaine	Ondansetron	Fentanyl	
Buking	Hypertension	Cardiac arrest	Epinephrin			
Urticaria	Flashing	Nausea				
Transit O2 sat drop						

Grading esophagitis based on endoscopic appearance

Grade 0: Normal mucosa

Grade I: Esophagitis: Erythema and brief mucosal edema

Grade II-A esophagitis: noncircumferential superficial lesions with necrotic tissue and white plaques extending less than one-third of esophageal length.

Grade II-B esophagitis: Same as Grade II with deep peripheral lesions that extend more than one-third the length of the esophagus.

Grade AIII esophagitis: Mucosal lesions and areas of necrosis in circumferential pattern that extend to less than one-third of the esophagus.

Grade III B esophagitis: Extensive necrosis that extends more than one-third of its length.

Grade IV esophagitis: Full-thickness necrosis with shock, coagulation disorders and metabolic acidosis

Please carefully complete and check the items requested in the questionnaire after taking the history, clinical examination and endoscopy by the expert treating personnel or physician, and in other items it's to be filled. Reference:

1. Walker's pediatric gastrointestinal and liver disease 5edit;2008

2. Walker's pediatric gastrointestinal and liver disease 6edit;2018

3. Wyllie pediatric gastrointestinal disease. 5edit:2016:206-222.

4. Guide line for caustic ingestion. ESPGHAN:2015;