

Pediatric Gastroenterology, Hepatology and Nutrition Research Center
Endoscopy Questionary Form For diagnostic and invasive endoscopy

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

1 – Please fill the child growth and developmental status.					
Weight:	Height:	Head circumference:	BMI:	Z-Score:	
2- Please determine the status of neuropsychological development.					
Normal	Autism	Mental retard	Hyperactive	Depression	Other

3-please determine the socio-cultural status of the family.						
Two parents	Single parent Father care	Single parent Mother care	Nurse care	Grandmother /grandfather	Non-nurse care	Other

4- please determine the socio-cultural status of the family.									
Education status of parents	Illiterate	Junior School	Diploma	AA/AS	BA/BS	MA/MS	PhD/Doctor	job	Housewife
Father									
Mother									
Nurse care									
Other child care									

5. Which of the following symptoms did the patient refer for endoscopy?						
Abdominal pain	Dysphasia	Nausea	Vomiting	Coffee grand vomiting	Hematemesis	Refuse feeding
Chronic abdominal pain	Achalasia	Malnutrition		Controlled GI bleeding	Caustic ingestion	GERD
Esophageal varices	IBD	Buginese	Stenosis	Balloon dilatation	Foreign body	Gastrostomy
Food impaction	IBS	Polyp	Obstruction	Follow up endoscopy	Celiac disease	R/O Malignancy
Rubber Band ligation				Food Allergy	Other	

6 - please determine by whom and how was the patient referred (referred hospital)?					
Direct by parent	Emergency service 115	General physician	Pediatricians/ internist	Pediatric Gastroenterologist	Referred Hospital

7- Endoscopic findings should be filled by a gastroenterologist.								
Vocal cord								
Normal	Erythema	Hemorrhagic	Blister	Ulcer	Nodule	Rapture	Other	
Esophagus								
Normal	Esophageal ring	Candidal esophagitis	Varices	Perforation	Stenosis	Ulcer	Esophagitis	Barret's
Necrosis	Displaced Z- line	Intraluminal septum	Duplication	Furrow	Tracheziation	Diverticule	Hernia	Other

Stomach						
Normal	Hypertensive gastropathy	Hypertrophic gastropathy	Diffuse nodularity	Gastric ulcer	Antral gastritis	Erythema
Necrosis	Pyloric stenosis	Outlet obstruction	Varioliform gastritis	Perforation	Gastric varices	Polyp

	Ectopic pancreatic duct	Erosive gastritis	Foreign body	Pangastritis		Other

Duodenum											
	Normal	Erythema	Ulcer	Bleeding	Nodularity	Scar	Villous Atrophy	Web/ obstruction	lymphangiectasia	Foreign body	Snow white
Bulb											
2 nd portion											
3 rd portion											
Jejunum											

8 - Please identify the acute complication of the endoscopy.								
No complication	Esophageal Ulcer	Esophageal perforation	Gastric ulcer	Gastric Perforation	Mediastinitis	Pneumothorax	Pneumomediastinum	Shock /death

9 - please identify the anesthesia measures.						
Anesthesia side effect			Anesthesia			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						

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;