

Pocket Version

Colonoscopy Checklist

Date and Time of procedure
Procedure
Patient description (demographics, risk)
Risk factors-ASA class
Indications
Consent signed
Sedation
Colonoscope used
Bowel Prep: Adequate?
Reached cecum?
Colonoscopy withdrawal time (if no biopsy)
Findings: mass, polyps, inflammation, hemorrhoids, diverticuli, etc. Give number, location, size, description, tattoo, biopsy(ies) taken and method of biopsy, whether completely removed or not, whether there was piecemeal removal, whether specimens retrieved, saline lift, sent to pathology, etc.
Specimen(s) to lab
Impression
Complications
Pathology
Recommendations; Follow-up Plan/Recall
Other

Items suggested in “Standardized colonoscopy reporting and data system (CoRADS): report of the Quality Assurance Task Group of the National Colorectal Cancer Roundtable,” Lieberman et al., *Gastrointestinal Endoscopy* 2007; 65: 757-766.

Pocket Version—Expanded with Description

Checklist of Items to Include in Colonoscopy Report

Item	Description
Date and Time	Date and Time of procedure
Procedure	Procedure planned
Patient description	Patient demographics; anticoagulation managed; prophylactic antibiotics needed
Risk factors-ASA class	Patient risk and co-morbidity; ASA classification
Indications:	Indications for colonoscopy (average risk; family history; personal history [prior colonoscopy date and findings; IBD, endometrial, ovarian cancer, genetic syndrome]; symptoms)
Consent signed	
Sedation	Sedation, Anesthesia Plan, prior anesthesia problems
Colonoscope	Type of colonoscope: model and instrument number
Bowel Prep	Adequacy of bowel prep? (especially adequate to detect polyps >5mm?)
Reached cecum	Reached the cecum? Retroflexed in rectum?
Colonoscopy withdrawal time	Colonoscopy withdrawal time (minutes) <i>if no biopsy was done</i>
Findings:	<ul style="list-style-type: none"> Number of masses, polyps, other lesions (try to give actual or estimated number rather than “several” or “multiple.”) Findings of mass, polyp and/or lesion: please note the following for EACH mass/polyp/lesion: Give location, size, description, tattoo, biopsy(ies) taken and method of biopsy, whether completely removed or not, whether there was piecemeal removal, whether specimens retrieved, saline lift, sent to pathology, etc.
	Other findings (e.g. hemorrhoids, diverticuli, AVM, inflammation, ulceration, etc.)
Specimen(s) to lab	Note number of specimens sent to lab
Impression	Assessment based on history, symptoms, findings
Complications	Unplanned events/complications and Interventions
Pathology	Pathology (results; reviewed; discussed with patient or planned)
Recommendations, Follow-up Plan/Recall	Follow-up plan; Recall interval (communicated to patient and referring provider)
Other	

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Consent signed	
Sedation	Sedation, Anesthesia Plan, prior anesthesia problems
Colonoscopy	Type of colonoscope: model and instrument number
Bowel Prep	Adequacy of bowel prep? (especially adequate to detect polyps >5mm?)
Reached cecum	Reached the cecum? Retroflexed in rectum?
Colonoscopy withdrawal time	Colonoscopy withdrawal time (minutes) <i>if no biopsy was done</i>
Findings	<ul style="list-style-type: none"> • Number of masses, polyps, other lesions (try to give actual or estimated number rather than “several” or “multiple”) • Findings of mass, polyp and/or lesion: please note the following for EACH mass/polyp/lesion: Give location, size, description, tattoo, biopsy(ies) taken and method of biopsy, whether completely removed or not, whether there was piecemeal removal, whether specimens retrieved, saline lift, sent to pathology, etc.
	Other findings (e.g. hemorrhoids, diverticuli, AVM, inflammation, ulceration, etc.)
Specimen(s) to lab	Number of specimens sent to laboratory
Impression	Assessment based on history, symptoms, findings
Complications	Unplanned events/complications and Interventions
Pathology	Pathology (results; reviewed; discussed with patient or planned)
Follow-up Plan/Recall	Follow-up plan; Recall interval (communicated to patient and referring provider)
Other	

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