

Colonoscopy report

This report needs to be completed by the Colonoscopist and provided to the patient, the referring GP and any other relevant clinician

| 1 Patient details | |
|--|-----------------------|
| Patient name | |
| MRN | |
| Date of birth / / | Age |
| Gender Male Female Non-binary | |
| 2 Organisation details | |
| Name of the organisation | |
| Colonoscopist's name | |
| Colonoscopist's phone number | |
| Procedure | |
| Procedure date and time / / | |
| 3 Referring general practitioner | |
| Doctor's name | Doctor's phone number |
| 4 Provisional diagnosis and indication | |

| 5 Sedation | | | |
|--------------------|--------------------|---------------|---------------------|
| ASA classification | | | |
| Anaesthetic class | | | |
| Class 1 | Class 2 | Class 3 | Class 4 |
| Sedation used | | | |
| No Sedation | Conscious Sedation | Deep Sedation | General Anaesthesia |
| | | | |

Sedationist's name



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| 6 Result | | | | | | | |
|---|------------------|---------|------------------|----------------|----------------|-------------|--|
| Bowel preparation | Excellent | Good | Fair | Inadequate | | | |
| Insert Boston Bowel Preparation Score or tick a box | | | | | | | |
| Depth of insertion | | | | | | | |
| Terminal ileum | Hepatic flexure | | Descending colon | | | | |
| Caecum | Transverse colon | | Sigmoid colon | | | | |
| Ascending colon | Splenic flexure | | Rectum | | | | |
| Visualisation | | | | | | | |
| lleocaecal valve | Tripartite caeca | l folds | Appen | diceal orifice | Terminal ileum | Anastomosis | |
| Documentation | | | | | | | |
| Biopsy Photo | None | | | | | | |
| Withdrawal time | minutes | | | | | | |
| | | | | | | | |

7 Findings and interventions

8 Adverse events

Was there an adverse event during the procedure or prior to discharge? Yes No



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9 Diagnosis

10 Follow up recommendations

NBCSP in 4 years

Lynch Syndrome - repeat colonoscopy in 2 years

Specialist

Follow up report will be sent once pathology results are confirmed. Pathology will determine timing of next colonoscopy.

Follow up with: GP

Additional investigation(s)

Name of investigation(s)

Medication management: