|  |  |
| --- | --- |
| **Procedure date:** |  |
| **Time:** |  |
| **Operator:** |  |
| **Observer:** |  |
| **Assistant:** |  |
| **Level of supervision:**  | Registrar | Consultant |
| **Equipment & trolley prepared:** |  |

**Patient Identity Sticker:**

|  |
| --- |
| **TIME OUT**Verbal confirmation between team members before start of procedure |
| Is patient on adequate ventilator settings and 100% FiO2? | Yes | No |
| Is patient adequately sedated and paralysed? | Yes | No |
| Is position optimal? | Yes | No |
| All team members identified and roles assigned? | Yes | No |
| Any concerns about procedure? | Yes | No |
| If you had any concerns about the procedure, how were these mitigated? |
|  |

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| **BEFORE THE PROCEDURE** |
| Patient identity checked as correct? | Yes | No |
| Appropriate consent completed? | Yes | No |
| Is suitable equipment available? (Difficult airway trolley/bronchoscope) | Yes | No |
| Is appropriate monitoring available? (including EtCO2) | Yes | No |
| Are there any contraindications to performing the procedure? (High FiO2, PEEP, anatomical, vascular, coagulopathy) | Yes | No |
| Medicines and coagulation checked? | Yes | No |
| Any known drug allergies? | Yes | No |
| Is feed stopped and NG aspirated? | Yes | No |
| Are spinal precautions required? | Yes | No |
| Are there any concerns about this procedure for the patient? | Yes | No |
| Names of clinicians responsible for the procedure |
| 1.  |
| 2. |
| 3.  |

|  |  |
| --- | --- |
| Signature of doctor or nurse completing the form |  |

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| --- |
| **SIGN OUT** |
| Any equipment issues? | Yes | No |
| Capnography in situ? | Yes | No |
| Ventilator settings reviewed post procedure? | Yes | No |
| Is a chest X-ray required? | Yes | No |
| Sedation reviewed? | Yes | No |
| Post procedure hand over given to nursing staff? | Yes | No |



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| **During Procedure** |
| **Sedation** | Propofol ml/hr | Opiate ml/hr | Other: |
| **Findings:****BAL’s Sent:****Tissue Sent:** | Image result for critical care bronchoscopy schematic |
| Additional Comments/Adverse events noted: |

