|  |  |  |
| --- | --- | --- |
| **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? | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **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 |  |

|  |  |  |
| --- | --- | --- |
| **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 |



|  |  |  |  |
| --- | --- | --- | --- |
| **During Procedure** | | | |
| **Sedation** | Propofol ml/hr | Opiate ml/hr | Other: |
| **Findings:**  **BAL’s Sent:**  **Tissue Sent:** | | [Image result for critical care bronchoscopy schematic](https://www.google.co.uk/imgres?imgurl=http://patentimages.storage.googleapis.com/US7985187B2/US07985187-20110726-D00003.png&imgrefurl=http://www.google.com/patents/US7985187&h=2039&w=2005&tbnid=TTTkgJs7vGSP6M:&docid=1nQhx6_MShATbM&ei=oiHoVsn1MYWjU9X1ouAC&tbm=isch&ved=0ahUKEwjJzvrZ-MLLAhWF0RQKHdW6CCwQMwhGKCEwIQ) | |
| Additional Comments/Adverse events noted: | | | |

