

# ICU LocSSIP: Bronchoscopy (I&V)

Minimum 2 person Team

TIME & DATE:

OPERATOR & GRADE:

ASSISTANT & GRADE:

ADDITIONAL STAFF (inc SUPERVISION):

Patient ID sticker

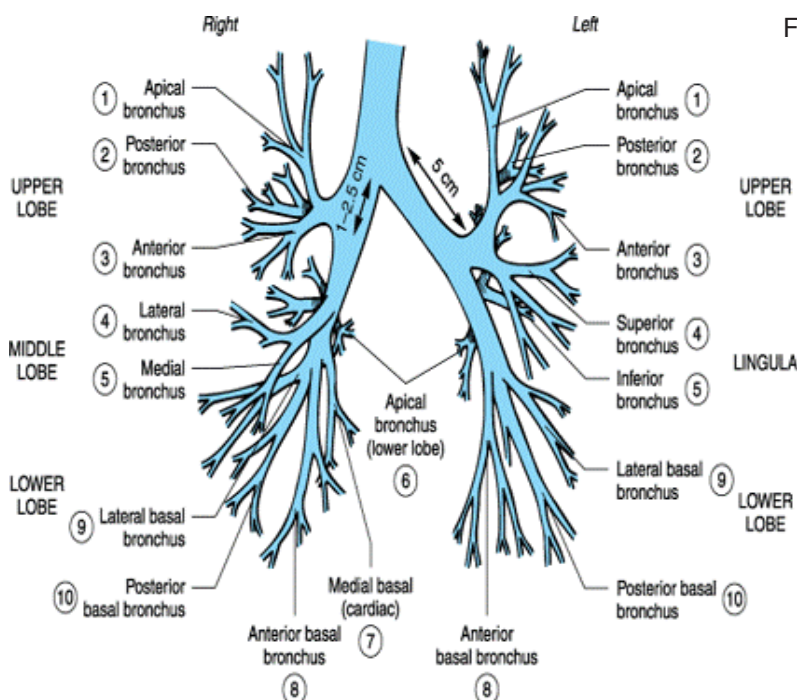
## TEAM CHECKS BEFORE

- Have all members of the team introduced themselves & roles been assigned? ..... Yes
- Patient ID checked & correct? ..... Yes
- Any cautions / contraindications (e.g. high FiO<sub>2</sub>, PEEP, anatomical, vascular, coagulopathy, high ICP identified? ..... Yes (see free text)  ..... No
- Are spinal precautions required? ..... Yes  ..... No
- Medicines (anticoagulants) and allergies checked ..... Yes
- NG feed stopped & aspirated? ..... No  ..... Yes
- All equipment available (inc sputum traps if sampling) ..... Yes
- Is appropriate equipment available & monitoring attached (including airways equipment & etCO<sub>2</sub>)? ..... Yes
- Ventilator settings appropriate pre-procedure? (Please complete below) Not ventilated  ..... Yes
- Mode: ..... Set/Spont RR: ..... Set TV: ..... FiO<sub>2</sub>: ..... PEEP/pressure support: .....
- Any other concerns for this procedure? Yes, (discussed, see free text)  ..... No

## ASSISTANT TO READ TIME OUT!

- Is patient on adequate ventilator settings (if applicable) & FiO<sub>2</sub> 100%? ..... Yes
- Is patient adequately sedated & paralysed? ..... Yes
- Patient position optimised? ..... Yes
- Any concerns about the procedure (eg criteria for discontinuing procedure)? Yes (see free text)  ..... No

## OPERATOR DURING PROCEDURE



Findings and adverse events:

## OPERATOR DURING PROCEDURE CONTINUED

### BAL sampling checklist

### Requested (tick)

Indication/s .....

MC&S .....

.....

AFBs .....

Location of BAL .....

Viral PCR (please specify) .....

.....

$\beta$  D Glucan .....

Volume of wash used (mLs 0.9% saline) .....

Cytology .....

Number of samples obtained .....

Other .....

Tests requested on samples obtained .....

Propofol Infusion (1%):	ml / hr	Propofol (1%) boluses total:	ml
Alfentanil Infusion (500mcg/ml):	ml / hr	Alfentanil (500mcg/ml) boluses total:	ml
Other Infusion:		Other boluses:	
Rocuronium boluses:	mg	Topical drugs:	

## TEAM SIGN OUT

Any equipment issues (if so give detail)? ..... Yes  ..... No

Any adverse events (free text)? ..... Yes  ..... No

Ventilator settings post-procedure? (Please complete below) Not ventilated

Mode: ..... Set/Spont RR: ..... Set TV: ..... FiO<sub>2</sub>: ..... PEEP/PS: .....

Sedation plan (if to change give detail) .....

Post-procedure handover to nursing staff? ..... Yes

Is a post procedure CXR required? ..... Yes  ..... No

**Free text (equipment issues, CXR Report etc.):**

# BRONCHOSCOPY

**Signature / Print / GMC:**