

INVASIVE PROCEDURE SAFETY CHECKLIST: Bronchoscopy

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 and registering body numbers of clinicians responsible for the procedure		
1.		
2.		
3.		

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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Procedure date:		
Time:		
Operator:		
Observer:		
Assistant:		
Level of supervision:	SpR	Consultant
Equipment & trolley prepared:		

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

Signature of responsible clinician completing the form	
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Patient Name: Hospital Number: Date of Birth:
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		During Procedure		The Pennine Acute Hospitals NHS Trust	
Sedation	Propofol ml/hr	Opioid ml/hr			
Findings:		<p>FIG. 2A</p>			
Micro samples sent:					
Tissue Sent:					
Additional Comments/Adverse events noted:					

Patient Name: Hospital Number: Date of Birth:
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