

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/Registering body number of clinicians responsible for Bronchoscopy

- 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?

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

Patient Identity Sticker:

