

INVASIVE PROCEDURE SAFETY CHECKLIST: Bronchoscopy

BEFORE THE PROCEDURE			TIME OUT			SIGN OUT		
Patient identity checked?	Yes		Verbal confirmation between team members before start of procedure			Ventilator settings reviewed post procedure?	Yes	
Appropriate consent completed?	Yes		Is patient on adequate ventilator settings and 100% FiO2?	Yes		Is a chest X-ray required?	Yes	No
Is equipment available for bronchoscopy and reintubation?	Yes		Is patient adequately sedated and paralysed?	Yes		Sedation plan post procedure	Yes	
Intubation grade known	Yes					Samples taken and plan for labelling / lab delivery	Yes	N/A
Should the procedure be delayed for medical optimisation? (consider stability, ventilator pressures, FiO2, anatomical issues)	Yes	No				Any findings that require follow up?	Yes	No
Is there a coagulopathy (drugs and lab tests)?	Yes	No						
Known drug allergies?	Yes	No						
Has enteral feed been stopped and NG tube aspirated?	Yes	N/A						

Patient Identity Sticker:

Procedure Date:

Time:

Operator:

Assistant:

Supervisor:

Signature of responsible clinician completing the form