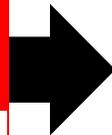
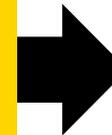


# INVASIVE PROCEDURE SAFETY CHECKLIST: Bronchoscopy

BEFORE THE PROCEDURE		
Patient identity checked?	Yes	
Appropriate consent completed?	Yes	
Is equipment available for bronchoscopy and reintubation?	Yes	
Intubation grade known	Yes	
Should the procedure be delayed for medical optimisation? (consider stability, ventilator pressures, FiO2, anatomical issues)	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



TIME OUT		
Verbal confirmation between team members before start of procedure		
Is patient on adequate ventilator settings and 100% FiO2?	Yes	
Is patient adequately sedated and paralysed?	Yes	



SIGN OUT		
Ventilator settings reviewed post procedure?	Yes	
Is a chest X-ray required?	Yes	No
Sedation plan post procedure	Yes	
Samples taken and plan for labelling / lab delivery	Yes	N/A
Any findings that require follow up?	Yes	No

Patient Identity Sticker:

Procedure Date:

Time:

Operator:

Assistant:

Supervisor:

Signature of responsible clinician completing the form