CULLMAN REGIONAL MEDICAL CENTER

Patient Label

BRONCHOSCOPY REPORT

Date: _____ Time: _____

Location: ❑ Endoscopy Suite ❑ CCU ❑ Other _____

Indication: ❑ Diagnostic ❑ Therapeutic

Conscious Sedation: ❑ Fentanyl_____ Mcg IV ❑ Midazolam_____ mg IV ❑ Other _____

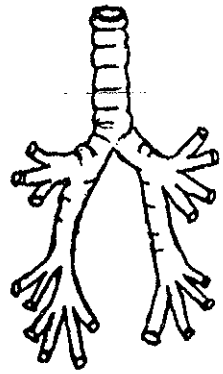
Topical Agents: ❑ Lidocaine 1% _____mL ❑ Nasal Benzocaine Spray ❑ Neo-synephrine
❑ Other _____

Supplemental Oxygen: _____

Technique: ❑ Transnasal ❑ With Fluoroscopy ❑ On Ventilator ❑ Other _____
❑ Transoral ❑ Tracheostomy ❑ ETT

Monitoring: ❑ EKG ❑ BP ❑ SpO2 ❑ Other _____
❑ ABG ❑ Tidal Volume ❑ Airway Pressure

Findings: Upper Airway _____
Vocal Cords _____
Trachea _____
Right – Mainstem Bronchus _____
RUL _____
RML _____
RLL _____
Left – Mainstem Bronchus _____
LUL _____
Lingula _____
LLL _____



Procedures Performed:
❑ Bronchial Washings (BW)
❑ Brush Biopsy (BBx)
❑ Lung Biopsy, Transbronchial (TBBx)
❑ Bronchoalveolar Lavage (BAL)
❑ Endobronchial Biopsy (EBBx)
❑ Brush Culture (BCx)
❑ Transbronchial Needle Aspirate Biopsy (TBNA)
❑ Foreign Body Removal (FB)
❑ Radiation Catheter Placement
❑ Stent Placement
❑ Other _____

Samples Collected:

Sample #	Technique	Location	Sent For

Immediate Complications: ❑ None ❑ Fluoroscopy Checked ❑ Pneumothorax _____%
❑ Arrhythmia ❑ Hemorrhage _____ ml ❑ Other _____

Interventions: ❑ None ❑ Naloxone _____ mg IV ❑ Flumazenil _____ mg IV
❑ Chest Tube ❑ Epinephrine Wash ❑ Other _____

Signature: _____ Date & Time: _____

G. Scott Warner, M.D., FACP

Revised: 05/22/14