

# BRONCHOSCOPY CHECK LIST

**PATIENT: ElizabethTest**

**DR:** \_\_\_\_\_

**Fellow:** \_\_\_\_\_

**DOB: 03/04/1944**

**Phone # (207)111-1111**

**Record#** \_\_\_\_\_

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Please check:

\_\_\_ Date and time to arrive at \_\_\_\_\_ for pre-op preparation \_\_\_\_\_

\_\_\_ Date and time of Bronchoscopy: \_\_\_\_\_

\_\_\_ Date and time of follow-up: \_\_\_\_\_

\_\_\_ Video watched

\_\_\_ Video taken home

\_\_\_ Orders written and signed

\_\_\_ Consent form signed

\_\_\_ Instructions and maps sent with patient

\_\_\_ Patient phoned for Pre-bronch instructions

\_\_\_ Document instructions in chart

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\_\_\_ Morning procedure-nothing to eat or drink after midnight the night before

\_\_\_ Afternoon procedure-clear liquid breakfast only before 6:00am

\_\_\_ No ASA or ASA containing products

\_\_\_ May take regular scheduled medications with sips of water only

\_\_\_ Not able to drive after FOBGo over arrival time & procedure time

\_\_\_ Remind to bring blue card

\_\_\_ Faxed orders, consent, and H&P notes

\_\_\_ Status of CXR? \_\_\_\_\_

\_\_\_ Status of CT scan? \_\_\_\_\_

\_\_\_ Patient phoned for Post-bronch condition. Document complaints in chart

Patients complaints for physician: \_\_\_\_\_

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