



# midland memorial hospital

|                 |                         |                  |  |                         |
|-----------------|-------------------------|------------------|--|-------------------------|
| <b>Title:</b>   | Bronchoscopy Order Form |                  |  |                         |
| <b>Version:</b> | 1                       | <b>Approved:</b> | Daniel Ward (Director Respiratory Therapy) | <b>Date:</b> 07/09/2024 |

**Purpose: Standardize information needed to order Outpatient Bronchoscopy**

Dr. Information area

Reviewed by

RN \_\_\_\_\_

RT \_\_\_\_\_

## BRONCHOSCOPY ORDERS

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Procedure Bronchoscopy      Bronchial Lavage      Transbronchial Biopsy      Fluoro

Date of Procedure \_\_\_\_\_

Time of Procedure \_\_\_\_\_ Check in Time \_\_\_\_\_

Diagnosis: Abnormal CXR(R91.)    Abnormal CT(93.8)    Cough(R05)    Hemoptysis(R04.2)

Lung Mass/Nodule(R91.8)    Lymphadenopathy(R59.9)    Other \_\_\_\_\_

**TB test**    **Negative** \_\_\_\_\_    **Positive** \_\_\_\_\_    **X-Ray Date** \_\_\_\_\_

**PPD** \_\_\_\_\_    **TB QuantiFERON** \_\_\_\_\_

Please obtain consent for Bronchoscopy with \_\_\_\_\_

Risks (but are not limited to) Bleeding    Infection    Hemothorax    Pneumothorax    Death

NPO after midnight the day before scheduled appointment

Start IV with    NS    D5NS    20ml    40ml    /hr.

Other Orders \_\_\_\_\_

Discharge Criteria \_\_\_\_\_

\_\_\_\_\_  
 Patient discharge instructions \_\_\_\_\_

\_\_\_\_\_  
 Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**References:**

| Revision number | Date       | Description of Document or Document Change |
|-----------------|------------|--|
| 1               | 07/09/2024 | New Document                               |