

Pediatric Pulmonary Fellow Bronchoscopy Assessment

Fellow Name: _____

Approx # of Bronchs: _____

Fellow Year: 1 2 3

Evaluating Attending: _____

Date: _____

Patient Age: _____

Indication: _____

Location of Procedure: OR Branch Suite ICU Other

Sedation Type: GA Conscious Intubated for Procedure: Yes No

1. Consent Process:

Consent obtained and communication with family/patient appropriate? Y N

2. Pre-procedure clinical review:

Reviews imaging/labs and appropriately plans procedure: Y N

Discusses procedural needs with anesthesia or ICU staff: Y N

Appropriate pre-bronch planning with pulmonary RT staff: Y N

Identifies necessary equipment: Y N

Anticipates potential complications and verbalizes plan for management:

☐ Hypoxia

☐ Pneumothorax

☐ Bronchospasm

☐ Bleeding

3. Navigation of airways:

Navigates scope through airways with competence, keeps scope centered in airways, avoids excessive airway wall trauma: Y N

Accurately describes airway mucosal properties (erythema, congestion, etc): Y N

Accurately describes airway secretions (mucus, blood): Y N

Identifies (and enters as appropriate): **Circle**

RUL (Apical Anterior Posterior)

LUL (Apical-Posterior Anterior)

RML (Medial Lateral)

Lingula (Superior Inferior)

RLL (Sup Med Ant Lat Post)

LLL (Sup Ant-Med Lat Post)

Able to maintain good posture, hand positions, equipment handling? Y N

Comments:

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4. Bronchoalveolar lavage:

Target area appropriately identified and entered; scope wedged correctly: Y N

Appropriate aliquots and total amount of fluid instilled: Y N

Appropriate suctioning/aspiration and fluid return: Y N

5. Post-procedure:

Orders all necessary/appropriate tests (micro, cytology, path, etc): Y N

Communicates well with family following procedure and provides appropriate post-bronchoscopy advise and follow-up: Y N

6. Additional comments:

I attest that Dr. _____ has demonstrated the skills and expertise to competently perform bronchoscopy at the level of: _____ (senior fellow or attending physician)

Attending signature:

Date: