

Attach Patient Label

BRONCHOSCOPY FOR ORGAN DONATION

Description	Left	Right	Comments
<u>Anatomy / Structures:</u>			<i>Please describe findings if necessary:</i>
Normal	<input type="checkbox"/>	<input type="checkbox"/>	
Abnormal	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Secretions:</u>			<i>Please describe findings / location if necessary:</i>
Bloody:			
Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily cleared <input type="checkbox"/>			
Unable to clear <input type="checkbox"/>			
Mucoid:			
Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily cleared <input type="checkbox"/>			
Unable to clear <input type="checkbox"/>			
Purulent:			
Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily cleared <input type="checkbox"/>			
Unable to clear <input type="checkbox"/>			
<u>Foreign Bodies / Aspiration</u>			
Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily cleared <input type="checkbox"/>			
<u>Airway Mucosa</u>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(eg. Atrophy, erythema, edema, tear, bleed)</i>
<u>Send Bronchial Wash for:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • C&S, AFB and FUNGAL <i>(all required)</i>

Additional Comments: _____

Physician's full name: _____

Date / Time: _____

Donor Case ID: _____ BCT ODS/SRS Initials _____