

CASCADE BRONCHOSCOPY SOURCE DOCUMENT:

PID: _____

Confirmed SARS-CoV-2 negative on PCR within last 7 days? : Yes No

1. **Medical history:**

Any changes in Medical history/ Medication since screening visit? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes: Details:				
<u>Current Medication:</u>				
Cardiovascular Disease risk Factors? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Specify and do ECG				
<u>Smoking history:</u>				
<u>Drug use history:</u>				
<u>Surgical History:</u>				
Prior Adverse reaction to local or general anaesthetic: (own or familial)				
<u>Allergies:</u>				
Special investigation	Done	Date	Comment:	Preclude safe procedure?
SARS CoV-2 Serology	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD/MMM/20YY		<input type="checkbox"/> Yes <input type="checkbox"/> No
CXR	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD/MMM/20YY		<input type="checkbox"/> Yes <input type="checkbox"/> No
ECG	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD/MMM/20YY	Indication:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety blood tests	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD/MMM/20YY		<input type="checkbox"/> Yes <input type="checkbox"/> No
PET/CT	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD/MMM/20YY		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD/MMM/20YY		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Tick)	Karnofsky score (if <60, do not perform bronchoscopy)
	100% - normal, no complaints, no signs of disease.
	90% - capable of normal activity, few symptoms or signs of disease.
	80% - normal activity with some difficulty, some symptoms or signs.
	70% - caring for self, not capable of normal activity or work.
	60% - requiring some help, can take care of most personal requirements.
	50% - requires help often, requires frequent medical care.
	40% - disabled, requires special care and help. 30% - severely disabled, hospital admission indicated but no risk of death.
	20% - very ill, urgently requiring admission and supportive measures of treatment.
	10% - moribund, rapidly progressive fatal disease.

2. Examination:

Baseline vitals:	
BP: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Saturation (room air): <input type="text"/> <input type="text"/> <input type="text"/> %
Pulse: <input type="text"/> <input type="text"/> <input type="text"/> /min	Resp Rate: <input type="text"/> <input type="text"/> /min
Weight: <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> kg	

Targeted physical examination:	
Pertinent signs of disease	<input type="checkbox"/> None <input type="checkbox"/> Clinically wasted <input type="checkbox"/> Pallor <input type="checkbox"/> Clubbing <input type="checkbox"/> Palpable lymphadenopathy <input type="checkbox"/> Other If other specify:
Positive findings on auscultation:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:
Other Resp findings	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:
Cardiovascular	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal If Abnormal, specify:
Mouth Opening	

Teeth	
Mallampati (circle)	1 2 3 4
Neck – range of motion	
ASA rating: (circle)	I II III IV E

Print name: _____ Signature: _____ Date: DD/MMM/20YY

Designation (circle correct) Study staff /TBH staff

3. Bronchoscopy:

Consent signed in ICF, Understanding confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/>
Fasting >6hours solids and opaque fluids; >4 hours clear fluids	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inhalation: (circle) O ₂ Flow Rate: ____l/min Air Other
Fluid :
Site of IV line: Type of IV Fluid:
Total volume fluids given: _____ml IV cannula size: (circle) : 24G 22G 20G 18G
Monitors: (circle) ECG Pulse oximeter NIBP Other
Ventilation: (circle) Spontaneous Manual

Time																				
220																				
200																				
180																				
170																				
160																				
150																				
140																				
130																				
120																				
110																				
100																				
90																				
80																				
70																				
60																				
50																				
40																				
30																				
20																				
10																				
SpO2																				
FiO2																				
Sedation Level																				

University of Michigan Sedation Scale	
0	Awake and Alert
1	Minimally sedated – Patient drowsy and sleepy but rousable to verbal command
2	Moderately sedated – Patient may be sleeping, but can easily be aroused by light tactile stimulation
3	Deeply sedated – only rousable by significant physical stimulation/ repeated painful stimuli
4	Patient asleep – only rousable by significant physical stimulation/repeated painful stimuli
5	Not rousable – no response with significant physical stimulation

Was bronchoscopy performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify:
Date of bronchoscopy:	<u>DD/MMM/20YY</u>
Bronchoscopy nurse:	
Bronchoscopist:	
Sedationist:	
Bronchoscopy Theatre: (Circle)	BMRI A5:TBH

Start time of sedation: __:__	Start time of procedure: __:__			
Duration of procedure (min)				
Access route	<input type="checkbox"/> Right nostril <input type="checkbox"/> Left Nostril <input type="checkbox"/> Mouth Comment:			
Local Lignocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Lignocaine gel in Nostrils	<input type="checkbox"/> Yes <input type="checkbox"/> No Right: <input type="checkbox"/> Left: <input type="checkbox"/>			
Lignocaine spray in throat (mg)				
Lignocaine cords/trachea (mg)				
Lignocaine total (mg)				
*Remicaine gel 2% (2g/100g), 1 gram of gel is 20mg of lignocaine, ** Xylocaine 10mg/metered dose (or 0.1ml) delivers 10mg lignocaine per spray. ***Each dose of lignocaine delivered through the bronchoscope working channel is 20mg (2ml of 1% lignocaine, 10mg/ml) Maximum safe dose = 4.5mg/kg (or 300mg for a 65kg adult)				
Systemic sedative administered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage for weight = _____ kg			
Drug:	Total Dose:	Route	Recommended for bolus	
Propofol <input type="checkbox"/> Yes <input type="checkbox"/> No			0,5 mg/kg over 3-5 minutes = _____ mg	
Fentanyl <input type="checkbox"/> Yes <input type="checkbox"/> No			0,25 µg/kg = _____ µg	2 µg/kg = _____ µg
Midazolam <input type="checkbox"/> Yes <input type="checkbox"/> No			0.05-0.1 mg/kg [max 2 mg] = _____ mg	3mg
Any other medication? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Details:				

Bronchoscopy findings:

	Observations (circle)	Comment if abnormal
Cords	Normal/Abnormal	
Mucosa	Normal/Abnormal	
Secretions	None/some/copious Clear/opaque/purulent/bloody	Arising from specific segment?
Bronchial Anatomy	Normal/variant of normal/abnormal	
BAL fluid	Clear/bloody/milky/black	
Other important findings		

Lung Lobe used	<input type="checkbox"/> RUL <input type="checkbox"/> RLL <input type="checkbox"/> RML <input type="checkbox"/> LUL <input type="checkbox"/> LLL <input type="checkbox"/> Lingula
Complications	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it serious? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
Volume in (ml)	
BAL fluid out (ml)	
Other procedures (eg bronchial brush/ Biopsy?)	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
Ultrasound performed after procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
BAL sample (\pm 150 ml) transported to lab on ice Time in cooler box: ___:___	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment:

Print name

Signature

DD/MMM/20YY

Designation

POST-PROCEDURAL ASSESSMENT:

	Yes	No	Comment
Are the blood pressure and heart rate stable/within pre-bronchoscopy range?			
Can the patient swallow and cough?			
Can the patient walk without feeling dizzy or faint?			
No nausea or vomiting.			
Is the patient breathing comfortably and of normal color?			
Is the patient awake and behaving appropriately?			
No active bleeding from nose or mouth.			
Have verbal postoperative instructions been given and explained to both the patient and caretaker?			
Is the patient pain free?			
Have possible complications been explained?			
Will the patient be transported home by study staff?			
TB Positive participant referred to CHC and provided with referral letter and copies of reports?			
Any other complaints?			
Copy of discharge summary given to participant?			

Signature: _____

Date: DD/MMM/20YY

Time: _____

Designation: Study Clinician



Division Molecular Biology and Human Genetics
Clinical Standard Operating Procedures

Post Bronchoscopy Discharge Summary

(Please supply participant with a copy to take home)

The below participant underwent a bronchoscopy with broncho-alveolar lavage for research purposes at the University of Stellenbosch, Bio-medical Research Unit

Referral site: _____ Study name: _____

PID: _____ Date of procedure: dd / mmm / 20yy

Lung lobe(s) used for lavage*: _____ Other procedures performed: _____

**Residual fluid in this part of the lung will be visible on chest radiograph for up to 24 hours after the procedure*

Sedation used during procedure: Propofol / Midazolam / Fentanyl / Other _____

Lignocaine spray used: _____

Vital signs on discharge: HR: ____/min RR: ____/min BP: ____/____ Sats: _____%

Any complications: _____

Any abnormalities noted: _____

Possible minor adverse events from this procedure include discomfort of the nose and throat,

coughing, low grade fever, minor epistaxis, chest pain or speckled haemoptysis.

Please contact the number below if symptoms are severe, the patient has dyspnoea, or symptoms

persist for > 24 hours.

In case of emergency contact:

Name: _____ Contact number: _____

Facility: _____

Assessed by: _____ Signature: _____

Date: dd / mmm / 20yy Time: ____h____