

Form “OR-E”

Lansford

Bronchoscopy



QR for online color
version. Select
Form “OR-E”

👉 Preferences, Pick Sheet, and “Anything Special?”

Color code:

Surgeon
Anesthesia
Scrub Tech
Circulating Nurse
Surgical Assistant (Not necessary for this case)

Pre-op

Surgeon signs chart, and reviews his own consent form with patient and a witness **prior to** administration of an anxiolytic or other medication rendering a patient incompetent to sign. Minors may receive an anxiolytic prior to the surgeon’s consent since they are not signing.

Prep Tray

Instruments & Supplies

Size 8 Sensicare gloves (single pair)
Head ring (gel preferred)
Headlight - used for light source
Fred and Two sloppy wet Ray-Tec sponges on a folded towel to the right of the head (if doing turbinates)
2 suction tubings
Towels
Split sheet

Equipment

Rigid Bronchoscopy Tray
Light carriers (cords) for the bronchoscope(s)

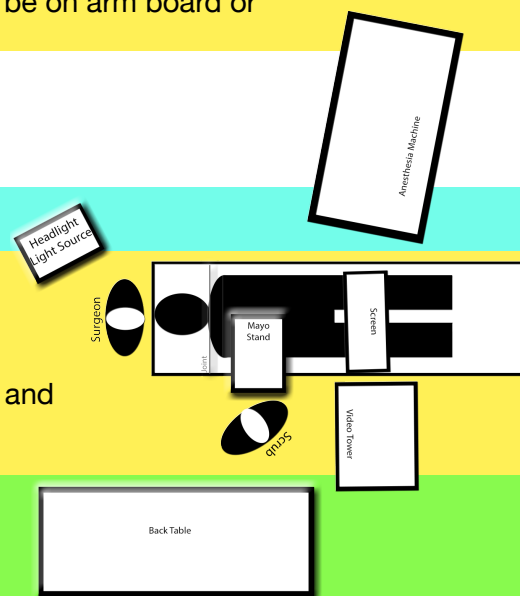
Endoscope Camera
 Rigid Telescopes (different lengths for the different lengths and diameters of the bronchoscopes)
 Video Tower- Camera and Telescope light carrier plugged into video tower
 Pump OR chair with arms (SurgiStool II)
 Tooth guard: Either white plastic or a thermoplastic nasal splint applied with Vaseline gauze sheet
 Small endotracheal tube (6 for adults)

Patient in Room to Induction

Patient supine, with top of head at the tippy top of the table
 Tape endotracheal tube securely at left side of mouth
 SCDs functioning before induction
 Tuck or papoose right arm- no arm board (left arm may be on arm board or sled)

From Induction to Start

Will rotate 90° counter-clockwise
 Reverse Trendelenburg about 20°-30°, table up
 Head Wrap with two towels and towel clip; 2 more towels for neck
 Large Split drape/"U" drape (surgeon places)
 Keep airway circuit above drapes
 Telescope lens station: folded towel with defog sponge and two flat wet Ray-tecs
 Start with "Whistle Tip" suction (side holes)
 Head ring/donut (gel preferred)
 Shoulder roll (gel preferred)
 No need for Foley for routine case
 No prep necessary
 Hook up and turn on suction
 Attach camera to video tower, move screen into position



The mirror image configuration may be used.

Mid Operation

Music and background discussion quiet, please.
 Paralysis preferred- communicate regarding procedure termination with surgeon

Closing

Surgeon will either re-intubate or discuss and coordinate emergence extubated.
 Topical anesthetic on vocal cords- coordinate with surgeon

Emergence to Patient Exit

Notify the surgeon if the patient is bleeding.

Thank you for reading this!