

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

BRONCHOSCOPY ORDERS

Version 5 05/14/2014

Pre-Bronchoscopy

1. Admit for bronchoscopy. _____
2. Have patient sign the permit. Risk, benefits, and alternatives explained earlier.
3. Patient instructed to be NPO _____
4. _____ mg IM on call. _____ mg IM on call.
5. IV: Saline lock _____ D5 1/2 NS _____ NS _____
6. **If vital signs are stable, may give Versed 1 mg IV to relax during topical preparation. May repeat in 5 minutes x 1.**
7. **Versed 1 mg X _____ Total given _____**
8. **Fentanyl 50 mcg IV X _____ doses. Total given _____**
9. **Cocaine _____ % Total given _____**
10. **Glycopyrrolate _____ Total given _____**
10. Lidocaine 80 mg and Albuterol 2.5 mg nebulized 30 minutes prior to procedure.
11. O2 by nasal cannula or by O2 mask.

Post-Bronchoscopy

1. Give Solumedrol _____
2. Keep patient NPO until 2 hours after completion of Bronchoscopy, then resume diet.
3. Check vital signs every 15 minutes for 1 hour, then every 30 minutes for one hour.
4. Call for unstable vital signs, dyspnea, chest pain, or significant hemoptysis.
5. Titrate O2 to keep saturations greater than 90%.
6. To exclude pneumothorax, check chest x-ray.
7. Dismiss at _____ if stable.
8. _____

Provider Signature: _____ Date: _____ Time: _____