

**PHYSICIAN ORDER - BRONCHOSCOPY CONVENIENCE SET**

Room No. \_\_\_\_\_

**ALLERGIES (list reactions):**

HT \_\_\_\_\_ (Cm) WT \_\_\_\_\_ (Kg)

A  Indicates a selected order. If a defaulted order is not appropriate or there is a change to an order, draw a line through the order and initial.

**NURSING**

Post Bronchoscopy Care:

- Return to admitting unit per sedation/analgesia discharge criteria.
- Resume pre-procedural orders for inpatients.
- Aftercare instructions for outpatients to include:
  - Remain NPO until cleared by MD
  - Call your physician's office for a follow-up appointment if one has not already been scheduled.

**NUTRITION**

NPO

Advance diet as tolerated to \_\_\_\_\_ diet.

**LABORATORY- Other Body Sources**


REMINDER: Bronchoalveolar lavage specimens collected on immunocompromised patients to be routinely sent for all of the below.

- Cytology Body Fluid; Source of Fluid: Bronchial Brushing
- Cytology Body Fluid; Source of Fluid: Bronchial Lavage Washing
- Respiratory Culture with Gram Stain; Specimen Source: Bronchoalveolar Lavage
- Fungal Culture with Stain; Specimen source: Bronchoalveolar Lavage
- Acid Fast Culture with Stain AFB; Specimen source: Bronchoalveolar Lavage
- Cytomegalovirus Culture CMV; Specimen source: Bronchoalveolar Lavage
- Herpes Simplex I&II Culture HSV; Specimen source: Bronchoalveolar Lavage
- Virus Culture; Specimen source: Bronchoalveolar Lavage
- Legionella Culture; Specimen source: Bronchoalveolar Lavage
- Pneumocystis carinii Stain; Specimen source: Bronchoalveolar Lavage
- Viral Respiratory Ags FA; Specimen source: Bronchial Washing

**PATHOLOGY**

RN send specimen to pathology. RN to fill out a universal requisition and send with specimen to pathology

Specimen Type: Bronchial biopsy specimen  
Specimen Location: \_\_\_\_\_

 <p><b>St. Joseph Health</b> St. Joseph Hospital</p> <p><b>BRONCHOSCOPY CONVENIENCE SET</b></p> <p>11.14.12</p> <p>Page 1 of 2</p>	<p>Patient ID</p>
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12-hour Chart Check \_\_\_\_\_ RN DATE: \_\_\_ / \_\_\_ / \_\_\_ TIME: \_\_\_\_\_

T.O. \_\_\_\_\_ Taken by: \_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_, TIME: \_\_\_\_\_


CPOE Entry By: \_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_, TIME: \_\_\_\_\_ NOTED BY: \_\_\_\_\_ \_\_\_ / \_\_\_ / \_\_\_, TIME: \_\_\_\_\_

Sent to Pharmacy \_\_\_\_\_ (INITIALS) DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PRINTED NAME/ID#: \_\_\_\_\_

(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)

<p><b>St. Joseph Health</b>  St. Joseph Hospital <b>BRONCHOSCOPY CONVENIENCE SET</b> 11.14.12 Page 2 of 2</p>	<p>Patient ID</p>
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