

**TGLN DONOR # _____

BRONCHOSCOPY WORKSHEET

Date: _____ Time: _____

Description	LEFT	RIGHT	N/A	Comments
Anatomy:				If abnormal, please describe findings:
Normal	<input type="checkbox"/>	<input type="checkbox"/>		
Abnormal	<input type="checkbox"/>	<input type="checkbox"/>		
Secretions:			<input type="checkbox"/>	
Bloody Secretions:			<input type="checkbox"/>	
Mild	<input type="checkbox"/>	<input type="checkbox"/>		
Moderate	<input type="checkbox"/>	<input type="checkbox"/>		
Severe	<input type="checkbox"/>	<input type="checkbox"/>		
Reaccumulation after suctioning	<input type="checkbox"/>	<input type="checkbox"/>		
Mucoid Secretions:			<input type="checkbox"/>	
Mild	<input type="checkbox"/>	<input type="checkbox"/>		
Moderate	<input type="checkbox"/>	<input type="checkbox"/>		
Severe	<input type="checkbox"/>	<input type="checkbox"/>		
Reaccumulation after suctioning	<input type="checkbox"/>	<input type="checkbox"/>		
Purulent Secretions:			<input type="checkbox"/>	
Mild	<input type="checkbox"/>	<input type="checkbox"/>		
Moderate	<input type="checkbox"/>	<input type="checkbox"/>		
Severe	<input type="checkbox"/>	<input type="checkbox"/>		
Reaccumulation after suctioning	<input type="checkbox"/>	<input type="checkbox"/>		
Airway Erythema:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please describe below:
Obvious Aspiration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BAL Sent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gram Stain Results:

Any Additional Comments:

Physician who interpreted and reported results: _____

Signature: _____ Hospital: _____