RÉSEAU DE SANTÉ Horizon HEALTH NETWORK

NBOTP- Organ Division
135 Macbeath Ave.
Moncton, NB, E1C 6Z8
Certificate No. 100021

DONOR ID #_____

Bronchoscopy Form For Organ Donation

Hospital: _____ **Date** : _____ **Time:** _____

Description	Left	Right	Comments
Anatomy/Structures: Normal Abnormal	 ☐ ☐	 ☐ ☐	Please describe findings if necessary:
Secretions: **Bloody:** **Mucoid:** **Purulent:** Secretions easily cleared Secretions unable to clear	☐ Nil ☐ Mild ☐ Moderate ☐ Severe ☐ Mild ☐ Moderate ☐ Severe ☐ Mild ☐ Moderate ☐ Severe ☐ ☐	☐ Nil ☐ Mild ☐ Moderate ☐ Severe ☐ Mild ☐ Moderate ☐ Severe ☐ Mild ☐ Moderate ☐ Severe ☐ ☐	Please describe findings if necessary:
Foreign Bodies/Aspiration	☐	☐	
Airway Mucosa	☐	☐	(eg. Atrophy, edema, tear, bleed)
Send Bronchial wash for: * C&S, AFB and Fungal *(all required)*	☐	☐	

Additional comments: _____

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_____

Physician's full name: _____ Signature: _____