**Before any member of the team leaves the procedure room**

**Before giving sedation or starting procedure**

**SIGN IN (To be read out loud)**

**SIGN OUT (To be read out loud)**

Have all team members been introduced by name and role?

* Yes

Has the patient confirmed his/her identity, procedure and consent?

* Yes

Does the patient have a known allergy?

* No Yes

Has the patient confirmed that she is not pregnant?

* Yes/not applicable

**Bronchoscopist:**

Has the bronchoscopist confirmed the procedure and consent form?

* Yes

Has essential imaging been reviewed?

* Yes  Not applicable

Is essential imaging displayed?

* Yes Not applicable

Is the required equipment available? (tick to confirm availability)

* EBUS needle
* Brush
* Trap
* Foreign body retrieval equipment
* Iced saline

Are there increased risks of ventilatory failure, airway difficulties or aspiration?

* No Yes, and appropriate action taken

Have risk factors for bleeding and renal failure been considered?

* Yes

Are there any critical or unexpected steps you want the team to know about?

* No Yes

**Registered Practitioner:**Is monitoring equipment and medication (including sedation reversal agent) check complete?

* Yes  Not applicable

Has the sterility of the equipment been confirmed (by date or other method)?

* Yes

Are there any equipment issues or concerns?

* No  Yes

**Registered Practitioner verbally confirms with the team (tick to indicate YES):**

* Has the name of the procedure been recorded?
* Have all the instruments and controlled drugs been accounted for?
* Have the specimens been labelled including patient name (or not applicable)?
* Have any equipment problems been identified that need to be addressed?
	+ Yes No
* Have the instructions for post procedural care for this patient been agreed?

**Registered practitioner confirms that list has been read out.

Name:**

**Signature of Registered Practitioner
**

* TBNA Needle
* Biopsy forceps
* Cryo-Probe
* Adrenaline
* Other

**PATIENT DETAILS**

**Procedure:**

**Date:**

**PATIENT ID LABEL**

**Registered practitioner confirms that list has been read out.

Name:**

**Signature of Registered Practitioner
**