

## General Hospital – Sample Bronchoscopy Note

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**Patient Name:** Mabel Davis  
**MRN:** 123456789  
**Account #:** 987654

**Procedure Date:** 4/6/2011 11:05 am  
**Admit Type:** Outpatient  
**Note Status:** Finalized

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**Procedure:** Bronchoscopy  
**Provider:** Henry Gulliver, MD (Doctor)  
**Referring MD:** John Anderson, MD  
**Indications:** Left Upper Lobe Nodule

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**Medications:** Midazolam 2 mg IV, Atropine/Lidocaine 4% nebulizer 0.5 mg

### Procedure:

A History and Physical has been performed. Patient meds and allergies have been reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified prior to the procedure in the pre-procedure area by the physician and the nurse. Mental Status Examination: normal. Airway Examination: normal oropharyngeal airway, Mallampati Class I (tonsillar pillars visualized). Respiratory Examination: clear to auscultation. CV Examination: normal. ASA Grade Assessment: P2 A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use moderate sedation / analgesia (conscious sedation). Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure.

After obtaining informed consent, the bronchoscope was introduced through the right nostril and advanced to the tracheobronchial tree. The bronchoscopy was accomplished without difficulty. The patient tolerated the procedure well.

### Findings:

The nasopharynx/oropharynx appears normal. The larynx appears normal. The vocal cords move normally with phonation and breathing. The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal in the right lung; there are no endobronchial lesions, and no secretions.

**Left Lung Abnormalities:** A medium sized non-obstructing erythematous, and flat lesion was found in the left mainstem bronchus. Brushings were obtained and sent for cell count, cytology, bacterial culture, viral smears & culture, and fungal and AFB analysis. An endobronchial biopsy was performed using a forceps and sent for routine cytology.

### Complications:

No complications

### Impression:

A lesion was found in the left mainstem bronchus. Biopsied.

### Recommendation:

- Await test results.
- Follow up in clinic in one week.

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**CPT Code(s):**

31625, Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites  
 31623, Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings

**ICD Code(s):**

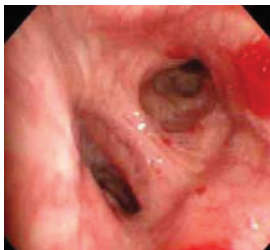
519.19, Other diseases of trachea and bronchus  
 518.89, Other diseases of lung, not elsewhere classified

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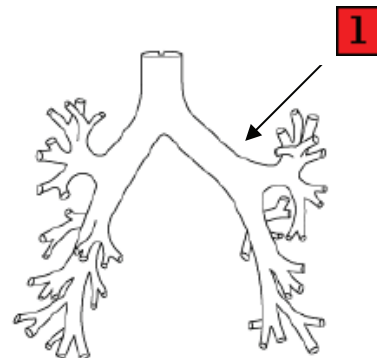
**E-signed by Henry Gulliver, MD**

Electronically signed by: Henry Gulliver, MD  
 Signed Date: 4/6/2011 11:18:48  
 Number of Addenda: 0  
 Note generated on: 4/6/2011 11:05 am

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Left mainstem bronchus: Non-obstructing lesion



Tracheobronchial Tree