

Demographic

Record ID

Gender

M F

Age

Height

_____ (express in centimeter)

Comorbidities (choose all that apply)

- No comorbidities
- Myocardial infarction (+1)
- Heart failure (+1)
- Peripheral vascular disease (+1)
- Cerebrovascular disease (except hemiplegia) (+1)
- Dementia (+1)
- Chronic lung disease (+1)
- Connective tissue diseases (+1)
- Gastric ulcer (+1)
- Moderate liver disease (+1)
- Diabetes (without complications) (+1)
- Diabetes with organ damage (+2)
- Hemiplegia (+2)
- Moderate / severe kidney disease (+2)
- Non-metastatic solid tumor (+2)
- Leukemia (+2)
- Lymphoma, Multiple myeloma (+2)
- Moderate / severe liver disease (+3)
- Metastatic solid tumor (+6)
- AIDS (+6)
- Arterial hypertension
- Obesity (BMI>30)
- Obesity (BMI>40)
- Chronic Kidney Failure
- Autoimmune disease

Age Score

_____ (Score calcolato dal campo età)

Charlson Index

Smoker

Yes No

Type of admission

Outpatient Ward
 Intensive Care Unit

Reason of hospital admission

Indication to FOB

Long-Term Oxygen Therapy

Yes No

Home CPAP/BiPAP

Yes No

Procedure

Type of FOB procedure

- Toilet bronchoscopy
- Broncho-aspirate (BAS)
- Bronchoalveolar lavage (BAL)
- Brushing fo cytology
- Biopsy
- Endobronchial ultrasound (EBUS)

Model of bronchoscope

Size of the bronchoscope

Camera

- Internal
- External

Baseline Vital Parameter

Heart Rate

Systolic blood pressure

Diastolic blood pressure

SpO2

pH

_____ (if available)

pO2

_____ (if available)

pCO2

Intraprocedure Oxygen Strategy

Type of supportive strategy

- None
- Standard Oxygen Therapy
- High Flow Nasal Cannula
- CPAP through mask
- CPAP through helmet
- NIV through mask
- NIV through helmet
- Invasive mechanical ventilation

Type of device

- Nasal Cannula
 Face mask without reservoir
 Face mask with reservoir
 Venturi mask
 (Standard oxygen therapy)

Device Parameters

Oxygen flow

(please indicate the oxygen flow L(mn))

FiO2

Flow

Temperature

FiO2

CPAP Device

- Flowmeter
 Ventilator
 Venturi kit
 (both mask/helmet)

CPAP Level

(PEEP)

FiO2

Mode of ventilation

- PSV/BiPAP
 NAVA
 PAV
 AVAPS/IVAP
 Other
 (both mask/helmet)

PEEP/EPAP

PS

IPAP

FiO2

Mode of ventilation Volume Controlled
 Pressure Controlled
 Pressure Support
 Other

Other ventilation mode _____
(please specify)

PEEP _____

Tidal volume (ml) _____

Respiratory rate _____

FiO2 _____

PEEP _____

Pressure controlled _____

Respiratory rate _____

FiO2 _____

PEEP _____

Pressure support _____

FiO2 _____

Type of anesthesia/sedation Topical Anesthesia
 Midazolam
 Propofol
 Remifentanil
 Fentanyl
 Dexmedetomidine
 Neuromuscular Block
 Other

Midazolam Dose _____
(please indicate dosage)

Midazolam Dose Unit

(please indicate unit of measure)

Propofol Dose

(please indicate dosage)

Propofol Dose Unit

(please indicate unit of measure)

Remifentanyl Dose

(please indicate dosage)

Remifentanyl Dose Unit

(please indicate unit of measure)

Fentanyl Dose

(please indicate dosage)

Fentanyl Dose Unit

(please indicate unit of measure)

Dexmedetomidine Dose

(please indicate dosage)

Dexmedetomidine Dose Unit

(please indicate unit of measure)

Other

(please indicate other sedation)

Intra-procedure parameters

Lowest Systolic blood pressure

Highest Systolic blood pressure

Lowest SpO2

Volume of sterile normal saline unrecovered

(in case of BAS or BAL)

Duration of the procedure

(express in minutes)

Desaturation event

- Yes
 No
(Defined as SpO2 < 90% for at least 10 seconds)

Severe Desaturation

- Yes
 No
(defined as SpO2 < 80%)

Need for procedure interruption

- Yes
 No

Hypotension of Hypertension events

- Yes
 No
(Systolic blood pressure < 90 mmHg or > 140 mmHg)

New onset of cardiac arrhythmias

- Yes
 No

New onset of myocardial ischemia

- Yes
 No

New onset of electrocardiographic ST-alterations

- Yes
 No

Neurological events

- Yes
 No
(i.e. severe sensorium depression, psychomotor agitation)

Clinical Outcomes

Need for support escalation

- Yes
 No
 (Please indicate the FIRST escalation)

Indicate the FIRST timing of escalation

- 1h
 12h
 24h
 48h

Type of support escalation

- Standard Oxygen Therapy
 High Flow Nasal Cannula
 CPAP through mask
 CPAP through helmet
 NIV through mask
 NIV through helmet
 invasive Mechanical Ventilation
 (please indicate ONLY the first escalation event)

Indicate the WORST timing of escalation

- 1h
 12h
 24h
 48h

Type of support escalation

- Standard Oxygen Therapy
 High Flow Nasal Cannula
 CPAP through mask
 CPAP through helmet
 NIV through mask
 NIV through helmet
 invasive Mechanical Ventilation
 (please indicate the worst type of escalation event)

Need for admission to ward

- Yes
 No
 (ONLY for outpatients)

Need for admission to ICU

- Yes
 No

Complications occurred

- Airway bleeding
 Pneumothorax
 Pneumomediastinum
 Bronchial perforation
 Bronchospasm/laryngospasm
 Vomiting
 Other (to be specified)

Other complication

(Please specify any other complication)

Date of Hospital Admission

Date of ICU Admission

Date of ICU Discharge

Date of Hospital Discharge

Status at discharge

- Dead
- Alive with same baseline oxygen support
- Alive with escalated oxygen support
- Alive with reduced oxygen support