



## Provation® MD Procedure Note Sample: Pulmonology – Bronchoscopy

Sample note begins

Patient Name:	Test Patient	MRN:	RQ Q2WERQ
Date of Birth:	11/23/48	Admit Type:	Outpatient
Age:	67	Room:	Pulm
Gender:	Male	Procedure Date:	06/09/16

Providers: Demo Demo, MD

Referring Provider: Demonstration Doctor, MD

Exam Type: Bronchoscopy

Indications: Left lower lobe mass, Hemoptysis, Hilar lymphadenopathy of the left side

Medications: Midazolam 2 mg IV, Fentanyl 100 mcg IV, Lidocaine 4% via nebulizer with Atropine 0.5 mg

Complications: No immediate complications.

### Procedure:

#### Pre-Anesthesia Assessment:

A History and Physical has been performed. The patient's medications, allergies and sensitivities 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 by the physician, the nurse and the anesthesiologist. The procedure was verified in the pre-procedure area. Mental Status Examination: normal. Airway Examination: normal oropharyngeal airway. Respiratory Examination: clear to auscultation. CV Examination: normal. ASA Grade Assessment: II - 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. 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 of both lungs. The procedure was accomplished without difficulty. The patient tolerated the procedure well.

### Findings:

- The nasopharynx/oropharynx appears normal. The larynx appears normal. The vocal cords appear normal.
- The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree of the right lung was examined to at least the first subsegmental level. Bronchial mucosa and anatomy in the right lung are normal; there are no endobronchial lesions, and no secretions.
- Left Lung Abnormalities: A partially obstructing mass was found 2 cm from the bifurcation (carina) in the left lower lobe. The mass was medium-sized and bloody, friable and fungating. The lesion was successfully traversed.
- Endobronchial biopsies were performed in the left lower lobe using a forceps and sent for cell count, bacterial culture, viral smears & culture, and fungal & AFB analysis and cytology. Two samples were obtained.
- Estimated blood loss: 10 mL, which was treated with electrocautery.

### Impression:

- Hemoptysis
- Hilar lymphadenopathy of the left side
- The right lung was normal.
- A bloody, friable and fungating mass was found in the left lower lobe. This lesion is likely malignant.
- An endobronchial biopsy was performed.

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### Recommendation:

- Await test results.
- Refer to/consult with Thoracic Surgery.

### Procedure Code(s):

— Professional —

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

### Diagnosis Code(s):

— Professional —

R04.2, Hemoptysis

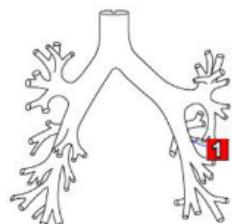
R59.9, Enlarged lymph nodes, unspecified

J98.9, Respiratory disorder, unspecified

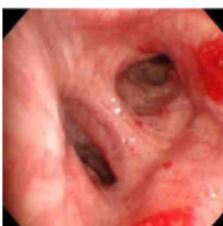
R91.8, Other nonspecific abnormal finding of lung field

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### Procedure Images:



Tracheobronchial Tree



① Left Lower Lobe



Demo Demonstration, MD  
06/14/16 11:05:13 AM

Sample note ends – all patient information used in this procedure note sample is fictional. Any resemblance to real persons, living or dead, is purely coincidental. Page 2 of 2

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