

**HACKETTSTOWN REGIONAL MEDICAL CENTER
CARDIOPULMONARY
BEDSIDE THERAPEUTIC FLEXIBLE BRONCHOSCOPY**

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Effective Date: October 2011

Policy No: 3B.031

Cross Referenced:

Origin: Cardiopulmonary

Reviewed Date: 10/2011

Authority: Cardiopulmonary Manager

Revised Date: 12/2012

Page: 1 of 2

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SCOPE

All members of the Cardiopulmonary Department

PURPOSE

Outline the procedure for bedside therapeutic flexible bronchoscopy.

DEFINITION:

Flexible bronchoscopy is the direct visualization of the tracheobronchial tree using a flexible bronchoscope. The bronchoscope may be passed either transnasally, transorally, through an endotracheal tube (#7.5 or larger ETT), tracheostomy (#8.0 Shiley or larger) or stoma. Visualization enables the physician to diagnosis, treat and document abnormalities via inspection and lavaging.

Indications: Therapeutic:

1. Removal of retained secretions associated with atelectasis, pneumonia or lung abscess.
2. Removal of foreign body.
3. Lung lavage to improve function in patients with alveolar proteinosis.
4. Insertion of endotracheal tube.
5. To evaluate endotracheal tube position.
6. Mucosal debridement in burn patients.

Diagnostic:

1. Diagnosing lung diseases.

Personnel:

Bronchoscopy is performed by a physician. Assistance for a bedside bronchoscopy is generally provided by a respiratory therapist. The RN is available for additional needs as required by the physician.

Equipment:

1. Flexible Bronchoscope (thicker diameter scope)
2. TEE/ Bronch Box located in pyxis in Cardio-Pulmonary Dept. (including both suction valve and biopsy valve)
3. 3-4 Sterile specimen cups labeled accordingly:
 - a. NSS-normal saline-3/4 full
 - b. LIDO- lidocaine- 1- 30 cc vial
 - c. MUCO- Mucomyst- 2 vials to start- more at bedside
 - d. EPI- epinephrine- 1 vial 1:1000 diluted with 19 cc of sterile water.
4. 3-4 **eccentric tip** 10 cc syringes (should be in box)
5. Lidocaine jelly (2 tubes) in box to numb the nose and coat the scope.
6. 2-3 mucous traps
7. Yankauer suction catheter
8. 2 suction setups

Approved by: See signed Authority & Approval form
month / year Committee Name

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- 9. Nebulizer with aerosol mask
- 10. Portable Endoscopy Cart in room 3
 - a. Additional equipment usually located on the cart:
 - 1. Disposable pad.
 - 2. Enzyme Cleaner.
 - 3. Bite Block for oral Bronchoscopy
 - 4. Swivel adapter for intubated/trached patients (must be >#7.5ETT or Shiley #8)
 - 5. Masks, gloves and gowns

PROCEUDRE

Pre-Procedure:

- 1. Verify orders
- 2. Verify Consent
- 3. Gather all required equipment
- 4. Verify patient history and labs with RN
- 5. Obtain baseline vital signs
- 6. If patient is aware, explain procedure
- 7. Provide supplemental oxygen
- 8. Assess routes of entry for bronchoscope
- 9. Anesthetize upper airway with 2-3 cc of 4% lidocaine given via nebulizer and/ or Xylocaine 2% jelly to nasal passages as needed for oropharynx or nasopharynx, unless intubated.
- 10. Set up video cart and equipment
 - a. See attached diagram for suction setup
 - b. Setup scope
 - c. Verify proper function of scope and suction
 - d. Apply lidocaine jelly to distal end of bronchoscope
- 11. Position patient per physician request.

Procedure:

- 1. Assist physician during procedure as directed by physician
- 2. Monitor vital signs
- 3. Assure proper equipment function and availability
- 4. Communicate any issues to physician

Post-Procedure:

- 1. Monitor patient and vital signs
- 2. Label and process any lab samples
- 3. Cleanse bronchoscope with enzyme cleanser
- 4. Communicate with physician and RN
- 5. Return video cart and equipment to correct locations