

Guidelines for bronchoscopy in COVID19 positive patients

Use as a diagnostic tool:

1. Bronchoscopy to establish a diagnosis of COVID19 is **not indicated**. In suspected PUIs, nasal or throat swabs should be obtained for COVID19 and for routine viral rapid respiratory panel (RRP).
2. If COVID19 and RRP swabs are negative in a patient with respiratory failure of unclear etiology, bronchoscopy can be performed to help establish an alternative diagnosis that may dictate treatment.

Other Indications:

3. Routine airway clearance bronchoscopy in COVID19 positive patients is contraindicated due to concern for aerosolization and staff exposure.
4. Bronchoscopy in COVID19 positive patients should be limited to the following scenarios and will be performed with a disposable bronchoscope (Ambu bronchoscope)
 - a. Difficult airway with failed attempt at standard video laryngoscopy to establish an airway
 - b. Complete lung atelectasis from mucous plugging with worsening hypoxemia
 - c. Acute endotracheal tube obstruction from mucous plugging and conditions permit an endoscopic evaluation
 - d. Massive hemoptysis with need to clear blood/clot and place bronchial blocker
 - e. Percutaneous tracheostomy placement
 - f. New infiltrates in previously stable or improved patient with concern for ventilator-associated or secondary pneumonia and unable to obtain standard tracheal aspirate through in line saline instillation and suction

Procedural Process:

5. During bronchoscopy, staff in the room should be limited to the bronchoscopist and the respiratory therapist unless nursing staff is felt to be necessary. All personnel should wear appropriate PPE for aerosolization (including N95 mask with face shield or PAPR). Bronchoscopy should be performed utilizing a disposable bronchoscope.
6. Prior to scope insertion, ventilator air flow should cease for 5 secs to allow for a static air column in the respiratory tract. Similarly, prior to removing the bronchoscope, ventilator air flow should cease for 5 secs before removing the scope. These maneuvers should minimize risk of room aerosol generation.
7. When the procedure is complete, the scope should be placed carefully in its own biohazard bag and then disposed in appropriate biohazard container. The Ambu monitor should be wiped down with appropriate virucidal wipe according to COVID19 policy.