

**OLIVE VIEW-UCLA MEDICAL CENTER
RESPIRATORY CARE SERVICES - ADULT
POLICY & PROCEDURE**

**NUMBER: 842
VERSION: 1**

SUBJECT/TITLE: BRONCHOSCOPY ASSISTANT

- POLICY:**
1. Bronchoscopy assisting should occur only under the direction of a physician who has been trained in bronchoscopy according to the Guidelines endorsed by the American Thoracic Society.
 2. Bronchoscopy assisting should be limited to personnel who possess the skills necessary to determine adverse reactions and to undertake the appropriate remedial action.
 3. The bronchoscopy assistant must be trained in monitoring and evaluation of the patient's clinical condition as reflected by pulse oximetry, electrocardiogram, and stability of or changes in mechanical ventilation parameters, and be capable of relating changes in clinical condition to disease state, procedure, or drugs administered for the procedure. Assistants should be versed in CDC and OSHA ventilation requirements for control of tuberculosis transmission, including but not limited to use of Powered Air Purifying Respiratory (PAPR).

PURPOSE: The prime responsibilities include preparation and monitoring of the patient, assisting with the procedure, handling specimens, post procedure care of the patient, and recordkeeping.

DEPARTMENTS: RESPIRATORY CARE SERVICES

DEFINITIONS:

PROCEDURE: THE FOLLOWING SHOULD BE MONITORED BEFORE, DURING, AND/OR AFTER BRONCHOSCOPY, CONTINUOUSLY, UNTIL THE PATIENT RETURNS TO HIS PRE-SEDATION LEVEL OF CONSCIOUSNESS.

1. Level of consciousness
2. Medications administered, dosage, route, and time of delivery
3. Subjective response to procedure (e.g., pain, discomfort, dyspnea)
4. Blood pressure, heart rate, rhythm, and changes in cardiac status

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5. SpO2 and F102
6. Tidal volume, peak inspiratory pressure, adequacy of inspiratory flow, and other ventilation parameters if subject is being mechanically ventilated
7. Lavage volumes (delivered and retrieved)
8. Documentation of site of biopsies and washing and tests requested on each sample
9. Periodic post procedure follow-up monitoring of patient condition is advisable for 24-48 hours for inpatients. Outpatients should be instructed to contact their physician regarding fever, chest pain or discomfort, dyspnea, wheezing, hemoptysis, or any new findings presenting after the procedure has been completed. Oral instructions should be reinforced by written instructions that include names and phone numbers of persons to be contacted in emergency.

References:	
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