

# Bronchoscopy: RN Role & Responsibilities (Respiratory Therapy)

## Site Applicability

St. Paul's Hospital, Mount Saint Joseph Hospital

## Practice Level

Registered Nurse

## RN DAILY ROUTINE:

### Shift Routine (SPH):

- Flowsheet sign-in (in Radiology staff room, main floor)
- Check bronchoscopy inpatient add-on requests
- Check printer for inpatient add-on requests
- Print daily Bronch slate from Cerner
- Print *Non-blood* labels and *Form* labels from PowerChart:
- Time permitting, enter the day's patients into EndoWorks program (shared responsibility with RT)
- Check patient's blood work results (INR, Hgb and platelets), allergies and history in Cerner
- Call inpatient ward to confirm approximate procedure time, NPO status and what medications should not be taken (i.e. anticoagulants):
  - If the patient is not NPO or took anticoagulants, consult with the bronch physician and consider delaying the procedure to a later time and/or re-drawing blood work
- Set up room for first case:
  - Obtain sufficient amount of narcotics from locked safe for procedure
  - Prime an IV line with 250 mL Normal Saline
  - Get appropriate syringes and blunt fill needles ready and label with pre-printed stickers (1x 3 mL for fentanyl and 1x 5 mL for midazolam)
  - Ensure eye protection and isolation gowns are readily available
- Get patient:
  - For medicine inpatients (7ABCD, 8A)
  - For outpatient pick up patient directly from MSSU

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

- Attach patient to monitor (NIBP cuff, oximetry sensor, 3-lead ECG monitor, ETCO<sub>2</sub> monitor) and obtain initial set of vitals
- Move overhead monitors into appropriate positions
- Hook patient up to IV at TKVO
- Check patient's paperwork, ensure properly filled out, confirm allergies and ask about previous Bronchoscopy and/or experience with sedation; review procedure with patient and post procedure teaching (if not already done); have time out sheet and consent ready
- During bronchoscopy procedure:
  - If not yet present in bronch suite, page MD to suite while above in progress
  - MD will check in with patient and do Bronchoscopy Time Out Sheet
  - Lay patient down and position up in bed, RT will put mouth guard in while RN gives initial sedation as per physician orders
  - Turn lights off
  - Monitor vitals every 5 minutes and PRN as per [Procedural Sedation protocol](#)
  - Document Powerchart and Surginet in Cerner
  - During procedure monitor patient's need for additional sedation, monitor need for oral suctioning and assist RT with patient head position to maintain airway patency, ensuring bite block remains in-situ as required
- Recover patient:
  - Once bronchoscope is out, sit patient up in bed
  - Vitals every 5 minutes x3 and until recovery score meets discharge from 1:1 monitoring criteria as per [Procedural Sedation protocol](#)
  - Complete documentation
  - Place surgical mask on patient
  - For inpatients, transport patient back to Ward bed and give report to Ward RN
  - For outpatients bring back to MSSU bed, hook up to monitor and give report to RN
  - Waste unused narcotics with physician; physician to co-sign
  - If not done by RT page 24-hour porter to take dirty bronchoscopes to MDRD for cleaning
  - MSSU Ward aide to take sputum and tissue samples down to lab
- Clean up room:
  - Use Cavi wipes to clean monitor and any surfaces that have come into contact with the patient
  - Door to suite must be kept closed for 30 minutes to allow for air exchange to occur. Time starts when the patient puts on a mask in the room
  - Housekeeping comes in at 1200 and 1700 for regular clean (no precautions needed after MRSA/VRE cases as per IPAC); may call for additional cleans PRN

- Thoracentesis/Chest tube insertions:
  - Prepare room: get out blue chest tube supply box, get ultrasound out from back of room and turn on, get chest tube/thoracentesis tray out and tube as requested by attending
  - Attach patient to monitor
  - Review pertinent patient history and confirm allergies; ask about previous chest tubes
  - Review procedure with patient and provide post-procedure teaching
  - Ensure time out sheet is completed
  - During procedure monitor vitals and document accordingly
  - Bronch RN will return patient back to ward and provide report to Ward RN
- Record procedure on STATS sheet, record any Research Bronchoscopies in Excel billing spreadsheet
- Prepare for next case as per above
- Restock supplies as needed from RT supply room on 8B (i.e. airway equipment, NS bags, IV tubing etc.) Ask RT to order any required items not on top-up

<b>Effective Date:</b>	01-JUN-2016
<b>Posted Date:</b>	DD-MMM-YYYY
<b>Last Revised:</b>	14-APR-2021
<b>Last Reviewed:</b>	
<b>Approved By:</b>	PHC
	Bronchoscopy Quality & Safety Team
<b>Owners:</b>	PHC
	Respiratory Therapy