Providence HEALTH CARE	**RESPIRATORY SERVICES**	DATE CREATED: February 2016 DATE REVIEWED/REVISED:
POLICY & PROCEDURE	TITLE: CRITICAL CARE – Ambu aScope 3 Videoscope (Disposable Bronchoscope) (Respiratory Therapy) NUMBER: B-00-12-12084	RELATED DOCUMENTS:

SITE APPLICABILITY:

ST. PAUL'S HOSPITAL

POLICY STATEMENT:

The Ambu aScope 3 is intended for use with percutaneous tracheostomy procedures performed in critical care areas at St. Paul's Hospital under the direction of an ICU attending physician or ICU fellow.

GENERAL INFORMATION:

The Ambu aScope is a flexible single-patient-use videoscope/bronchoscope that is equipped with an instillation channel and suction port. It employs camera technology in place of the fibreoptic bundle technology used in conventional bronchoscopes. The corresponding Ambu aView monitor displays the images obtained from the aScope. The Ambu aScope is a safe and cost-effective alternative to fiberoptic bronchoscopy for percutaneous tracheostomy procedures.

INDICATIONS:

- Percutaneous tracheostomy procedures

CAUTIONS & SPECIAL CONSIDERATIONS:

In the event that greater illumination is required during the percutaneous tracheostomy procedure, a fibreoptic bronchoscope should be available for use.

Minimum inner diameter of endotracheal tube size for use with the aScope 3 is 6.0 mm ID.

REQUIRED SUPPLIES & EQUIPMENT:

- aScope 3.0
- Luer lock syringe introducer
- aView monitor
- Percutaneous tracheostomy supplies & equipment as per RTD1582

PROCEDURE:

1. Connect the aScope to the aView monitor by plugging the white aScope **connector with blue arrow** into the corresponding **blue female connecto**r on the aView.

2. Turn on the aView monitor by pressing the power button on top for at least one second. The power button will light up orange and stay orange when the aView is charging. If the monitor is not charging the power button will change to green.

3. Verify that a live video image appears on the screen. Direct the distal end of the aScope towards an object and adjust the image preferences on the aView as necessary.

Press the up arrow to increase brightness and the down arrow to decrease brightness. The arrow will light up red when pressed and the level attained will be shown for a few seconds instead of the brightness icon.

Press the up arrow to increase contrast and the down arrow to decrease contrast. The arrow will light up red when pressed and the level attained will be shown for a few seconds instead of the contrast icon.

4. Slide the control lever up and down and confirm that the distal end of the scope bends appropriately.

5. Attach the Luer lock introducer to the working channel port. Using a Luer lock syringe, inject 2 ml of sterile water into the working channel port and ensure that there are no leaks.

   NOTE: In order to maintain a closed system during suctioning the Luer lock introducer should be occluded when suction is applied. If the Luer lock introducer is misplaced, a slip tip syringe can be introduced into the working channel port instead.

6. Connect suction tubing to the suction connector and to a suction source. Ensure that the suction regulator is set to maximum suction level.

7. Using a gauze pad lubricate the distal end of the scope with a water-soluble lubricant.

8. When the procedure is complete, disconnect the aScope from the aView monitor and dispose of the aScope in the biohazardous material bin.

9. Turn off the aView by pressing the power button on the top of the monitor for 2 seconds. Clean the aView monitor with CaviWipes or spray.

REFERENCES:

1. Instructions for use Ambu aScope 3 and Ambu aView Manual.

2. S Reynolds, J Zurba, L Duggan. A single-centre case series assessing the Ambu® aScope™ 2 for percutaneous tracheostomies: A viable alternative to fibreoptic bronchoscopes. Can J Respir Ther 2015; 51(2):43-46.

DEVELOPED BY:

1. Clinical Coordinator Respiratory Services, PHC

REVIEWED BY:

1. Professional Practice Leader, Respiratory Therapy, PHC