DIVISION OF ACUTE CARE SURGERY
Bronchoscopy Guidelines During Emergency Operations for COVID Pandemic

This is meant to be a general guide for deciding when to do bronchoscopy until normal operations are resumed following the COVID pandemic. Decision-making should take place within the following prioritization framework:

**Essential cases:** are those that are needed for immediate patient need, or if postponed may lead to deterioration of the patient’s condition or ultimate outcome.

**Non-essential cases:** are those which the physician, based on their best judgment, can wait 2-4 months, without compromising the patient’s outcome.

These definitions still allow for clinical judgement to balance safety for providers and clinical needs for patients. If you are unsure, ask a peer or a leader about how to proceed.

— Bronchoscopy will generally not be performed for patients with COVID, unless there is another essential indication for the procedure.
— Bronchoscopy will generally not be performed in COVID PUI, until receiving negative result from non-invasive testing, unless there is another essential indication for the procedure.

**Examples of Emergent Essential Cases:**
- High grade central airway obstruction
- Massive hemoptysis, when bronchoscopy offers option for therapeutic intervention
- Airway foreign body

**Examples of Non-emergent Essential Cases:**
- Immunosuppressed with undiagnosed new infiltrate, COVID negative
- Lung cancer diagnosis and staging deemed essential by treating team
- Non-massive hemoptysis, when bronchoscopy findings will assist treatment or other diagnostic decision making
- Diffuse lung disease in which urgent treatment decisions necessitate sampling
- Inpatients with prolonged air leak or pneumothoraces that are likely to benefit from endobronchial valve placement

**Examples of Non-essential Cases:**
- Bronchoscopic lung volume reduction
- Pulmonary hygiene in non-incubated patients
- Diagnostic procedures for nodules/radiographic findings that have been stable for >=6 months
- Evaluation of suspected non-tuberculous mycobacterium
- Sarcoidosis
- Diffuse lung diseases in which sampling will not significantly alter treatments
- Chronic cough evaluation
- Bronchial thermoplasty