



Atrium Health

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