Bronchoscopy and Bronchial Alveolar Lavage (BAL) Protocol

1. Don proper PPE including hair net, gown and sterile gloves. Pre-oxygenate the patient to 100% and obtain proper sedative medications. Do not administer sedative until ready to perform bronch/BAL. Place the bronchoscope adapter on the ETT.
2. Once the sedative has been administered, insert the tip of the bronchoscope into the adapter. It is important to monitor the oxygen saturations throughout the procedure.
3. Advance the bronchoscope and wedge into the distal airway in the area **involved by the infiltrate**, as seen on the chest x-ray, or into a sub segment of the middle lobe or lingula if diffuse infiltrates were notes.
4. After wedging, instilled 6-20ml aliquots of sterile non-bacteriostatic saline solution through the bronchoscope and connect sterile sputum trap to suction the valve..
    - Discard the first aliquot instilled.
5. Administer the remaining saline (100 ml) and retrieve with the sputum trap – specimen.. AVOID SUCTIONING THROUGH BRONCOSCOPE BEFORE SPECIMEN IS TAKEN.
6. Send BAL aliquot to the lab for gram stain and cell count.

References:

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