

Blind Mini BAL Catheters

Purpose:

To define the procedure for using the Blind Mini BAL Catheters to perform a blind mini bronchoalveolar lavage for specimen collection.

Description:

The blind mini BAL catheter is a protected double catheter that enables blind sampling of the smaller airways when bronchoscopy may not be a preferred option. The protected catheter is blindly advanced into the airway where the inner catheter is then revealed to perform a small lavage and collection of fluid specimen.

Indications:

1. Blind sampling for a pulmonary airway specimen.
2. May be helpful in the diagnosis of nosocomial pneumonia in mechanically ventilated patients.

Hazards/Complications:

1. Bronchial irritation
2. vagal reflex (bradycardia, hypotension)
3. bronchial hemorrhage
4. pneumothorax

Equipment:

1. Appropriate size blind mini BAL catheter
2. Sterile drape, sterile gloves, mask, cap
3. Bodai swivel adapter
4. 20cc syringe
5. Non-bacteriostatic normal saline
6. Specimen container

Personnel:

RRT 1 and 2, CRT 1 and 2

Procedure: (For COMBI-CATH mini blind BAL catheter)

1. Place patient on 100% FiO₂ through the ventilator.
2. Apply appropriate PPE.
3. Place Bodai swivel adapter at end of ET-Tube.
4. Create a sterile field placing the drape on patient's chest and under ET-Tube/vent circuit.
5. Empty sterile supplies (Combi-Cath and specimen container) onto field/drape.
6. Draw 20cc normal saline into syringe.
7. Apply sterile gloves.
8. Remove sheath from Combi-Cath.
9. Insert Combi-Cath into ET-Tube via Bodai adapter.
10. Advance Combi-Cath into airway until resistance is met (past carina).
11. Pull catheter back 3-4cm and remove spacer device.
12. Advance inner catheter.

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13. Place normal saline syringe on end of catheter.
14. Inject 20cc normal saline into airway, then completely aspirate back into the syringe.
(Note: You may only obtain 1-4cc of specimen).
15. Withdraw catheter from airway.
16. Transfer sample to specimen container.
17. Suction patient via suction catheter to remove any remaining saline/secretions.
Return to previous FIO2 on ventilator and chart procedure.
18. Label specimen as "blind BAL via Combi-Cath" and give to unit clerk for processing.

Procedure: (For Kimberly-Clark Blind BAL Catheter)

Check orders, lab values, and CXR (distance from ETT to carina)

Place pt on 100% oxygen and begin gathering supplies.

MD may order lidocaine if needed.

1. Obtain sterile towels (x2), 20cc of Sterile NS (lime green top-RN to obtain from DieBold), 30 cc syringe with needle, speci-trap, and BAL catheter.
2. Open supplies onto field (pt chest draped with sterile towels) while maintaining sterility of field. Syringe with 20cc of saline can be at bottom of field as it is contaminated.
3. Don sterile gloves. Take BAL catheter in hand. Hold slightly curled for better control. Remove tip protector.
4. Place ET adaptor on product and extend tip of catheter 2cm beyond adaptor to facilitate passage through tip of ETT.
5. Match markings on BAL catheter with ET tube so tip is at the end of ETT.
6. Check oxygen port to determine direction of catheter
7. Advance the catheter until it is 3 to 5 cm past end of ETT (left or right mainstem).
8. Advance inner catheter until it meets resistance. Back off slightly and advance again to make sure you are not in a bifurcation.
9. Lock in place.
10. Hook up suction/trap.
11. Attach syringe to port and flush at least 20 cc NS. Immediately suction airway by opening stopcock to suction. (you may only obtain 3-5 cc of sample).
12. Remove specimen.
13. Unlock catheter and pull inner catheter back. Remove catheter.
14. Hook patient back to vent.
15. Label sample. Send to lab. (label as "blind BAL sample")
16. Document per policy.

Infection Control:

1. Maintain sterile technique throughout procedure.
2. All items are single use. Dispose of all items after procedure.

References:

1. Plastimed (manufacturer's product literature).
2. Kimberly-Clark (manufacturer's product literature)