



Rigid Bronchoscopy

PRE-OPERATIVE		
Medications None	Block None	Lines 1 IV pre-induction



INTRA-OPERATIVE		
Induction <input type="checkbox"/> Consider glycopyrrolate <input type="checkbox"/> minimal narcotic <input type="checkbox"/> succinylcholine -Rigid scope inserted by pulmonologist <input type="checkbox"/> goggles <input type="checkbox"/> white tooth guard <input type="checkbox"/> BIS monitor <input type="checkbox"/> Transcutaneous EtCO ₂ <input type="checkbox"/> Twitchview	Intraoperative <input type="checkbox"/> propofol infusion <input type="checkbox"/> remifentanyl infusion 0.025-0.2mcq/kg/min OR <input type="checkbox"/> small dose rocuronium Ventilation controlled by RT and LTV ventilator; Monitor pulse oximeter and chest rise	Emergence <input type="checkbox"/> If throat pack placed, ensure removal <input type="checkbox"/> place LMA after rigid scope is removed <input type="checkbox"/> zofran 4 mg <input type="checkbox"/> sugammadex



POST-OPERATIVE		

Case Specifics

- Do not sedate or induce the patient until all personnel, including pulmonologist, 2 respiratory therapists, and GI nurse are present and all equipment including rigid scope and travel ventilator are present and confirmed functional
- Discuss with pulmonologist prior to procedure start if there is a preference for spontaneous respirations during case. If so, do not paralyze, maintain deep anesthetic and/or use low dose Remifentanyl.
- If jet ventilation is planned instead of travel ventilator, please review Rigid Bronchoscopy and Jet Ventilation on the ASPA protocol webpage.