

# Non-Directed Bronchial Lavage (NBL) in Critical Care

**Aim:** To provide guidance on correct NBL technique for endotracheal or tracheostomy tubes.

**Scope:** All adult patients in Critical Care with endotracheal (ETT) or tracheostomy tubes.

## Critical Care patient with ETT or tracheostomy

### Prepare Equipment

1. Pre-oxygenate (100% O<sub>2</sub> for 3 mins)
2. Fill syringe with 20ml 0.9% saline
3. Attach syringe to suction catheter
4. Check suction is set to -20kPa
5. Attach sputum trap to suction tubing
6. Prepare sterile glove & put on PPE

### Disconnect Inline Suction

- If present, remove inline suction catheter and cover with blue cover (supplied in pack)

### Flush With Saline

- With hand in sterile glove, pass suction catheter down ETT or tracheostomy tube until resistance is felt (the carina), then withdraw by 1cm
- Flush 20ml sterile 0.9% saline down suction catheter

**Flush saline down the suction catheter, not directly down the ETT / tracheostomy.  
This is essential to prevent cross-contamination.**

### Collect Samples

- Quickly detach the syringe and attach the sputum trap and suction catheter
- The sample should be collected in the sputum trap
- Remove the sputum trap and reattach the tubing to the suction catheter
- Withdraw the suction catheter slowly whilst applying suction
- Repeat a second suction to ensure all saline is removed

This guideline has been adapted from an original document by the Academic Department of Critical Care, Queen Alexandra Hospital, Portsmouth, UK [www.portsmouthicu.com](http://www.portsmouthicu.com)