

RESPIRATORY ASSESSMENT

1. Hand hygiene/introduction/privacy/adjust bed height if needed

2. Questions:

- Are you experiencing any shortness of breath?
- Do you have pain when breathing? → COLDSPA
- Do you or your family have any history of asthma?
- Do you or anyone in your household smoke?
- Do you have any chest pain with breathing?
- Do you have a cough?

3. Full set of vital signs → RR, SpO₂ decreased+ HR would be increased (working harder to oxygenate the body)

4. Inspection

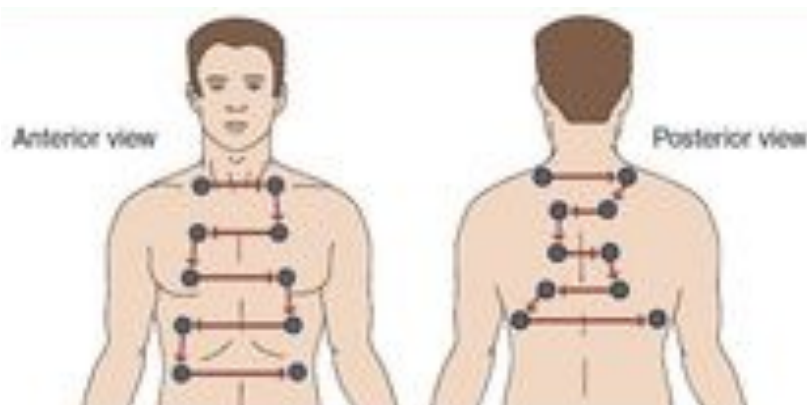
- Visible signs of pain/distress
- Work of breathing → posture taken to breathe (tachypnoea/bradypnoea)
- Skin colour and condition (cyanosis can show blue tinged extremities)
- Facial expression

5. Palpation

- Place hands in “W” shape on posterior + anterior chest → ask patient to take a big deep breath and assess for symmetrical chest expansion
- Feel temperature of skin (cool skin → hypoxia)
- Palpate for crepitus (coarse crackling associated with fluid in the lungs – e.g. pneumonia)

6. Auscultation

- Auscultate anterior chest + then posterior chest for equal breath sounds bilaterally (start at 2nd intercostal space)
- Normal sounds: bronchial (tracheal), vesicular, bronchovesicular
- Don't want to hear adventitious sounds such as a wheeze, crackles or stridor



7. Potential problems

- Asthma
- Pneumonia
- Hypoxia