

How to perform respiratory assessment

Smith J, Rushton M (2015) How to perform respiratory assessment. *Nursing Standard*. 30, 7, 34-36.
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Rationale and key points

This article aims to assist practitioners to perform a respiratory assessment.

- ▶ A logical and structured approach to respiratory assessment, such as the 'look, listen and feel' approach, should be undertaken.
- ▶ The respiratory rate is an early indicator of deterioration of a patient's condition.
- ▶ Signs of clinical deterioration should be responded to in a timely manner.
- ▶ A track and trigger scoring tool can be used to evaluate physiological data, develop a management plan and indicate future investigations.

Reflective activity

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1. How reading this article will change your practice when performing a respiratory assessment.
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Keywords

assessment, clinical procedures, clinical skills, respiratory care

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Preparation and equipment

- ▶ The environment should be safe to minimise risk to the practitioner and the patient. The patient's bed area should be assessed for any furniture or wires that may cause a risk.
- ▶ The patient's privacy and dignity should be maintained by drawing the curtains around the bed.
- ▶ The patient should be rested and in a comfortable position for the assessment. If not, the practitioner should ask for help to position the patient before starting the assessment. This may not be appropriate if the patient is acutely unwell.
- ▶ The practitioner should ensure that all equipment required is available and in good working order, including:
 - A watch (or clock) with a second hand.
 - A stethoscope.
 - A pulse oximeter.
 - An early warning score chart.
- ▶ Hand hygiene should be performed (Hillier 2015).

Procedure

1. Assess the patient's respirations after checking the pulse, so that the patient does not alter their breathing.
2. Count the respiratory rate for one minute. The normal resting respiratory rate is between 12 and 20 regular and rhythmic breaths per minute.
3. Undertake the 'look, listen and feel' approach to assessment, as advocated by the Resuscitation Council (UK) (2011).

Look

4. Observe the rhythm, symmetry and depth of the patient's respirations. Extra respiratory effort is indicated by the patient pursing their lips or flaring their nostrils. Evidence of the patient using their accessory muscles, for example abdominal or scalene muscles, indicates increased work or difficulty breathing. Any sign of tracheal deviation may indicate a tension pneumothorax.
5. Observe the patient's colour – pale or flushed – and whether they are showing any signs of cyanosis. Peripheral cyanosis is a bluish colour of the skin and nail beds that indicates

Respiratory Assessment Documentation Example

Terry Des Jardins, George G. Burton



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Table of Contents Respiratory Assessment Documentation Example

1. Understanding the eBook Respiratory Assessment Documentation Example
 - The Rise of Digital Reading Respiratory Assessment Documentation Example
 - Advantages of eBooks Over Traditional Books
2. Identifying Respiratory Assessment Documentation Example
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Respiratory Assessment Documentation Example
 - User-Friendly Interface
4. Exploring eBook Recommendations from Respiratory Assessment Documentation Example
 - Personalized Recommendations
 - Respiratory Assessment Documentation Example User Reviews and Ratings
 - Respiratory Assessment Documentation Example and Bestseller Lists

5. Accessing Respiratory Assessment Documentation Example Free and Paid eBooks
 - Respiratory Assessment Documentation Example Public Domain eBooks
 - Respiratory Assessment Documentation Example eBook Subscription Services
 - Respiratory Assessment Documentation Example Budget-Friendly Options
6. Navigating Respiratory Assessment Documentation Example eBook Formats
 - ePub, PDF, MOBI, and More
 - Respiratory Assessment Documentation Example Compatibility with Devices
 - Respiratory Assessment Documentation Example Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Respiratory Assessment Documentation Example
 - Highlighting and Note-Taking Respiratory Assessment Documentation Example
 - Interactive Elements Respiratory Assessment Documentation Example
8. Staying Engaged with Respiratory Assessment Documentation Example
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Respiratory Assessment Documentation Example
9. Balancing eBooks and Physical Books Respiratory Assessment Documentation Example
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Respiratory Assessment Documentation Example
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Respiratory Assessment Documentation Example
 - Setting Reading Goals Respiratory Assessment Documentation Example
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Respiratory Assessment Documentation Example
 - Fact-Checking eBook Content of Respiratory Assessment Documentation Example
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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