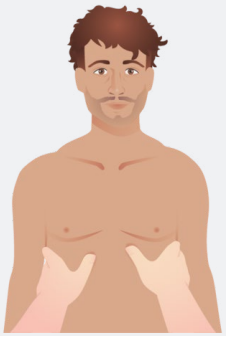
RESPIRATORY ASSESSMENT

WATCH VIDEO!

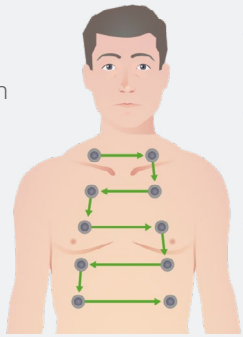
Inspection



of the anterior and posterior thorax can help identify abnormalities, such as:

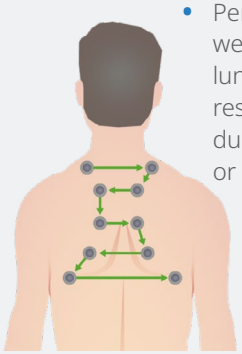
- Asymmetry
- Retractions

Auscultation of the lungs



- Listen for adventitious breath sounds.
- Listen and compare breath sounds heard in the upper and lower lungs.
- Listen and compare breath sounds heard on the anterior and posterior chest.

Percussion

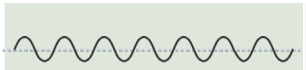
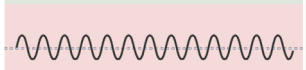
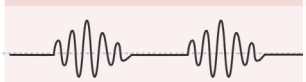
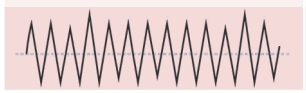


- Percussion of a well-ventilated lung should sound resonant, with dullness over ribs or pathology

Adventitious lung sounds

Adventitious sounds	Characteristics
Crackles	• High-pitched (fine), medium-pitched (medium), or low-pitched (coarse) popping sounds • Heard on inspiration and not cleared by coughing
Rhonchi	• Low-pitched, coarse, wet snoring/moaning sounds • Heard more on expiration than inspiration
Wheeze	• High-pitched musical squeaking • Heard more on expiration than inspiration
Pleural rub	• Low-pitched, dry, coarse, rubbing sound • Heard on inspiration and expiration and are not cleared by coughing
Stridor	• A harsh high-pitched noise when breathing caused by obstruction of the airway

Breathing patterns

	Eupnea	Normal breathing rate and pattern
	Tachypnea	Increased respiratory rate
	Bradypnea	Decreased respiratory rate
	Apnea	Absence of breathing
	Cheyne-Stokes	Gradual increases and decreases in respirations with periods of apnea
	Kussmaul's sign	Tachypnea and hyperpnea

Respiratory landmarks