Respiratory Assessment

Nursing

What to look at, listen for and measure when breathing is the concern.

Count for a full minute, unobserved. Everything else follows from a real rate.

Look and measure

- Rate, depth, rhythm and symmetry
- Accessory muscle use and tracheal tug
- Position adopted; ability to speak in sentences
- Colour, sweating, agitation, exhaustion
- Saturations, and the oxygen actually delivered
- Cough, sputum colour and volume

Concerning findings

- Rising rate with falling saturations
- Silent chest in a wheezing patient
- New confusion or drowsiness
- Speaking in single words only
- Falling rate in an exhausted patient
- Any of these together, in a trend

Educational reference. A falling respiratory rate in an exhausted patient is a pre-arrest sign — escalate immediately under local protocol.