

Respiratory assessment of your patient



Goals and Objectives by the end of my teaching session

- Discuss effective respiratory assessment of patients



You meet Mr Brown for the first time



You are told her O2 sats are low

Respiratory Assessment

- Health History
 - Biographical data
 - History of current illness
 - Past medical history – medications
 - Family history
 - Health risk appraisal
- On examination data
- Depth dependent on patient condition



Biographic / Demographic Data

- Shows predisposition towards respiratory disease
- Age
- Occupation



Presenting problem

- Identify signs and symptoms
- Detailed chronological picture
 - fever
 - cough
 - sputum
 - dyspnoea
 - haemoptysis
 - wheezing
 - chest pain
- Quality, quantity, location, aggravating and alleviating factors
- Disabilities



Past Medical History

- Previous respiratory problems
- Asthma
- Bronchitis
- Pneumonia
- Previous hospital admissions and interventions
- Treatments
- Diagnostic tests



Family History

- Pneumonia
- TB
- Emphysema
- Bronchitis
- Bronchiectasis
- Asthma
- Lung Cancer
- Other



Social History

- Predisposition to respiratory illness
- Living conditions
- Number living in same house
- Ventilation - heating
- Environmental problems
- Recent travel



Health Risk Appraisal

- Smoking history - passive
- Alcohol
- Exercise tolerance
- Weight



On Examination

- Inspection
- Palpation
- Percussion
- Auscultation



Inspection

- Respiratory pattern – rate, rhythm, depth, quality
- Signs of laboured breathing
 - retraction
 - nasal flaring
 - tracheal tug
 - respiratory noise
 - accessory muscles
 - posture
- Chest wall shape and symmetry
- Cyanosis
- Clubbing



Palpation

- Pulsations, tenderness, depressions, bulges, surgical emphysema
- Tactile (vocal) fremitus
- Thoracic expansion
- Crepitus



Percussion

- Flatness – soft, high-pitched, short, over dense matter
- Dullness – soft, high-pitched, short, thudding, over fluid filled matter
- Resonance – loud, low-pitched, long, hollow, over air-filled tissue
- Hyperresonance – loud, low-pitched, longer, booming, over over-inflated air filled lung
- Tympany – loud, high-pitched, drum-like, over air containing structures



Auscultation

- Breath sounds present
- Breath sounds normal/abnormal
- Secretions present
- Therapy effective
- Inspiratory and expiratory phases
 - Intensity
 - Length
 - Pitch



Abnormal Breath Sounds

- Crackles – fine, medium, course
- Gurgles
- Wheezes



Other Clinical Data

- Clinical signs of hypoxaemia & hypercarbia
- Pulse oximetry
- ABG
- CXR



Chest Auscultation

Disease process	Percussion findings	Auscultation findings
Consolidation	Dull	Bronchial breath sounds
Pneumonia	Dull	Medium crackles
Atelectasis	Dull	Absent breath sounds
Asthma		Wheeze
Pulmonary oedema		Coarse crackles (Inspiratory and expiratory phase)
Pleural effusion	Dull	Diminished breath sounds
Pneumothorax	Hyper-resonance	absent



Information house surgeon will require

- ABC
- History of patients presenting illness:
Dyspnoea? Fever? Chest pain? Jaw
pain? Arm pain? Cough? Productive
sputum? Haemoptysis? Wheeze?
Colour?
- Patients past medical history
- MEWS SCORE
- **Full set of observations including
whether the pulse is regular.**



Documentation

- Time of event
- Doctors notification and response
- Observation chart
- FBC
- ECG
- Clinical Notes – **If it is not written it did not happen!!**



Resources

- Senior ward nurses
- MEWS
- Educators
- Respiratory nurses
- Medical Staff
- Chest pain protocol BOPDHB C6.1
- Pirrett, A. (2005). Acute care nursing a physiological approach to clinical assessment and patient care. Auckland.

