

Respiratory Assessment Cheat Sheet

Hey there, friend!

It can be super challenging to learn how to assess a patient.

And the respiratory assessment??

That's like, DOUBLE challenging.

When I was in nursing school I would always second guess myself when it came to breath sounds. And let's be honest, I had no idea where to put my stethoscope.

So if you're like me, don't worry, I've got you covered.

In this cheat sheet, I'll walk you through the respiratory assessment, step-by-step.

Here's what's included:

1. Health History Questions
2. Inspection
3. Palpation
4. Percussion
5. Auscultation
6. Checklist

[And if you need more help with nursing fundamentals, be sure to check out this playlist on YouTube.](#)

All my best,
Christina

Respiratory Assessment Cheat Sheet

HEALTH HISTORY QUESTIONS:

1. Are you having any chest pain or have you had chest pain recently?
 - a. Chest pain is serious, and it is important to alert the RN to this.
2. Are you having shortness of breath or have you had shortness of breath recently?
3. Ask about their cough:
 - a. Have you had a cough lately?
 - b. Is it productive? If so, what color and consistency is the sputum?
4. Do you use oxygen, CPAP, or BiPAP?

If the patient responds with yes to any of these questions (except number 4), make sure to ask when the problem started, what leads up to it, what (if anything) relieves it, and if they have taken any medications for it.

INSPECTION:

Inspection is everything that you see or notice about the patient without actually touching them, such as respiratory effort and chest expansion symmetry. The primary things you will want to notice are:

5. Chest movement:
 - a. Is it symmetrical?
 - b. Is one side expanding more than the other?
 - c. Is one part of the rib cage expanding or collapsing unevenly?
6. How fast are they breathing?
 - a. Count their respirations for a full minute. This gives you their respiratory rate.
7. Is their inhale and exhale equal duration or is one longer than the other?
 - a. Exhalation is typically about twice as long as inhalation.
 - b. This is known as respiratory rhythm.
8. Are they elevating their shoulders, chest or tummy in order to breathe?
 - a. This may indicate accessory muscles use and labored breathing.

PALPATION:

Palpation for the respiratory system can be used to locate painful areas, crackles under the skin that are caused by a leak in the lung (crepitus) as well as to feel the symmetry of the rib cage.

9. Move the tips of your fingers or palm of your hand up and down over the patient's chest, pressing and lifting as you go.
 - a. Notice any lumps, bumps, tenderness, or abnormal sounds.

Respiratory Assessment Cheat Sheet

PERCUSSION:

Percussion involves tapping your fingers along the patient's body in order to identify dense areas or masses, fluid filled areas, or area filled areas.

10. Place your non dominant hand's middle finger on the patient's chest and tap the knuckle closest to the fingernail with the middle finger of your dominant hand.
 - a. Use a Z-block pattern: 10 places in the front and 18 places on the back.
 - i. Some schools may have you do different placements for percussion. So check with your clinical and skills instructor first.

AUSCULTATION:

Auscultation means that you are listening to the patient's body, typically using your stethoscope.

This will help you identify areas with less air movement than others, as well as crackles, wheezes, rhonchi, stridor, pleural rub and the location of breath sounds.

11. Place your stethoscope in 8 places in the front and 10 places on the back moving in a Z-block pattern.
 - a. Some schools may have you do different placements for auscultation. So check with your clinical and skills instructor first.
 - b. Press the stethoscope firmly on the patient's chest and have them take deep breaths through their mouth.
12. Listen for a full respiratory cycle (one inhalation and one exhalation) at each placement.
 - a. It is important to listen for a full respiratory cycle because abnormal sounds may only appear during either inhalation or exhalation.

Respiratory Assessment Cheat Sheet

CHECKLIST:

Health history questions

1. Have you had any chest pain?
2. Have you had any shortness of breath?
3. Have you had a cough lately?
4. Do you use oxygen, CPAP, or BiPAP?

Inspection

5. Is their chest movement symmetrical?
6. What is their respiratory rate?
7. What is their respiratory rhythm?
8. Is their breathing labored?

Palpation

9. Is there any pain, lumps or abnormal sounds?

Percussion

10. Use a Z-block pattern: 10 places in the front and 18 places in the back
11. Describe the tone you hear.

Auscultation

12. Use a Z-block pattern: 8 places in the front and 10 places in the back
13. Do you hear crackles, wheezes, rhonchi, stridor, or a pleural rub?