

SKILL 3 Respiration

EQUIPMENT

Stethoscope

Watch with a second hand

GENERAL GUIDELINES FOR VITAL SIGNS

1. Check record for baseline and factors (age, illness, medications, etc.) influencing vital signs. *Provides parameters and helps in device and site selection.*
2. Gather equipment, including paper and pen, for recording vital signs. *Promotes organization and efficiency.*
3. Wash hands. *Reduces transmission of microorganisms.*
4. Prepare child and family in a quiet and nonthreatening manner. *Enhances cooperation and participation; reduces anxiety and fear, which can affect readings.*

NOTE: *Infants and young children may be quiet and more cooperative if vitals signs are obtained while child is sitting on caregiver's lap.*

PROCEDURE

1. Steps 1–4 of General Guidelines.
2. Be sure light is adequate for the procedure. *Allows accurate counting of respirations.*
3. Place hand on chest or abdomen or observe rise and fall of chest or abdomen. Count respirations for one full minute for infants and younger children because respirations are normally irregular. Count for one full minute for any child with irregular respirations. For older children with regular respirations, respirations may be counted for 30 seconds and multiplied by 2 to obtain the rate per minute. Respirations also may be counted by auscultation. *Counting for less than one minute may lead to inaccurate respiratory rate in infants, young children, and those with irregular respirations.*
 - a. Respirations are diaphragmatic on children younger than 7 years of age—observe or place hand on abdomen.
 - b. Respirations are thoracic in children older than 7 years of age—observe or place hand on chest.
4. Observe movement of chest and abdomen.
 - a. Assess chest movements for symmetry.
 - b. In infants observe movement of abdomen. Paradoxical abdominal movement, i.e., abdomen rises on inspiration as chest retracts (see-saw movement), is abnormal except in premature infants.
5. Observe for signs of respiratory distress (retractions, nasal flaring, grunting, use of accessory muscles).
6. Auscultate for normal, abnormal, and diminished and/or absent breath sounds on both back and chest; use a regular pattern; compare breath sounds side-to-side.
7. Wash hands. *Reduces transmission of microorganisms.*

DOCUMENTATION

Document the following in the appropriate place in the client's chart:

1. Rate, depth, and character of respirations.
2. Breath sounds heard and placement of sounds.
3. Any signs and symptoms of respiratory distress.
4. Who notified if findings of concern.