

Assessing Respirations



Rational

Count the number of breaths per minute, depth and rhythm of breathing and monitoring for signs of respiratory distress

Supplies needed

Watch with a second hand

1. With your fingers still in the vicinity of the radial artery start observing respirations. You do not want the patient to know that you are assessing respirations because the patient may change their breathing patterns or rate
2. Observe the rise and fall of the patient's chest
3. After a complete cycle of inspiration and expiration has been observed, count respirations for 30 seconds and multiply by 2 if respiratory rate is regular. If irregular count for a full 60 seconds
4. Wash hands
5. Document respiratory rate, depth and rhythm on appropriate documentation form

References

Evans-Smith, P. (2005). Taylor's Clinical Nursing Skills: A Nursing Process Approach. Philadelphia, PA: Lippincott Williams & Wilkins.

Taylor, C., Lillis, C., LeMone, P. & Le Bon, M. (2005). Skill Checklists to Accompany Fundamentals of Nursing: The Art and Science of Nursing Care (5th Ed). Philadelphia, PA: Lippincott Williams & Wilkins.