



Clinical Practice Procedures: Assessment/Respiratory status

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| Policy code | CPP_AS_RS_1024 |
| Date | October, 2024 |
| Purpose | To ensure a consistent procedural approach to undertaking a respiratory status assessment. |
| Scope | Applies to Queensland Ambulance Service (QAS) clinical staff. |
| Health care setting | Pre-hospital assessment and treatment. |
| Population | Applies to all ages unless stated otherwise. |
| Source of funding | Internal – 100% |
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| Review date | October, 2027 |
| Information security | UNCLASSIFIED – Queensland Government Information Security Classification Framework. |
| URL | https://ambulance.qld.gov.au/clinical.html |

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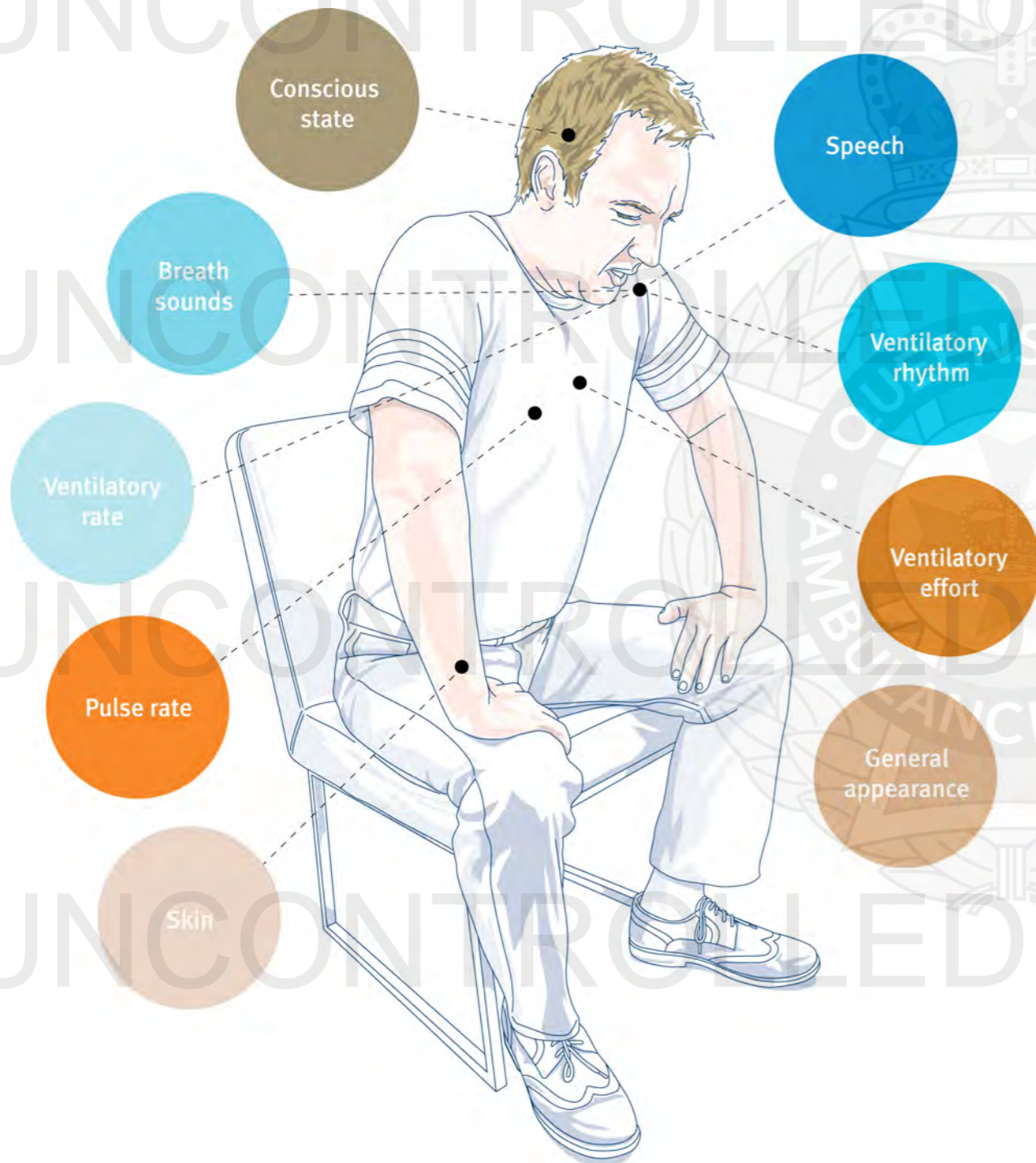
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Respiratory status

October, 2024

There are several components to a comprehensive **respiratory assessment** in the pre-hospital setting.



Indications

- All chest and respiratory symptoms and complaints including chest pain or shortness of breath
- Impaired consciousness

Contraindications

- Nil in this setting

Complications

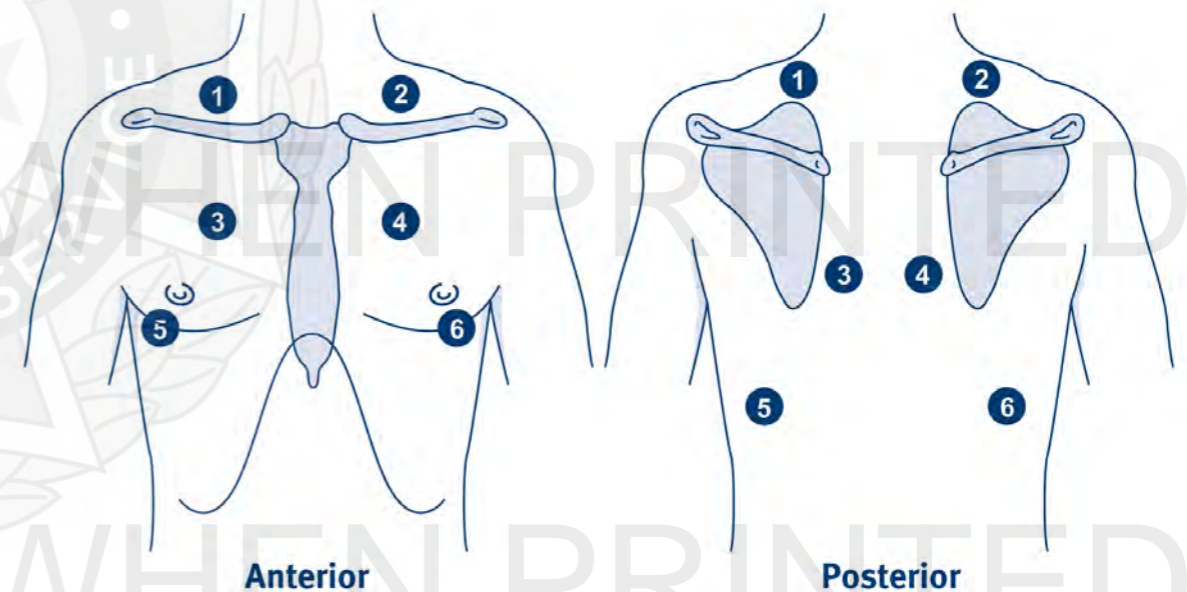
- Nil in this setting

RESPIRATORY STATUS ASSESSMENT

| Components | Normal | Respiratory distress |
|---------------------------|---|---|
| <i>Conscious state</i> | Alert | Altered |
| <i>General appearance</i> | Calm and quiet | Distressed, anxious, struggling to breathe, exhausted |
| <i>Speech</i> | Clear, fluent and steady | Difficult, short sentences or phrases, unable to verbalise |
| <i>Ventilatory rate</i> | 12 – 18 (adult) | Greater than 18 (adult) |
| <i>Ventilatory rhythm</i> | Regular even cycles | No respiratory pause, prolonged expiratory phase |
| <i>Ventilatory effort</i> | Minimal with little chest or abdominal movement | Marked chest movement, use of accessory muscles |
| <i>Skin</i> | Pink | Pale and sweaty; cyanosis is a late and serious sign |
| <i>Pulse rate</i> | 60 – 80 (adult) | Tachycardia; bradycardia is a late and serious sign |
| <i>Breath sounds</i> | Usually quiet | Upper airway stridor Bronchospasm: wheeze Pulmonary oedema: crackles with possible wheeze |

Chest auscultation

1. Limit external noise where possible.
2. Position patient upright where possible.
3. Ask patient to breathe normally through their mouth.
4. Ensure that the stethoscope is held still and that the conductive tubing is kept clear of contact with any surface to avoid extraneous noise.
5. Listen to both sides of the chest in a methodical manner. It is important to listen to several respiratory cycles in each location, noting the quality and intensity of the lung sounds.



Recommended auscultation locations on the anterior and posterior chest