Clinical Practice Procedures:
Assessment/Respiratory status

Policy code	CPP_AS_RS_0416
Date	April, 2016
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%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	April, 2019
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

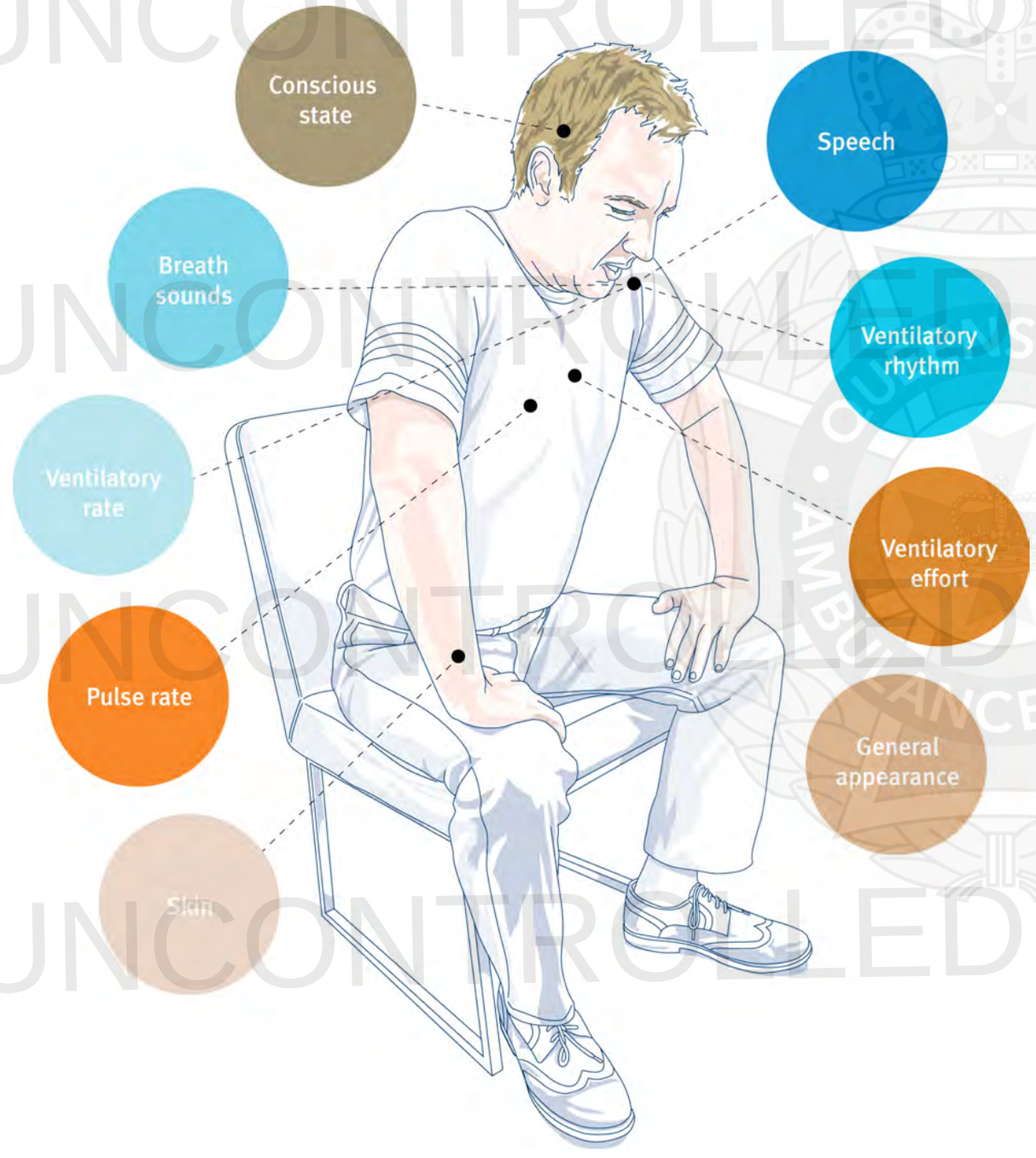
Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by QAS paramedics when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

Respiratory status

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

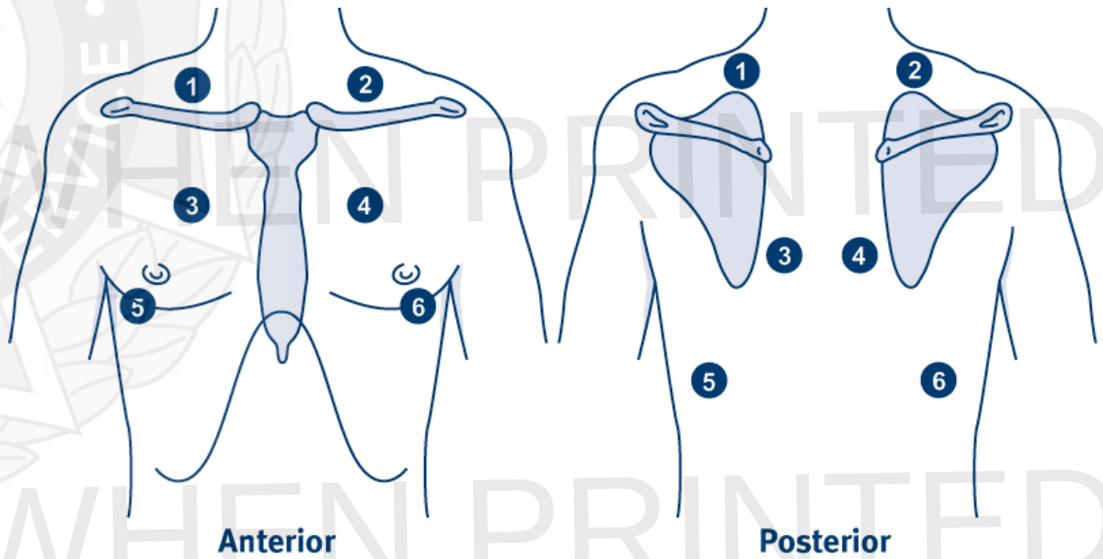
Complications

- Nil in this setting

RESPIRATORY STATUS ASSESSMENT		
Components	**Normal**	**Respiratory distress**
Conscious state	Alert	Altered
General appearance	Calm and quiet	Distressed, anxious, struggling to breathe, exhausted
Speech	Clear, fluent and steady	Difficult, short sentences or phrases, unable to verbalise
Ventilatory rate	12 – 18 (adult)	> 18 (adult)
Ventilatory rhythm	Regular even cycles	No respiratory pause, prolonged expiratory phase
Ventilatory effort	Minimal with little chest or abdominal movement	Marked chest movement, use of accessory muscles
Skin	Pink	Pale and sweaty; cyanosis is a late and serious sign
Pulse rate*	60 – 80 (adult)	Tachycardia; bradycardia is a late and serious sign
Breath sounds	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