

Breath Sounds

● SKILL SNAPSHOT

Purpose

Evaluate air movement and detect normal or adventitious lung sounds that may signal respiratory compromise.

When to use

Baseline assessment; respiratory symptoms; oxygen therapy; post-procedure; or change in condition.

Supplies needed

Stethoscope; pulse oximeter; oxygen equipment as indicated.

● PREP + PATIENT SETUP

- Explain procedure; assess respiratory rate and effort first.
- Position upright when possible; expose chest while preserving privacy.
- Warm stethoscope; ask patient to breathe slowly through mouth.
- Avoid listening through clothing or over scapulae.

● VAULT TIP

Always compare left to right at the same level; asymmetry is often more important than a single isolated sound.

● STEP-BY-STEP

- Use the diaphragm and compare side-to-side at matching levels.
- Listen to one full inspiration and expiration at each site.
- Anterior: assess from apices above clavicles downward to approximately the sixth rib.
- Lateral: assess from axillae downward, comparing both sides.
- Posterior: assess from apices near C7 downward to bases around T10; move around scapulae.
- Identify expected bronchial, bronchovesicular, and vesicular sounds by location.
- Identify adventitious sounds: crackles, wheezes, rhonchi, stridor, or pleural rub.
- If sound is abnormal, ask patient to cough and reassess; note whether it clears.
- Integrate sounds with rate, effort, symmetry, SpO₂, cough, sputum, and patient symptoms.

● SAFETY REMINDERS

- Stridor, silent chest, severe dyspnea, cyanosis, or falling SpO₂ requires immediate action.
- Do not ask a dizzy patient to continue repeated deep breaths.
- Use isolation precautions when respiratory infection is suspected.
- Diminished sounds may reflect poor effort, obstruction, fluid, or pneumothorax.

● COMMON MISTAKES

- Listening through clothing.
- Failing to compare symmetrical sites.
- Moving too quickly to hear a full cycle.
- Documenting “clear” when areas were diminished.

● DOCUMENTATION

- Location and type of breath sounds.
- Respiratory rate, effort, symmetry, and SpO₂.
- Cough, sputum, oxygen device/flow, and response.
- Abnormal findings, interventions, and notifications.