THE STUDY VAULT

Clinical Chaos

Incentive Spirometer

SKILL SNAPSHOT

Purpose
- Encourages sustained maximal inspiration to promote lung expansion as part of a broader pulmonary-hygiene plan.

When to use
- Ordered for selected postoperative or immobile patients at risk for shallow breathing/atelectasis who can follow commands.

Supplies needed
- Volume- or flow-oriented incentive spirometer; pillow for splinting; pulse oximeter if indicated; pain-control plan.

PREP + PATIENT SETUP

- Assess breath sounds, RR/effort, SpO2, cough, pain, alertness, and ability to seal lips/follow instructions.
- Position upright and provide analgesia so deep breathing is possible.

VAULT TIP

- Slow rise, brief hold, then cough. Technique matters more than chasing a number.

STEP-BY-STEP

1. Hand hygiene; identify patient; explain that the goal is a slow deep breath—not blowing out.
2. Position high Fowler or sit at edge of bed when safe. Hold device upright.
3. Ask patient to exhale normally away from the mouthpiece.
4. Place mouthpiece in mouth and seal lips tightly.
5. Inhale slowly and deeply through mouthpiece, keeping flow indicator in the target zone and raising piston/marker.
6. At maximal inspiration, hold breath about 3-5 seconds if able.
7. Remove mouthpiece and exhale slowly; rest with normal breaths to avoid dizziness/hyperventilation.
8. Repeat the prescribed number of breaths, commonly about 10 each hour while awake, individualized to patient/order.
9. After each set, encourage directed cough/huff cough and splint incision to clear secretions.
10. Record best volume/level and encourage gradual improvement without competition or force.
11. Combine with turning, deep breathing, early mobility, hydration if allowed, and optimal pain control.
12. Clean mouthpiece per policy. Reassess breath sounds, SpO2, effort, cough, pain, and tolerance.

SAFETY REMINDERS

- Incentive spirometry is not a substitute for mobility, coughing, deep breathing, and analgesia.
- Stop for severe dizziness, syncope, chest pain, or worsening distress.
- Do not force an exhausted or unable-to-follow patient.
- Use patient-specific goals.

COMMON MISTAKES

- Blowing into device.
- Fast inhalation.
- No breath hold.
- Leaving device out of reach.

DOCUMENTATION

- Baseline/best volume or level.
- Frequency and patient technique.
- Respiratory assessment and SpO2.
- Cough/secretions and pain control.
- Teaching, tolerance, barriers.