

PHYSICAL ASSESSMENT

Lung Assessment

Tracheal Breath Sounds: heard over the trachea 1. They are equal in length for inspiration and expiration with a slight pause between them. 2. The sounds are coarse and loud.

Bronchial Breath Sounds: heard to the upper chest area. 1. Shorter on inspiration than expiration with a pause between them. 2. The sounds are harsh and loud.

Bronchovesicular Breath Sounds: heard over the central chest and back. 1. Equal in length during inspiration and expiration with no pause between them. 2. Medium in tonality and loudness.

Vesicular Breath Sounds: heard in the periphery of the lung fields. 1. Longer on inspiration than expiration with no pause between them. 2. Soft, rustling sounds

There are 9 locations to auscultate on posterior lung sounds.

Do not auscultate over bony areas. Place the stethoscope between the scapula, beside the vertebrae, and between the ribs.

Move from side to side for constant comparison between the right and left lung.

There are 5 locations to auscultate on anterior lung sounds.

Listen between the women's breast and men's . Lift the breast when necessary.

Have the patient breathe in through their nose and out through their mouth slowly.

Listen to both the inspiration and expiration before moving to the next area to auscultate.

Give the patient rest breaks during the assessment if needed.

Ask the patient if they are feeling lightheaded or dizzy during the assessment as needed.

Keep the deep breathing they will do for you slow to avoid the lightheadedness or dizziness.

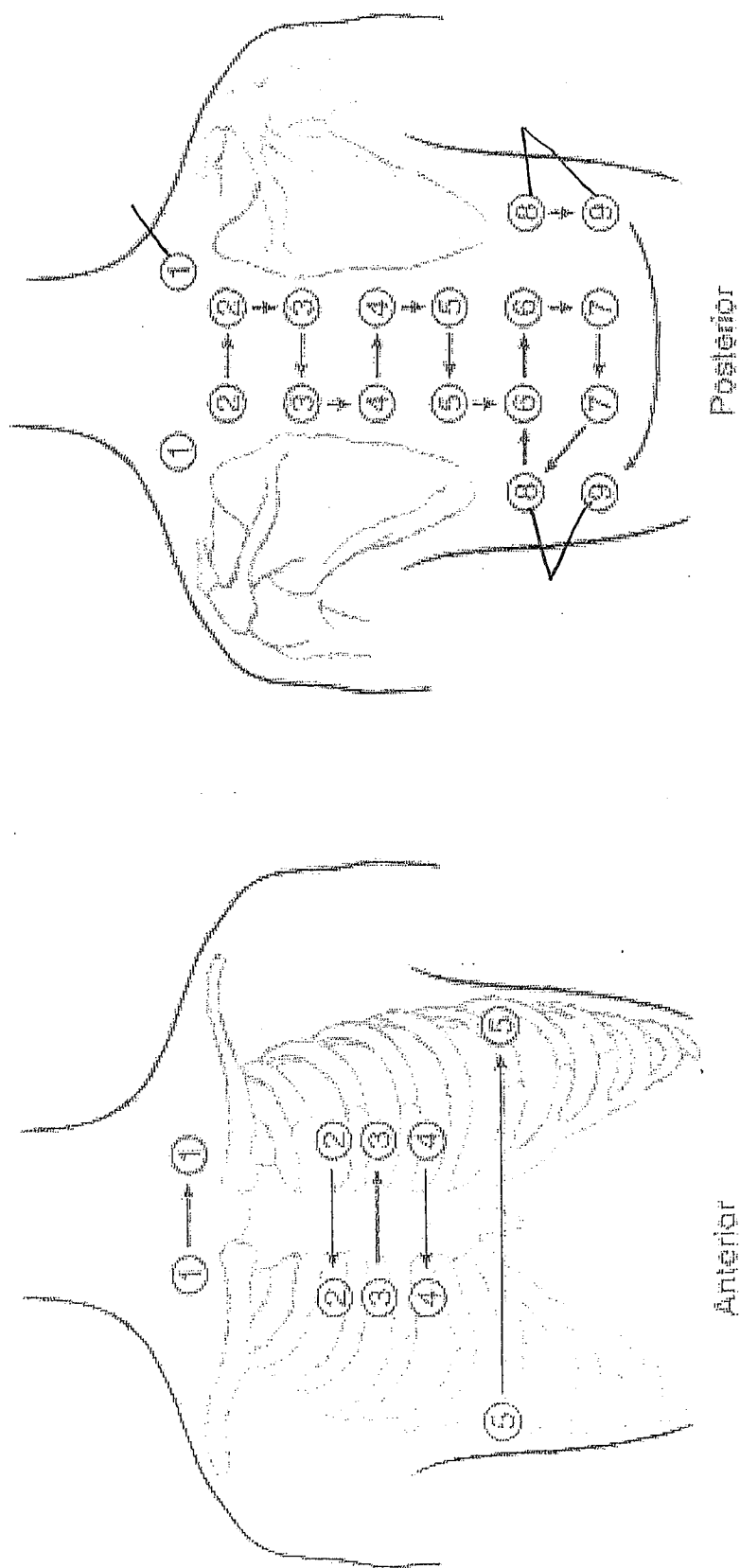


Figure 22-9 Sites for auscultation of the lung fields.

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