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Respiratory Assessment-

Respiratory Rate, Respiratory patterns and sounds and Pulse
Oximetry

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Respiratory Rate, Respiratory patterns and sounds and Pulse Oximetry

SOP – Please refer to the full procedure for rational and additional information on each step

	Pre-procedure
	1. Perform hand hygiene
	2. Confirm the patient's identity
	3. Explain procedure to patient or caregiver in his/her preferred language and why he/she needs the procedure. Allow the patient/caregiver to ask questions and obtain verbal consent
	4. Perform hand hygiene
	5. Clean/disinfect tray/trolley, pulse oximeter and oximeter probe and allow to dry
	6. Gather equipment on dry tray/trolley: <ol style="list-style-type: none"> Pulse oximeter Oximeter probe <ol style="list-style-type: none"> Adult Child Neonate Wrap adhesive (child or neonate probe) Nurses watch/clock with a second hand OR respiratory counter Detergent/disinfectant for surfaces Alcohol-based hand rub
	Procedure
	7. Perform hand hygiene
	8. While talking to the patient, assess respiratory status (listen and observe) and note positioning
	9. In paediatric patients, assess respiratory rate
	10. Ask the patient to remain silent while you palpate his/her pulse
	11. Assess rhythm, rate and depth of breathing. While keeping your fingers at the site of heart rate palpation count the respiration rate for a full minute. Assess the rhythm and depth of breathing, chest expansion and look for use of accessory muscles
	12. Decide where you will apply the pulse oximetry probe
	13. Once the site is decided, ensure it is clean. If using fingers or toes, ensure the site is free of nail polish or false nails
	14. Select the correct pulse oximeter probe
	15. Position the pulse oximeter probe onto the chosen site securely but not too tightly
	Pre-procedure
	16. Clean/disinfect pulse oximeter and oximeter probe
	17. Perform hand hygiene
	18. Document in the patient's file and/or appropriate vital signs sheet: <ol style="list-style-type: none"> assessment date assessment time vital signs obtained