Abnormal Breathing Parrerns	
Apnea	Absence of breathing
Biot's	Irregular respirations of variable depth alternating with period of apnea
Bradypnea	Slow respirations (fewer than 10/min)
Cheyne-Stokes	Gradual increase in depth, followed by a gradual decrease in depth, than a period of apnea
Dyspnea	Labored breathing, shortness of breath (SOB)
Hyperventilation	Overexpansion of the lungs characterized by rapid and deep breaths
Hypoventilation	Under-expansion of the lungs characterized by shallow slow respirations
Kussmaul's	Regular, increased rate and depth
Orthopnea	Dyspnea, SOB caused when lying flat
Sleep apnea	Temporary cessation of respiration while sleeping
Tachypnea	Fast, shallow breathing (more than 24/min)

Adventitious Lung Sounds					
Crackles/Rales	Wheezes	Rhonchi	Stridor	Pleural friction rub	Diminished
High pitched popping sounds or low pitched bubbling sounds	High-pitched, whistling, musical sound from air passing through narrowed airways	Low pitched, continuous gurgling sounds during inspir-ation or expiration, usually clear with cough	Intense, high-pitched, and continuous	High pitched grating or rubbing sound	Difficult to hear
Caused by the sudden opening of small airways and alveoli collapsed by fluid, exudate, pneumonia, atelectasis, cystic fibrosis, bronchitis, or pulmonary edema	Asthma, COPD	Almost always caused by increased secretions in large airways	Caused by airway obstruction (foreign body, inflammation)	Occurs when inflamed pleural surfaces rub together during respiration	Pneumonia, heart failure, pleural effusion, shallow breathing

Risk Factors Assessment
Patient demographics
Health history
Respiratory history
Cardiovascular history
Environmental history
Lifestyle

Physical Examination	
Inspect	Respiratory pattern, signs of distress?, chest structures & movement, skin and mucous membrane color, edema?, sputum? —characteristics
Palpate	Pulses, skin temp, heart pulsations through the chest wall, areas of tenderness?
Percuss	Areas of consolidation or excess air pockets?
Auscultate	Breath sounds, heart sounds, vascular sounds

IMPORTANT: Assess pt for pain, pain can alter breathing patterns.

Respiratory Assessment	
Depth	Deep, shallow
Rhythm	Regular, irregular
Effort	Unlabored, labored
Expansion	Symmetrical, asymmetrical
Cough	Productive, nonproductive, absent
Lung sounds	Clear, adventitious, diminished, absent

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