

HESI RN Case Studies: Breathing Patterns

Case Study: Breathing Patterns

Case Study: Breathing Patterns

Assessment: Skills

Before auscultating lung sounds, the respiratory therapist should:

- What is the best technique for the therapist use to assess patient respiratory assessment?
 - Observe chest expansion for 10 seconds continuously for 1.
 - Encourage cough for breath as deep as possible in 10.
 - Heard for crackling and wheezing at midlung and lower lung.
 - Place stethoscope over heart and listen the heart sounds.

Rationale: This technique allows the therapist to adapt and prevent the assessment of chest sound expansion and position.

Just's respiratory rate is 18.

- How should the nurse monitor Just's respiratory pattern?
 - Regular.
 - Irregular.
 - Normal.
 - Abnormal.

Rationale: A respiratory rate of 18 is within normal range for a healthy adult. The nurse should monitor Just's respiratory pattern regularly.

Because of Just's diagnosis, the nurse should monitor Just's respiratory pattern regularly.

- So the nurse should monitor Just's respiratory pattern regularly.
 - Observe chest expansion.
 - Encourage cough for breath as deep as possible in 10.
 - Heard for crackling and wheezing at midlung and lower lung.
 - Place stethoscope over heart and listen the heart sounds.

Rationale: Regular observation provides insight into the percentage of breathing that is normal and the percentage of breathing that is abnormal.

- In auscultating Just's lungs, the nurse should listen for wheezing, crackles, and/or stridor.
 - Heard crackles for 10 seconds.
 - Heard the sound "wheezing" in 10.
 - Heard crackles after 10 breaths.
 - Heard the sound "wheezing" in 10.

Rationale: The nurse should be instructed to listen for wheezing, crackles, and/or stridor through a slightly open mouth to allow for assessment of breath sounds.

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Victor M. Corman



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