

HESI RN Case Studies: Breathing Patterns

Case Study: Breathing Patterns

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Assessment: Skills

Before auscultating lung sounds, the respiratory therapist should:

- What is the best technique for the therapist use to assess patient respiratory status?
 - Observe chest expansion for 10 seconds, palpating for it.
 - Encourage cough for breath as deep as possible.
 - Heard for crackling and wheezing at midlung level.
 - Place stethoscope over heart and listen the lung sounds.

Rationale: This technique allows the therapist to adapt and perform the assessment about what respiratory condition.

Just's respiratory rate is 18.

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

Rationale: A respiratory rate that is not consistent with a normal respiratory rate is a sign of respiratory distress.

Because of Just's age, the nurse should monitor for respiratory distress signs.

- So, the nurse should monitor for the appearance of the most common signs of distress in the most important for the nurse to perform.
 - Increased oxygen saturation.
 - Increased heart rate.
 - Increased respiratory rate.
 - Increased chest expansion.

Rationale: Oxygen saturation is a key sign of respiratory distress. The percentage of hemoglobin that is saturated with oxygen is called the oxygen saturation.

- In assessing Just's respiratory status, the nurse should monitor for which signs?
 - Increased heart rate for blood pressure.
 - Increased blood pressure.
 - Increased chest expansion.
 - Increased chest expansion.

Rationale: An increase in heart rate is a sign of respiratory distress. A slightly increased heart rate is a sign of respiratory distress.

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Clifford Lane



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