PURPOSE:
To provide an accurate count of the number of times a patient breathes in 1 minute and to determine type of breathing.

CONSIDERATIONS:
1. The patient should not know that respirations are being counted, since this is one function that can be controlled.
2. Adults normally breathe at a rate of 12 to 20 breaths per minute. Children typically breathe at a rate of 16 to 20 breaths per minute.
3. These are several types of respirations:
   a. Normal respirations: Chest expands when the patient breathes in and contracts when breathing out.
   b. Stetorous respirations: The patient makes abnormal noises like snoring sounds when breathing.
   c. Abdominal respirations: Breathing in which the patient mainly uses abdominal muscles. [Note: Abdominal breathing in infants and toddlers is normal.]
   d. Shallow respirations: Breathing with only the upper part of the lungs, chest barely rising.
   e. Irregular respirations: The depth and rate of breathing is not steady.
   f. Cheyne-Stokes respirations: At first the breathing is slow and shallow, and then the respiration becomes faster and deeper until it reaches a peak. The respiration then slows down and becomes shallow again. The breathing may then stop completely for 10 seconds, and begin the pattern again. This type of respiration may be caused by certain cerebral (brain), cardiac (heart) or pulmonary (chest) diseases or conditions. It frequently occurs before death.

EQUIPMENT:
Watch with second hand

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure to patient. [Note: DO NOT inform the patient of exact time when you assess their respirations.] You may count respiratory rate while checking patient's pulse. Allow the patient to rest for about 5 minutes before assessing their respirations. Ask the patient to relax and refrain from talking and moving.
3. Hold patient's wrist as if you are taking his/her pulse. You may lay the arm over the chest so that you can feel the rise and fall of the chest.
4. If the patient is a child who has been crying or is restless, wait until he/she is quiet before counting respirations. If a child is asleep, count his/her respirations before he/she wakes up. Always count a child's pulse and respirations before you measure the temperature. (Most children get upset when you measure their temperature.)
5. One rise and fall of the patient's chest counts as one respiration.
6. Check the position of the second hand on the watch. Count "one" when you see or feel the patient's chest rise. The next time the chest raises count "two." Do this for 1 minute. [Note: Respirations may be counted for 30 seconds and multiplied by 2, if permitted by your agency. If a patient's respirations are irregular, you must always count 1 full minute.]
7. Observe the depth and type of breathing while you are counting. Note whether the respirations were noisy or labored.
8. Return patient to position of comfort.

AFTER CARE:
1. Document in patient's record:
   a. Number of respirations per minute.
   b. Type of respirations.
2. Report abnormal respirations to your supervisor.

REFERENCE: