

## Respiratory System

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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### History

#### *Review of the respiratory system:*

YES/NO

If YES, provide details:

<input type="checkbox"/>	<input type="checkbox"/>	Allergies	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fever	_____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma, wheezing	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco use	_____
<input type="checkbox"/>	<input type="checkbox"/>	Medications	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sputum production	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hemoptysis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain	_____
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	_____
<input type="checkbox"/>	<input type="checkbox"/>	Occupational risk factors	_____
<input type="checkbox"/>	<input type="checkbox"/>	Environmental risk factors	_____
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory disease history	_____
<input type="checkbox"/>	<input type="checkbox"/>	Use of aerosols or inhalants	_____

**Social history** (occupational and home exposures, fitness activities, safety habits (i.e., seat belts, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family history related to respiratory system:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Focused symptom analysis of current problem:***

**Problem statement:** \_\_\_\_\_

**Characteristics:** \_\_\_\_\_

**Onset:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Severity:** \_\_\_\_\_

**Associated problems:** \_\_\_\_\_

**Efforts to treat:** \_\_\_\_\_

**Physical Assessment**

**Vital Signs**

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_

Respirations (rate, rhythm, quality): \_\_\_\_\_

Blood pressure: \_\_\_\_\_

**Inspection**

Skin (color, tone, texture): \_\_\_\_\_

Thorax (shape, symmetry, movement, use of accessory muscles): \_\_\_\_\_

Breathing (rate, pattern, audible sounds): \_\_\_\_\_

Posture: \_\_\_\_\_

Alertness: \_\_\_\_\_

Nails (oxygenation, clubbing): \_\_\_\_\_

**Palpation**

Skin (temperature, tenderness, unusual sensations): \_\_\_\_\_

Trachea (position, mobility): \_\_\_\_\_

Thoracic excursion (symmetry, anterior/posterior): \_\_\_\_\_

Tactile fremitus (characteristics): \_\_\_\_\_

Ribs and thorax: (shape, symmetry, tenderness, masses): \_\_\_\_\_

Respiratory excursion (findings): \_\_\_\_\_

### **Percussion**

**Tones over thorax** (describe tones and location):

**Describe:** \_\_\_\_\_

**Anterior:** \_\_\_\_\_

**Posterior:** \_\_\_\_\_

### **Auscultation**

**Breath sounds** (apices, anterior lungs, posterior lungs, lateral lung fields — anterior/posterior):

Respiratory sounds in each location:

**Describe:** \_\_\_\_\_

**Anterior:** \_\_\_\_\_

**Posterior** \_\_\_\_\_

\_\_\_\_\_

**Adventitious sounds** (if present, describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vocal Resonance** (sound characteristics): \_\_\_\_\_

**Analysis:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_