

Pediatric Respiratory Disorders

Respiratory Assessment

- LOC
- Vital Signs (RR, HR, temp)
- Color...can get dusky pretty quick.
- Inspection (chest expansion, WOB). The chest wall is very soft and can see WOB very easily.
- Auscultation
- Pulse oximeter
- Transcutaneous CO₂ monitoring...can use on kids < 2 to check CO₂ levels through the skin.

Chest Retracts	Xiphoid Retracts	Nasal flaring	Grunting
None	None	None	None
Just visible	Just visible	Minimal	Steth only
Marked	Marked	Marked	Naked ear

Video

- RF = Inadequate elimination of CO₂ and or inadequate oxygenation of blood. Can result from lung or airway disease or inadequate effort (head injury)
- RD = compensated clinical state of respiratory dysfunction where pt has a increased rate and effort in breathing.
- Increased AP diameter seen in chronic lung disease
- Listen to lung sounds along midaxillary line and move gradually toward back...should hear soft tubular sound as air enters and minimal to no sound as air leaves.
- Stridor = inspiratory high-pitched sound heard with airway obstruction (of upper airway)
- Prolonged expiration usually with wheezing signifies obstruction of mid airway?
- Grunting is produced by premature closure of glottis during active expiration...usually a sign of a pt attempting to maintain volume of gas in lungs by increasing end expiratory pressure. Pulmonary edema, PNA, atelectasis, ARDS
- Inspiratory retractions indicate upper airway obstruction or any disease that affects compliance.
- Children are diaphragmatic breathers until about 7 years
- Infant has 20 million alveoli at age...at 8 years, will have 300 million (adult level).
- Infants have increased metabolic demand...and oxygen consumption (6-8 ml/kg/min vs adults at 3-4 ml/kg/min)
- Factors making infants more susceptible to respiratory distress
 - size of airway
 - pliability of ribs & sternum
 - position of ribs r/t sternum
 - fewer alveoli
 - high rate of oxygen consumption

Respiratory Assessment Documentation Example

R Pring



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