Pulmonary Assessment Competency Checklist

Procedure	Date	Initials	Comments
General appearance – (wearing O2, obvious SOA (swelling of ankles), cyanosis, able to talk/walk without dyspnea…)			
Obtain a history – (SOA, how much activity before feeling dyspnea, able to lay supine without dyspnea, personal hx of lung disease, cough, sputum, smoking hx, TB test, flu and pneumovax, unintended wt loss, night sweats…)			
Wash hands.			
Check a respiratory rate for 30 sec and multiple by 2. Count for a full minute if irregular.			
Any audible wheezing or coughing?			
If wearing O2, confirm order and setting.			
Note any accessory muscle use.			
Note if respirations are even and unlabored.			
Note any masses or tenderness on the thorax.			
Listen with the diaphragm of the stethoscope- directly on skin is best.			
Listen anterior 4 to 6 spots.			
Listen posterior 4 to 6 spots.			
Listen lateral at least one spot each side.			
Report if lungs were clear to auscultation or if adventitious sounds were noted.			
Check nails for clubbing and capillary refill.			

Additional assessments may be required if abnormalities are noted (tactile fremitus, percussion, egophony…)

Observer's signature _____ Date_____

Staff member's name printed _____

Staff member's signature _____ Date_____