RESPIRATORY INTERVENTION REVIEW
+ BREATH SOUND REVIEW

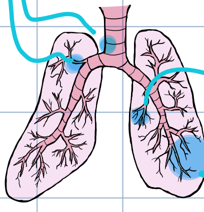
NORMAL BREATH SOUNDS

TRACHEAL SOUNDS:
HARSH, HIGH-PITCHED SOUND
ABOVE SUPRACLAVICULAR NOTCH
(WIND TUNNEL/FLORIDA SUMMER WEATHER)

BRONCHIAL SOUNDS:
LOUD, HIGH-PITCHED TUBULAR SOUNDS DURING INSPIRATION + EXPIRATION
ABOVE CLAVICLES ON EACH SIDE OF THE STERNUM (OVER THE MANUBRIUM)
(PAPER TOWEL ROLL)

BRONCHIALVESICULAR SOUNDS:
SOFT TUBULAR SOUND HEARD BETWEEN SCAPULAES
CONTINOUS DURING INSPIRATION + EXPIRATION NEXT TO THE STERNUM

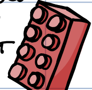
VESICULAR SOUNDS:
LOW PITCH SOFT SOUND HEARD DURING INSPIRATION (LUNG SOUNDS)



ABNORMAL OR ADVENTITIOUS BREATH SOUNDS

CRACKLES (RALES):
POPPING/CRACKLING DISCONTINOUS SOUND (FLUID IN THE ALVEOLI)
(LATE INSPIRATION)
(PULMONARY EDEMA
PNEUMONIA
CHRONIC BRONCHITIS
PULMONARY FIBROSIS)

STRIDOR: OPPOSITE TO WHEEZING
INSPIRATORY HIGH PITCH WHEEZING SOUND DUE TO TRACHEAL NARROWING OR DISRUPTED AIR FLOW
ANAPHYLACTIC SHOCK / OBJECT LODGE THROAT



WHEEZES:
CONTINUOUS WHISTLING HIGH PITCHED NOISE
LOUDER ON EXPIRATION
(ASMA/BRONCHIECTASIS/BRONCHITIS)

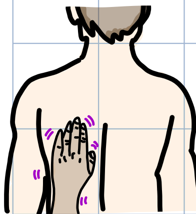
RHONCHI: (RONCAR = SNORE IN SPANISH)
LOW PITCHED TYPE OF NOISE (GURGLING/SNORELIKE) CAUSED BY FLUID IN LARGE AND MIDIUM SIZE AIRWAYS
(BRONCHITIS/BRONCHIECTASIS/PNEUMONIA/CHF)

PLEURAL FRICTION RUB:
(SAME AS PERICARDIA FRICTION RUB)
PATHOLOGIES: EFFUSION PLEURITIS/PNEUMONIA

FREMITUS:
VIBRATION THAT IS PRODUCED BY VOICE OR BY THE PRESENCE OF SECRETION/TISSUE DENSITY

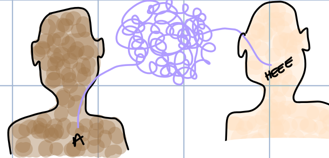
INCREASED FREMITUS:
INCREASED DENSITY IN THE LUNG'S SPACES (CONSOLIDATION/COLAPSE)

DECREASED FREMITUS:
PNEUMOTORAX
HEMOTORAX
PLEURAL EFFUSSION
EMPHYSEMA

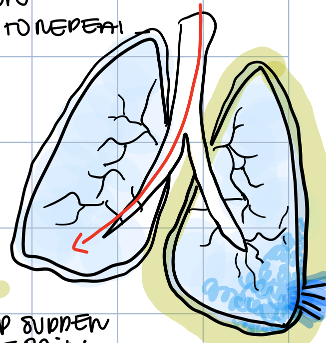


WHISPERING PECTORILOQUY: (CONSOLIDATION)
AUSCULTATES OVER THE LUNG FIELDS AND ASK THE PATIENT TO WHISPER (123)
WHEN CONSOLIDATION IS PRESENT 123 IS HEARD CLEARLY

EGOPHONY: SELECT SOUND FREQUENCIES ARE ABLE TO PASS THROUGH CONSOLIDATION (E) IS HEARD AS A OR (AAAH)



BRONCHOPHONY:
SELECT SOUND FREQUENCIES ARE ABLE TO PASS THROUGH CONSOLIDATION AND BECOME LOUDER OVER AREAS OF CONSOLIDATION
ASK PATIENT TO REPEAT 99 OR 66



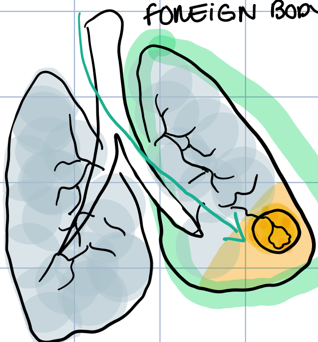
@FISIOMALE
PTHUSTLE 2022

ATELECTASIS:
PARTIAL OR TOTAL COLAPSE OF ALVEOLI LUNG SEGMENT(S) OR LOBES

CAUSE:
INACTIVITY
ANESTHESIA
INSITIONAL PAIN (ABDOMEN OR TORAX)
COMPRESSION OF LUNG TISSUE
POST OBSTRUCTIVE PNEUMONIA
PRESENCE OF FOREIGN BODY

S/S:
TACHYPNEA (>20)
SHALLOW RESPIRATIONS
SHORTNESS OF BREATH
TACHYCARDIA
CYANOSIS
DRY/WET COUGH
DIMINISHED BREATH SOUNDS
DECREASED FREMITUS
POSSIBLE CRACKLES AT SIDE
MEDIASTINAL SHIFT TOWARD THE SIDE OF THE ATELECTASI

MANAGEMENT:
INCENTIVE SPIROMETER
DEEP BREATHING
BRONCHOPULMONARY HYGIENE
SUPLEMENTAL O2
STACKING BREATHING



PNEUMOTHORAX:

SPONTANEOUS PTX (VISCERAL PUNCTURE) INSIDE OUT
COPD/TB

TRAUMATIC PTX
PARIETAL PUNTURE
CHEST WALL TRAUMA
CENTRAL LINE REPLACEMENT

TENSION PTX
AIR MOVING INTO THE PLEURAL SPACE BUT NOT OUT DURING INSPIRATION

S/S:
SHARP SUDDEN CHEST PAIN
DIMINISHED BLOOD PRESSURE
IPSILATERAL SHOULDER/UPPER TRAP PAIN
TACHYPNEA +
TACHYCARDIA
ABSENT OF COUGH OR DRY HACKING COUGH
DECREASED TACTILE FREMITUS
DULL PERCUSSION
ABSENT BREATH SOUNDS
MEDIASTINAL SPACE SHIFT TO THE OPPOSITE SIDE

MANAGEMENT:
SUPPLEMENTING O2
PAIN MANAGEMENT
CHEST TUBE (LARGE)
MONITOR IF SMALL