

**#20 - ASSESSING RESPIRATORY RATE****(Partner Check-Off)**

**I acknowledge I have physically practiced and successfully learned the following skill(s):**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>Comments</b>
1. Verified health care provider's orders.				
2. Gathered necessary equipment and supplies.				
3. Performed hand hygiene.				
4. Provided for patient's privacy.				
5. Introduced self to patient and family.				
6. Identified patient using two identifiers.				
7. Assessed for factors that could affect respiratory rate.				
8. Helped patient into appropriate position.				
9. Ensured patient's chest was visible.				
10. Placed patient's forearm or own hand over lower chest or upper abdomen.				
11. Observed a complete respiratory cycle.				
12. Looked at watch, and took respiratory rate properly.				
13. Noted depth of respirations properly.				
14. Noted respiratory rhythm.				
15. Observed for dyspnea, and asked patient to compare shortness of breath with usual breathing patterns.				
16. Replaced patient's bed linen, and discussed findings with patient.				
17. Helped patient to comfortable position, and placed personal items within reach.				
18. Placed call light within easy reach, and ensured patient knew how to use it.				

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| 19. Raised top side rails and lowered bed to ensure patient's safety.  |  |  |  |  |
| 20. Disposed of used supplies and equipment, and left patient's room tidy.   |  |  |  |  |
| 21. Removed and disposed of gloves, and performed hand hygiene.  |  |  |  |  |
| 22. Compared respirations with baseline, usual rate, depth, and rhythm, and correlated these with pulse oximetry and ABG measurements. |  |  |  |  |
| 23. Documented and reported patient's response and outcomes.   |  |  |  |  |

**S** = Satisfactory    **U** = Unsatisfactory    **NP** = Not Performed    \* = Must Perform to Pass

*By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.*

Practice 1: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Practice 2: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

FINAL Student Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_