

STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES
NURSING DELEGATION PROCEDURE

PROTOCOL: RESPIRATION MEASUREMENT

I. Purpose: To determine an individual's rate of respirations per minute

Definitions: Licensed Nurse: A Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.), working under the direction of a registered nurse, who holds a current license issued by the State of Connecticut under Chapter 378 of the Connecticut General Statutes.

II. Responsibility:

- A. **Training:** Training will be conducted by a licensed nurse.
- B. **Performance:**
 - 1. Direct care staff who have completed:
 - a. Baseline competency training checklist of DDS.
 - b. Procedure task specific training.
 - 2. Trained staff will follow individual procedural guidelines including notifying the licensed nurse as indicated.
- C. **Monitoring:**
 - 1. The licensed nurse.
 - 2. Trained staff performing the task under the clinical direction of a licensed nurse, will notify the nurse of issues and/or outcomes as directed by the nurse.
- D. **Documentation:**
 - 1. Individuals who perform the tasks will record all pertinent information as instructed by the licensed nurse.
 - 2. The licensed nurse will ensure agency compliance with required documentation.

III. Training to Include:

- A. **Initial:** overview of the procedure, its purpose. Demonstration of techniques by licensed nurse and return demonstration by the student.
- B. **Documentation of Training and Monitoring:**
 - 1. Training: Licensed nurse completes training record of staff on "DDS Nursing Delegation Procedure Performance Evaluation Form".
 - 2. Monitoring: Licensed nurse completes DDS "Nursing Delegation Task Competency Monitoring Form".
- C. **Frequency of Monitoring and Task Performance:**
 - 1. Staff will be monitored in their proficiency at this skill as determined by the licensed nurse but not to exceed 12 months.

IV. Related Knowledge:

- A. Definition of respirations and of respiratory process
- B. Recognition of factors that may change respirations – i.e., seizures, cardiac problems, medications, respiratory conditions, etc.
- C. Signs of respiratory distress
- D. Recognition of when to access emergency services

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PROCEDURE: Respiration Measurement

Name: _____ Baseline Respirations: _____

Residence: _____

Initial Physician's Order Date: ____ / ____ / ____ Dates Renewed: ____ / ____ / ____ (in pencil)

Physician's Order (if applicable):

I. Diagnosis: _____

II. Purpose of Procedure (why person needs procedure) _____

Signature of Delegating RN

Date

III. Procedure

Task	Rationale
A. Gather Equipment:	
1. Wash your hands 2. Gather supplies: watch or clock with second hand; pencil and paper	<ul style="list-style-type: none"> • To prevent spread of infection • Should be prepared to perform task
B. Perform Task:	
1. Watch the individual's chest rise and fall without their being aware, or place your hands on the individual's upper abdomen to feel this movement. One rise and fall of the chest is counted as one Respiration. 2. Count the respirations for 60 seconds and listen for changes in sound and/or rhythm of breaths 3. Record respiration rate. If signs of distress noted, obtain emergency assistance and stay with individual	<ul style="list-style-type: none"> • A more accurate measurement may be obtained if the person is unaware their breathing is being watched • The rate and/or rhythm of respirations can indicate problems • Skin color changes or breath sounds can indicate distress • Assistance should be obtained as soon as possible in cases of respiratory distress
C. Other:	
1. Wash hands	1. To prevent spread of infection
D. Documentation	
1. Date and time 2. Record respirations 3. Any action taken	<ul style="list-style-type: none"> • Documentation of findings is essential

PLEASE NOTE: NO TASK IS CONSIDERED COMPLETED UNTIL DOCUMENTATION AND REQUIRED REPORTING OCCURS. ANY CHANGE OR VARIATION FROM THE INDIVIDUAL'S BASELINE SHOULD BE REPORTED PROMPTLY TO THE LICENSED NURSE.