

Other Observations

In addition to respirations, particular attention is addressed to:

Evidence of infection: Check for elevated temperature; enlarged cervical lymph nodes; inflamed mucous membranes; and purulent discharges from the nose, ears, or lungs (sputum).

Cough: Observe the characteristics of the cough (if present), when the cough is heard (e.g., night only, on arising), the nature of the cough (paroxysmal with or without wheeze, “croupy” or “brassy”), frequency of the cough, association with swallowing or other activity, character of the cough (moist or dry), productivity.

Wheeze: Note whether it occurs with expiration or inspiration, high pitched or musical, prolonged, slowly progressive or sudden, association with labored breathing.

Cyanosis: Note distribution (peripheral, perioral, facial, trunk, and face), degree, duration, association with activity.

Chest pain: This may be a complaint of older children. Note location and circumstances: localized or generalized; referral to base of neck or abdomen; dull or sharp; deep or superficial; association with rapid, shallow respirations or grunting.

Sputum: Older children may provide sample by blowing nose or provide sputum sample by coughing, young children may need use of bulb suction, wall suction, DeLee mucus trap, or baby nasal aspirator (attaches to wall suction tubing and fits on small nose) to provide a sample. Note volume, color, viscosity, and odor.

Bad breath (halitosis): May be associated with some throat and lung infections.

Ease Respiratory Efforts

Many acute respiratory tract infections are mild and cause few symptoms. Although children may feel uncomfortable and have a “stuffy” nose and some mucosal swelling, acute respiratory distress