

not adjacent to other organs. Record and report any deviation from the expected sound.

## Auscultation

Auscultation involves using the stethoscope to evaluate breath sounds (see [Nursing Care Guidelines](#) box). Breath sounds are best heard if the child inspires deeply (see [Atraumatic Care](#) box). In the lungs, breath sounds are classified as vesicular, bronchovesicular, or bronchial ([Box 4-12](#)).

### Nursing Care Guidelines

#### Effective Auscultation

- Make certain child is relaxed and not crying, talking, or laughing. Record if child is crying.
- Check that room is comfortable and quiet.
- Warm stethoscope before placing it against skin.
- Apply firm pressure on chest piece but not enough to prevent vibrations and transmission of sound.
- Avoid placing stethoscope over hair or clothing, moving it against the skin, breathing on tubing, or sliding fingers over chest piece, which may cause sounds that falsely resemble pathologic findings.
- Use a symmetric and orderly approach to compare sounds.

### Atraumatic Care

#### Encouraging Deep Breaths

- Ask the child to “blow out” the light on an otoscope or pocket flashlight; discreetly turn off the light on the last try so the child feels successful.