

The respiratory rate (RR) is a vital sign, but is frequently omitted, inaccurately measured or not recorded.<sup>1</sup> Respiration measurements are not viewed as a priority possibly due to automation and may not be routinely available on labor and delivery units.<sup>2</sup> Most vital signs are done with automatic machines, whereas there is no technology for respiratory monitoring and measurements must be manually recorded into the electronic medical record.

Semler et al. (2013) found a significant difference between actual RR and the one that was recorded.<sup>3</sup> Out of 368 recordings, 72% indicated 18 or 20 breaths per minute whereas only 13% were within that range. In another study of 211 postoperative patients, 15% of the RR were not documented.<sup>4</sup>

When counting the RR, patients may alter their breathing when they know they are being watched.<sup>2</sup> Techniques to assist in obtaining an accurate RR include discreetly counting respirations while checking the radial pulse. Assessment of respirations should include observing a full cycle of breath for 30-60 seconds.

A small change of the patient's normal RR of 3-5 breaths per minute could be an early sign of deterioration.<sup>5</sup> Therefore, a RR outside of the normal range should be monitored closely. Monitoring and recording of the RR should be part of the patient's assessment. It must be interpreted in the clinical context of the patient's presentation as well as other aspects of respiration including depth, pattern, and effort of breathing. For patients with possible sepsis, the accurate documentation of the RR is crucial, as the body will increase the RR in an attempt to maintain oxygen delivery to the tissues.

## References:

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