

Community Paediatric Physiotherapy Respiratory Assessment

Childs Name _____

CHI _____

Respiratory History

(Chest infections/ GP contacts/hospital contacts/ admissions/ antibiotics courses)

Respiratory Signs and Symptoms When well (breathlessness, wheeze, cough, secretion)

Changes when Unwell _____

Other signs or symptoms with chest infection (eg. pale/ withdrawn/ lethargic) _____

Risk Factors

Poor Cough Yes ☐ No ☐

Sputum Present Yes ☐ No ☐

Detail (colour/ consistency/ amount/ changes when unwell) _____

Suction Required Yes ☐ No ☐

Detail (frequency nasal/oral) _____

Oxygen Therapy Yes ☐ No ☐

Detail (day/night/ amount) _____

Aspiration Concerns Yes ☐ No ☐

Method of feeding _____

Excess Saliva Yes ☐ No ☐

Reflux Present/Concerns Yes ☐ No ☐

Poor Oral Health Yes ☐ No ☐

Weight Management Issues: Yes ☐ No ☐

Scoliosis Yes ☐ No ☐

Postural Management Concerns Yes ☐ No ☐

If yes detail _____

Any Other Relevant Information

Physiotherapist _____

Date _____

OBJECTIVE ASSESSMENT

Observations (Build, Pallor, cyanosis, finger clubbing, chest shape, use of accessory muscles etc):

Posture/ scoliosis:

Respiratory Pattern and rate:

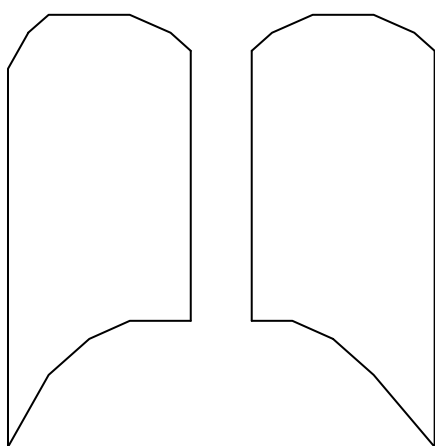
Signs of upper airway obstruction:

Tone:

Auscultation breath sounds/ added sounds:

Expansion

Palpation



KEY

↓ - air entry
- wheeze
* - crackles

Cough

Sputum

Other

Problems

Plan

1)

1)

2)

2)

3)

3)

Treatment Carried out/ result
Follow up

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**Endorsed by: The West of Scotland Paediatric Complex Respiratory
Managed Clinical Network (WoSCoR)**

Physiotherapist _____

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Date _____