

Lung Auscultation

Prepare yourself and the resident:

1. Clean your stethoscope following infection prevention and control guidance.
2. Decontaminate your hands according to policy.
3. Tell the resident what you are going to do
4. Keep the resident warm and as covered as possible, with privacy.

Prepare the equipment:

5. Warm stethoscope between your hands if necessary before applying it to the chest to avoid discomfort
6. Position the ear tips in your ears so they point slightly forward towards the nose; use the diaphragm and make sure it is on
7. Holding it between the index and middle finger of your dominant hand, place the chest piece flat on the resident's chest using gentle pressure.

Listen:

8. If you cannot hear breath sounds, ask resident to breathe deeply through their mouth.
9. Moving side to side, going down the chest., listen to breath sounds on the anterior or posterior chest. The stethoscope should be in contact with the chest for a full cycle of inspiration and expiration at each point. Compare what you hear on each side.
10. Do the same for the other side chest (anterior or posterior).
11. Ask the resident to move their right arm to the side so the right lateral chest can be assessed. Starting with the upper lobe move to the middle lobe, and finally the lower lobe at the bottom
12. Repeat on the left side where the lung is made up of an upper lobe and lower lobe.

Complete Procedure:

13. Replace the resident's clothing and make them comfortable.
14. Decontaminate your stethoscope.
15. Decontaminate your hands.
16. Record findings and report findings when required.

Auscultation Sites

