



Date:
Shift (circle one): 7a - 7p or 7p - 7a
Medical Record Number:
Patient Name:
DOB:

Respiratory Distress Observation Scale

<u>Variable</u>	<u>0 Points</u>	<u>1 Points</u>	<u>2 Points</u>	<u>Initial Score</u>	<u>Reassess</u>							
Time												
Heart Rate per minute	< 90 beats	90 - 109 beats	≥ 110 beats									
Respiratory Rate Per Minute	≤ 18 breaths	19 - 30 breaths	> 30 breaths									
Restlessness: nonpurposeful movements	None	Occasional, slight movements	Frequent Movements									
Accessory Muscle Use: rise in clavicle during inspiration	None	Slight Rise	Pronounced Rise									
Paradoxial breathing pattern	None		Present									
Grunting at end expiration: guttural sound	None		Present									
Nasal Flaring: Involuntary movement of nares	None		Present									
Look of fear	None		Eyes wide open, facial muscles tense, brow furrowed, mouth open									
Total												



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