Health ONE EMS
Emergency Medical Services

Listening to Breath Sounds

- Use the diaphragm of the stethoscope (not the bell) pressed firmly against the chest surface
- As much as possible, reduce all sources of outside noise
- The patient should be instructed to breathe slightly deeper than usual through his mouth in order to amplify the sound
- Identify extraneous noises from rubbing across chest hair, nasogastric tubes, chest tubes, your own breath, patients shivering or muscles twitching
- Listen from side to side, comparing the same position in each lung
- Medical patients who can sit up should have their posterior lobes auscultated
- Medical and trauma patients who cannot sit up should have the lungs under the “arm pit” auscultated
- Beware of “liver, spleen and kidney” sounds, especially in patients who are supine. There is the absence of sound over the lower rib cage, where it is assumed there should be lung. This absence of sound is then interpreted as pathological, usually pneumo or hemothorax. In fact, the absence of sound is due to the normal location of the spleen or liver.
- Get in the habit of listening to breath sounds on scene when possible to avoid the extra noise in the back of the ambulance
- Make sure that absence of breath sound is not due to your patient having had a lung removed