Lung Sounds: Types, Auscultation and Nursing Assessment

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Quick answer: Normal lung sounds are commonly described as vesicular, bronchovesicular and bronchial. Adventitious breath sounds are additional or altered sounds, including crackles, wheezes, rhonchi, stridor and pleural friction rub. Their location, timing, intensity and change from baseline help interpretation, but a sound alone cannot establish a disease.

Related anatomy learning: To relate lung sounds to the respiratory system's structures, study respiratory anatomy and alveolar gas exchange in our complete BS Nursing Anatomy and Physiology I & II guide.

Normal breath sounds and where to hear them

Vesicular

Soft, relatively low-pitched rustling, with inspiration longer than expiration; usually heard over most peripheral lung fields.

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Bronchovesicular

Intermediate pitch and intensity, with inspiration and expiration of roughly equal duration; often heard around the major bronchi, between the scapulae and near the upper sternum.

Bronchial / tracheal

Louder, higher-pitched, tubular sound normally heard over the trachea. Similar quality heard over peripheral lung fields can be abnormal and requires interpretation with the whole assessment.

Crackles, wheezes, rhonchi and stridor: comparison

TABLE / Describe the sound before deciding what it may mean

Sound	Typical description	Assessment point
Fine crackles	Brief, fine, discontinuous pops, often during inspiration.	Record the location and breathing phase; interpret with symptoms and other observations.
Coarse crackles	Louder, lower-pitched discontinuous bubbling or popping.	Describe what is heard and any change during reassessment; do not diagnose from the sound alone.

Sound	Typical description	Assessment point
Wheeze	Continuous, musical sound, usually higher-pitched and often expiratory.	Assess breathing effort and the overall condition. Wheezing is not specific to asthma.
Rhonchi	Continuous, lower-pitched rumbling or snoring quality.	Record where they are heard and associated cough or secretions.
Stridor	Harsh sound associated with the upper airway, often prominent during inspiration.	New stridor with respiratory difficulty needs immediate emergency escalation.
Pleural friction rub	Localised grating or creaking sound as pleural surfaces move.	Document associated discomfort and seek assessment in the clinical context.

Terms vary between teaching resources; "rales" commonly refers to crackles. Use your programme’s terminology and describe the observed features clearly. See MedlinePlus: breath sounds.

Where to listen: a systematic auscultation sequence

Compare symmetrical sites from top to bottom

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- Listen over the appropriate anterior upper lung fields, comparing left and right.
- Continue systematically to lateral fields where accessible.
- Examine posterior upper and lower lung fields, alternating between comparable left and right areas.
- Document the location and phase (inspiration or expiration) of any added sounds and note whether breath sounds are diminished or absent.

This textual map shows the sequence, not a substitute for supervised surface-landmark training or an anatomical illustration.

How to auscultate lung sounds

Explain the assessment, obtain consent, support a comfortable seated position when feasible, place the diaphragm on exposed skin with privacy maintained, and ask for comfortable breaths through the mouth. Compare symmetrical points and avoid prolonged deep breathing that causes dizziness. Check respiratory rate, effort, oxygen saturation where available, cough, speech, chest movement and other clinical context. Work within training and local policy.

Clinical caution

Acute respiratory distress, new stridor, cyanosis, inability to speak, severe breathlessness or rapidly deteriorating observations need urgent clinical escalation. Do

not delay escalation to complete every auscultation point or rely on lung-sound labels alone.

Mini cases and clinical reasoning

Case A: A patient with a new musical expiratory sound also has increased work of breathing. Document where and when the wheeze is heard, assess airway and breathing, and escalate based on urgency. Case B: A patient has fine inspiratory crackles at the bases and increasing dyspnoea. Consider fluid-status and respiratory assessment findings, not a single assumed diagnosis.

How to document lung sounds

Fictional assessment note: "Fine inspiratory crackles heard over both posterior lower lung fields. Patient reports new breathlessness at rest. Respiratory rate, SpO2, oxygen device/settings and other observations recorded on the observation chart. Responsible nurse informed immediately; urgent review requested under the local pathway."

Record actual findings, timing, who was contacted and the response in a real record. "Chest sounds abnormal" omits the location, breathing phase and associated symptoms. "Pneumonia heard" incorrectly turns an auscultation finding into a confirmed diagnosis.

Connect the examination to the pneumonia care plan or heart-failure assessment, according to the known diagnosis and full clinical picture.

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Short questions with rationales

- Where are vesicular sounds normally heard? Over most peripheral lung fields, where they are soft and mainly inspiratory.
- Are wheezes always asthma? No. Various processes narrow airways; clinical context determines next steps.
- What makes stridor concerning? It may indicate upper-airway obstruction, especially with breathing difficulty.
- Are crackles continuous? No. They are discontinuous, brief sounds; wheezes are typically continuous.
- Why compare left and right? Differences in intensity or location may reveal focal findings that need assessment.

Related nursing lessons

Review head-to-toe nursing assessment, vital signs and escalation, and pneumonia care planning. Use supervised listening practice to develop sound recognition; written descriptions alone cannot teach every acoustic distinction.

References

- NCBI Bookshelf: Lung Sounds.
- NCBI Bookshelf: Lung Examination.
- Clinical Methods: Chest Examination.

Educational notes awaiting qualified clinical review. Not a diagnostic or clinical procedural protocol.

Source: https://mynursinghub.com/lung-sounds-nursing-guide/

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