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Nursing Foundations

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Vital Signs Assignment

There are 10 locations on the human body to assess a pulse. An RN may use these for different types of assessments. The temporal pulse is easily accessible and is often used to determine the heart rate in children. The carotid pulse site is most notably used for assessing a pulse in an unresponsive individual. The apical pulse is the most accurate location to monitor heart rate. It can be used to monitor the heart rate of a critical patient who recently received medication for their heart. Blood pressure is often taken from the brachial artery. It can be helpful to palpate the pulse at the brachial site first to determine best placement for the stethoscope during a manual blood pressure reading. The radial pulse assists in determining a patient's pulse deficit. The difference between the heart rate auscultated at the apical pulse site and the heart rate palpated from the radial pulse site is a patient's pulse deficit. Blood flow to the hands, particularly on medial side, can be assessed with the ulnar pulse. The femoral artery is a large vessel and can also be used to assess pulse in an unresponsive patient when other pulses are not palpable. The popliteal pulse is located behind the knee and can be used to assess blood flow to the lower legs. The posterior tibial pulse can be assessed to determine circulation to the foot in a patient with poor circulation, and the dorsalis pedis pulse can determine the amount of blood flow to a diabetic patient's toes.

References

Potter, P., Perry, A., Stockert, P., & Hall, A. (2019). *Essentials for nursing practice* (9th ed.). St. Louis, MO: Mosby.