

Carotid: Palpating only one side during CPR to see if there is any pulse.

Dorsalis Pedis: There may be a blood clot causing blood flow to stop to the toes and this artery would be palpated for perfusion to toes.

Brachial: To check for a pulse in infants during assessment or CPR situation, I would palpate the brachial artery for a pulse.

Radial: Common pulse point for heart rate, can palpate for 30 seconds and multiply by 2; if irregular, I would palpate for one minute.

Ulnar: If a patient came into the ER hypothermic and their fingertips were discolored I could palpate the Ulnar to make sure their fingers are getting blood flow.

Temporal: If a patient had a brain aneurysm and I was concerned with blood supply I would palpate this artery.

Apical: If I was doing a physical assessment and was having difficulty palpating the radial artery for a heart rate, I would then palpate the apical.

Femoral: If a patient came into the ER for a motor vehicle collision and had a pelvic crush injury, even if they weren't cyanotic yet or had discoloration I would still palpate the femoral artery to confirm blood is still flowing in that area.

Popliteal: If a patient's lower leg appeared cyanotic of some sort I would palpate the popliteal artery to see if the lower leg was receiving blood.

Posterior Tibial: If a patient had a crush injury to their leg this is one of the arteries I could palpate to make sure that part of the leg is still getting blood flow.