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Nursing Foundations

Vital Signs

For each pulse site on the above image, list one reason why you as an RN may choose to use this site for pulse assessment. You can either give a generalized reason or a specific patient situation. Please put the pulse site and answer in a word document and include your name.

Temporal: One reason for using this site for pulse assessment is to ensure that efficient blood flow is getting to the brain.

Carotid: One reason for using this site for pulse assessment is based on how this is one of the strongest sites to pull from since this is closest to the aorta.

Apical: One reason for using this site for pulse assessment is basically listening right to the heart. Non evasive way to check cardiac function.

Femoral: One reason for using this site for pulse assessment is to ensure the blood is getting down to the femoral region and blood supply to your lower extremities. One example I saw in CPR class was during a code a nurse was in charge of taking the pulse of the femoral artery to make sure they were getting the blood pumping through the body.

Popliteal: One reason for using this site for pulse assessment is if a patient has had previous leg or knee injuries. This would ensure the blood is flowing correctly through the leg.

Posterior Tibial: One reason for using this site for pulse assessment is because this is known for being the powerhouse of the lower leg. Supplying superficial and deep compartments of the lower legs.

Dorsalis Pedis: One reason for using this site for pulse assessment is to check the circulation through the feet.

Ulnar: One reason for using this site for pulse assessment is to ensure that the hand is achieving great circulation of blood supply.

Radial: One reason for using this site for pulse assessment is based on this being the most common way a pulse is checked.

Brachial: One reason for using this site for pulse assessment is for children. This was one way we learned in CPR class to check on babies.