

Jenna Bauman - Unit 2: Online Vital Signs

As an RN, I may choose to use the following sites for pulse assessment based on the purpose of the evaluation, the patient's condition, and their age.

- 1.) I may check for a temporal pulse because it's easier to access in infants and young children or in patients whose arms are injured or bandaged.
- 2.) I would use a carotid pulse if the radial pulse was weak because the carotid artery is connected to the aorta and provides a strong and reliable pulse. For example, in situations like cardiac arrest or severe shock, this would check for circulation.
- 3.) I may use the apical pulse because it is most accurate, being that it is directly over the heart. It is also used to compare the radial pulse for pulse deficit.
- 4.) I may use the brachial artery for pulse assessment because in infants, it is easier to palpitate than radial or carotid pulses. It is also used for manual blood pressure measurement in adults.
- 5.) Radial pulse would be most commonly used because it is usually easily accessible and can be palpated quickly in physical assessments.
- 6.) The ulnar pulse would be used if the radial artery is damaged, and this would be an alternative site to assess blood flow. It can also be used to assess hand circulation.
- 7.) I would evaluate a femoral pulse in cases such as shock, cardiac arrest, or severe hypotension. This is because its pulse reflects core perfusion. It can also assess lower extremity circulation.
- 8.) The popliteal pulse may be used because it is a deeper pulse and is part of the lower extremity vascular check. It can be used to evaluate leg circulation.
- 9.) The posterior tibial pulse would be used because it can assess circulation in the feet and lower extremities.
- 10.) The dorsalis pedis pulse could be used because it's easily accessible for the peripheral pulse. It helps detect blood flow to the foot. It can also monitor circulation after a surgery or injury to the leg and feet.