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Pulse assignment questions

Temporal pulse- This is found on the side of the forehead just above the eye. This is not common at all to use but can still be important. A RN might use this when a patient comes into the ER after a brain injury to ensure there is blood flow into the head and rule out vascular damage.

Carotid pulse- A carotid pulse is one of the easiest and most prominent to feel in the neck. An RN might use a carotid pulse during emergency situations like doing pulse checks during a code.

Apical pulse- This is the most accurate place to check for a heart rhythm and rate. This is found on the left side of the chest and when you would use a stethoscope to listen for a pulse. A RN might use this when assessing a patient after giving a certain med to slow down the heart.

Femoral pulse- This is found in the groin area of a patient and is another more common one used. This is another one used more in emergency situations such as codes. It is also where a doppler might be used to check for a pulse and adequate blood circulation.

Popliteal pulse- This is located behind the knee and is used to check blood flow to the lower leg. A RN might use this area to check for a pulse when a patient comes into the ER after a traumatic knee injury to make sure there is still circulation.

Posteriorial tibial- This can be found in the lower leg and is used to measure a pulse in the lower extremities. It might be used to compare pulses in patients with diabetes or foot ulcers.

Dorsalis pedis- A dorsalis pedis pulse is in your foot and a RN might use it to check for a pulse in the foot and make sure there is blood flow and circulation. A RN might check this when a patient is complaining of a blood clot.

Ulnar- An ulnar pulse can be found on the wrists pinky side of your arm. This might be used when the radial pulse is inaccessible due to an injury. It is not very common for a RN to use this pulse.

Radial- This is the most common and accurate place to look for a pulse on a patient. This is found on the wrist's thumb side. This is most commonly used in a clinical setting. When measuring this a RN would measure the pulse for 30 seconds and multiply by 2 for an accurate measurement.

Brachial- This is the pulse you can find in your upper arm. It is not as easy to find on patients and is really only used to find blood pressure. When taking a manual blood pressure you would place the cuff above the artery and listen for the korotkoff sounds to determine blood pressure.