THE STUDY VAULT

Clinical Chaos

Taking Pulses

SKILL SNAPSHOT

Purpose
- Assesses heart rate, rhythm, strength, symmetry, and peripheral perfusion by palpation or auscultation.

When to use
- Routine vital signs; before/after medications; neurovascular checks; changes in perfusion, rhythm, pain, or clinical status.

Supplies needed
- Watch with seconds; stethoscope for apical pulse; Doppler and gel if ordered; documentation tool.

PREP + PATIENT SETUP

- Explain procedure; allow rest when possible.
- Choose site: radial routinely, apical for irregular/weak pulse or medication parameters, and distal sites for perfusion.
- Warm and support limb; compare bilateral

VAULT TIP

- A pulse is more than a number: rate, rhythm, strength, symmetry, and the tissue beyond it all matter.

STEP-BY-STEP

1. Hand hygiene; identify patient; position comfortably.
2. For radial pulse, place index and middle fingertips over artery on thumb side of wrist. Do not use your thumb.
3. Apply light pressure until pulse is felt; excessive pressure may occlude it.
4. If regular, count 30 seconds and multiply by 2 when policy permits. If irregular, weak, very fast/slow, count a full 60 seconds.
5. Assess rhythm as regular/irregular and strength using facility scale.
6. For apical pulse, place stethoscope at cardiac apex—adult 5th intercostal space, left midclavicular line—and count 60 seconds.
7. If pulse is irregular, compare apical and radial simultaneously with two clinicians to identify a pulse deficit when indicated.
8. For carotid pulse, palpate only one side at a time and use gentle pressure.
9. Assess brachial, femoral, popliteal, posterior tibial, or dorsalis pedis pulses using correct landmarks as clinically indicated.
10. Compare corresponding peripheral pulses for symmetry and assess color, temperature, cap refill, sensation, pain, and swelling.
11. If not palpable, reposition and use Doppler per policy; mark site if ongoing monitoring is needed.
12. Report new absent pulse, marked asymmetry, symptomatic brady/tachycardia, or irregularity promptly and escalate for ischemic signs.

SAFETY REMINDERS

- Never palpate both carotids at once.
- Do not use your thumb.
- An absent distal pulse with pain, pallor, coolness, paresthesia, or paralysis is urgent.
- Count a full minute for irregular rhythms.

COMMON MISTAKES

- Pressing too hard.
- Using thumb.
- Estimating an irregular pulse.
- Recording “present” without strength/symmetry.

DOCUMENTATION

- Site, rate, rhythm, strength/scale.
- Bilateral symmetry and perfusion findings.
- Apical-radial deficit if measured.
- Doppler use/location.
- Symptoms, interventions, notifications.