## **#18 - ASSESSING APICAL PULSE**

## (Partner Check-Off)

	Student:Date:	Date:				
			P1	P2	Р3	Comments
1.	Verified health care provider's orders.					
2.	Gathered necessary equipment and supplies.					
3.	Performed hand hygiene.					
4.	Provided patient's privacy.			 		
5.	Introduced self to patient and family.			! ! !	       	
6.	Identified patient using two identifiers.			L		
7.	Assessed for factors that can affect apical pulse rate and rhythm.			 		
8.	Used gloves when necessary.			;		
9.	Helped patient into appropriate position.			L		
10.	Located PMI properly.					
11.	Slid fingers down to ICS, then to the fifth intercostals space, then of left midclavicular line.	over to the				
12.	Felt PMI as a light tap reflecting apex of the heart.					
13.	Located PMI if not where expected.			L		
14.	Warmed diaphragm of stethoscope in palm of hand, cleaned with and allowed to dry.	alcohol,		L		
15.	Place the diaphragm over the PMI, and auscultate for the normal $S_2$ sounds.	S₁ and				
16.	Looked at watch once sounds were heard with regularity, and took properly.	c pulse		;  ! ! !		
<u>17.</u>	Replaced patient's gown and bed linen, helped patient to comforta	ıble		<u> </u>	 	

I acknowledge I have physically practiced and successfully learned the following skill(s):

	position, and discussed findings as appropriate.	 	 	 	I I I				
18.	Cleaned earpieces and diaphragm with alcohol after each use, and discarded swab appropriately.			-    -  -  -  -  -  -	;				
19.	Placed personal items within reach.	<del>-</del>		-:	:				
20.	Placed call light within reach, and ensured patient knew how to use it.	       	 	       					
21.	Raised top side rails and lowered bed to ensure patient safety.	       	1	1	 				
22.	Disposed of used supplies and equipment, and left patient's room tidy.	 	 		1 1 1 1				
23.	Removed and disposed of gloves when worn, and performed hand hygiene.	i i	 	i i	 				
24.	Compared patient's apical pulse rate and rhythm with baseline and acceptable range.	 			''				
25.	Documented and reported patient's response and outcomes.				'				
S = Satisfactory U = Unsatisfactory NP = Not Performed *=Must Perform to Pass									
Ву	signing below I acknowledge that I witnessed the skill performed and the stude	nt succes	sfully pass	sed the sk	rill.				
Pra	ctice 1: Evaluator: Signature:								
Pra	Practice 2: Evaluator: Signature:								
LIVI	AL Chudont Fugluator								