

## # 19 - ASSESSING RADIAL PULSE

(Partner Check-Off)

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

Student: \_\_\_\_\_ Date: \_\_\_\_\_

	P1	P2	P3	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.				
7. Assessed for factors that could affect pulse rate and rhythm.				
8. Used gloves when necessary.				
9. Helped patient into appropriate position.				
10. Placed fingers properly on patient's inner wrist, extended or flexed wrist until strongest pulse was felt.				
11. Pressed against radius until pulse was obliterated, relaxed pressure until pulse was palpable.				
12. Rated strength of pulse properly.				
13. Noted regularity and rate of rhythm properly.				
14. Helped patient to comfortable position, placed personal items within reach.				
15. Placed call light within reach, ensured patient knew how to use it.				
16. Raised appropriate number of side rails and lowered bed to ensure patient safety.				
17. Disposed of used supplies and equipment, left patient's room tidy.				
18. Removed and disposed of gloves when worn, performed hand hygiene.				

- 19. Discussed finding with patient as needed.

---

- 20. Compared patient's pulse rate and character with baseline and acceptable range.

---

- 21. Documented and reported patient's response and outcomes.

---


**S** = Satisfactory    **U** = Unsatisfactory    **NP** = Not Performed    \* = Must Perform to Pass

*By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.*

Practice 1: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Practice 2: Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

FINAL Student Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_