Monitoring a pulse in adults
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adult patients.

LEARNING OUTCOMES
Understand the rationale for taking a pulse as a fundamental aspect of nursing care
Know the most common anatomical positions for measuring the pulse rate
Understand the importance of developing an accurate technique
Know what are normal and abnormal pulse rates and patterns for adults

When nursing patients in clinical practice, registered nurses (RNs) must use their nursing expertise and critical
taking understanding skills (Nursing and Midwifery Council (NMC), 2015). This is achieved through the use of the nursing
process. The nursing process is a five-step framework (Stonehouse, 2017) comprising:

Assessment
Diagnosis
Planning
Implementing
Evaluation.

During the assessment stage, RNs will collect clinical patient data to establish a patient’s physiological
benchmark (their normal observations). Patient assessment includes the measurement of four primary vital
signs:

- Body temperature
- Heart rate/pulse
- Respiration rate
- Blood pressure.

These vital signs indicate the status of the body’s life-sustaining functions. These measurements are taken to
help assess the general physical health of a person, give clues to possible diseases, and show progress towards
recovery. The normal ranges for a person’s vital signs vary with age, weight, sex, and overall health. It is also
important that experienced RNs pass on their knowledge and skills to the next generations of students so they
have the assessment skills required to ensure safe, effective care (NMC, 2015; NMC, 2018a; 2018b).

Pulse monitoring
Pulse monitoring is an integral component and vital sign of a patient’s cardiovascular health. The Royal College
of Nursing (RCN) states that the terms ‘pulse’ and ‘heart rate’ are used interchangeably in the clinical setting
(RCN, 2017). Additionally, in 2017, the Royal College of Physicians (RCP) (2017) used the word ‘pulse’ on its
updated National Early Warning Score 2 (NEWS 2) chart (RCP, 2017). Therefore, ‘pulse’ will be used in this
article.

Pulse is the measurement of the heart beat that pushes blood through the arteries. According to Waugh and
Grant (2018) a patient’s pulse is usually monitored where an artery can be occluded against a solid mass such as
bone. Ideally, the pulse should be measured at the wrist (radial artery) (see Figure 1) or elbow (brachial artery).

Temporal artery
Brachial
Popliteal artery
Carotid
Apical pulse
Radial
Femoral
Posterior tibial artery
Pedal

Figure 1. Circulatory system and pulse sites
The pulse is usually taken at the radial artery because of ease of access and blood pressure is usually taken at the brachial artery. RNs are required to be able to measure the pulse accurately as part of taking a patient’s vital signs (NMC) (2015; 2018a). Table 1 gives adult pulse ranges.

<table>
<thead>
<tr>
<th>Beats per minute (bpm) Pulse term Average pulse</th>
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<tbody>
<tr>
<td>60–100 Normal range at rest 80</td>
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<tr>
<td>Below &lt;60 Bradycardia</td>
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<tr>
<td>Above &gt;100 Tachycardia</td>
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### Taking a pulse

Before taking a patient’s pulse, nurses should observe a patient’s overall presentation: do they look red, hot and sweaty, well perfused, or pale and clammy? A combination of observation skills will support the nurse in identifying a patient’s altered health state. The pulse can be affected by many factors, including anxiety and exercise. Remember that the pulse is a measurement of the heartbeat—if someone is anxious or has been exercising (perhaps rushing to get to a hospital appointment, or has just walked back from another room) their heartbeat will usually increase to ensure their body has enough oxygen circulating to meet the requirements of exercise or the ‘flight or fight’ response. When approaching all patients to take a pulse, and particularly a patient with a visual or hearing deficit, it is important that the nurse explains what they are doing, so as not to cause surprise or anxiety, which might alter the results. Table 2 provides common physiological factors that affect the pulse rate.

### Table 2: Common physiological factors that affect the pulse rate

| Age Ageing affects the metabolic rate and thus can reduce the pulse rate |
| Sex Pulse rates in females are normally slightly higher than in males |
| Exercise Exercise will normally increase the heart rate to ensure good oxygen supply, thus the pulse increases |
| Temperature (pyrexia/hypothermia) With high temperatures (pyrexia) the pulse rate will increase to assist with homeostasis; with low temperatures (hypothermia) the pulse rate will decrease as the body’s metabolism slows down |
| Low blood volume (hypovolaemia) The pulse rate will increase to compensate for low blood volume to ensure circulation and blood pressure is maintained |
| Anxiety, stress, pain, surprise These factors affect the cardiac system and thus the heart rate increases, resulting in higher pulse rates |
| Body position Standing and sitting will affect the circulatory system and impact on the heart rate. Normally, when patients sit up or stand, gravity directs some of the blood down to the abdominal area, hands and feet. In response, patients’ blood vessels narrow and their heart rate increases slightly to maintain blood flow to the heart and brain, and to prevent blood pressure dropping. This is done automatically, and is controlled by the autonomic nervous system, which controls automatic body functions. Conditions such as postural tachycardia syndrome can cause symptoms such as dizziness, lightheadedness and fainting |
| Medication Some medications can affect the heart rate. Sympathomimetics, which affect the sympathetic nervous system, and treatments for respiratory conditions, including asthma, such as salbutamol and terbutaline sulfate, may increase the pulse rate |
| Beta blockers, such as metoprolol and digoxin, have the opposite effect and reduce heart rate and thus pulse rate |
| It is important to know the side effects and contraindications to medications prescribed |
| Student nurses can be encouraged to make a list of the top five medications used in their clinical placements, including the normal dose, side effects and contraindications |
| Pre-existing conditions Chronic obstructive pulmonary disease, peripheral vascular disease, and heart failure are a few of the conditions that affect the circulatory system for various reasons, thus affecting the pulse. It is always important that nurses know their patient and their normal pulse range |

Source: adapted from: Alexis, 2010; Douglas et al, 2013; Dougherty and Lister, 2015; NHS website, 2018; Waugh and Grant, 2018

### Consent

RNs should always obtain consent where possible. They should ensure that the patient fully understands what is required to measure the pulse, including what the pulse is and where it will be taken. The RN should ensure there are no physiological barriers at the pulse site, such as restricted blood flow or injury. If nurses are unsure they should consult a senior colleague.
Palpating a pulse
RNs should follow infection control procedures, including observing hand hygiene requirements and using personal protective equipment if required. The first, second and third fingers should be used to gently press on the radial artery just below the wrist (see Figure 2). Pressure must be firm enough to restrict the blood flow through the artery, which will allow the RN to feel the ‘pulse’ of the blood. It should be noted that using the first and second finger is also satisfactory. The thumb should not be used as it has its own pulse beat. To take a brachial artery pulse, the same fingers should be used to press on the brachial artery at the elbow (see Figure 3).

The patient should be asked to keep their arm straight, as this will help the nurse to palpate the artery. Ensure the patient does not have restricted movement in their arm or any other existing condition that might impact on joint movement. To maintain a consistent approach, it is good practice to take repeated pulse measurements from the same anatomical site. When palpating a pulse, the force of the applied pressure may cause an obstruction, meaning that no palpable pulse will be found. The nurse should reduce the pressure applied so that the pulse can be felt. This is a skill that takes practice. Once the RN has found the pulse, it should be measured for a clear, full minute. This ensures that an accurate measurement of the rate (bpm), rhythm (regular or irregular) and amplitude (strength of the pulse) is gained. Box 1 provides tips on taking a pulse in a tachycardic patient.

Box 1.
It is usually easy to count low or average pulse rates by timing against a watch. Students can practise by taking their own or a colleague’s pulse at different pulse points It is important to practise counting tachycardic rates. An online metronome can be used to practise this. Pulse rates can be counted in blocks, using one hand with fingers extended to track how many blocks are reached. For example, count in blocks of 25 and when each 25 is reach, bend one finger down. At the end of one minute, the number of retracted fingers and the final number block can be added to give a pulse total. Students new to measuring pulse rates may find it difficult to count tachycardic rates while watching the time for one minute. They can practise by starting on the hour, at a quarter past, or half past on analogue watches, or using a timer on digital watches.

Recording
Details should be recorded on the appropriate chart or NEWS 2 (NMC, 2015; 2018a; 2018b) and any changes, irregularity of rhythm or a weak or bounding pulse should Figure 2. Taking a pulse at the radial site be reported. Such results may be normal for some patients but any abnormalities or concerns should be reported immediately to the health professional responsible for the patient’s care. Finally, RNs should ensure they thank the patient and answer any questions they may have about the observation and data collected.

Conclusion
Recording a patient’s pulse is one of the fundamental skills that an RN must master. Nurses have a responsibility and a duty of care to undertake such skills in a competent, professional manner and to include patients in their own care provision, providing education and reassurance about their condition and treatment.

Place your three fingers as indicated. Note the landmarks of the tendons, and natural indentation. Gently extend the elbow upwards
Figure 3. Taking a pulse at the brachial site

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