**A picture containing drawing

Description automatically generated**

**Taking a Pulse Reading**

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1. **Purpose and Application**

This policy has been developed to provide guidance and information about taking a pulse, covering:

**What is the pulse?**

**Finding the pulse**

**Recording the pulse**

**Normal readings**

**When do we need to check a resident’s pulse?**

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of the managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy.

**Any care staff** that have had a competency assessment in taking and interpreting pulse readings.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills, and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and, where applicable, available in sufficient quantities. Medicines must be supplied in sufficient quantities, managed safely, and administered appropriately to make sure people are safe.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety, and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and we will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. We do not have to serve a Warning Notice before prosecution.

1. **Taking a Pulse Reading: Policy & Procedure**

**What is the pulse?**

The pulse is the [expansion of the arteries](https://books.google.co.uk/books?id=1duFI886FxIC&printsec=frontcover#v=onepage&q&f=false). This expansion is caused by an increase in [blood pressure](https://www.medicalnewstoday.com/articles/270644.php) pushing against the elastic walls of the arteries each time the heart beats.

These expansions rise and fall in time with the heart as it pumps the blood and then rests as it refills. The pulsations are felt at certain points on the body where larger arteries run closer to the skin.



**Finding the pulse**

Take the wrist pulse for an easy way to monitor the heart rate.

Arteries run closely to the surface of the skin at the wrist and neck, making the pulse particularly easy to find at these points. This is known as the radial pulse:

* Turn one hand over, so it is palm-side up.
* Use the other hand to place two fingertips gently in the groove on the forearm, down from the fold of the wrist and about an inch along from the base of the thumb.
* When the position is right, you should feel the pulsation of your heartbeat.
* The pulse can also be found on the neck using two fingers in a similar way. Gently press into the soft groove on either side of the windpipe. This is the pulse running through one of the carotid arteries. These are the main arteries that run from the heart to the head.

**Recording the pulse**

Once the pulse has been found by following the steps above, [hold still](https://medlineplus.gov/ency/article/003399.htm) and carry out the following steps:

* Use a timepiece or watch with a second hand or look at a clock with a second hand.
* Over the course of 30 seconds or a minute, count the number of beats felt.
* The number of pulses over a minute is the standard heart rate measurement. This can also be calculated by doubling the number of pulses felt over 30 seconds.

**Normal readings**

The heart should beat steadily, with a regular gap between each contraction, so the pulse should also be steady.

Adults will have a resting heart rate of **60 to 100 bpm**.

**When do we need to check a resident’s pulse?**

You would need to take a resident’s pulse in the following circumstances.

* If you suspect they have died (this is not to be treated as verification of death – please refer to the Verification of Death policy) or in a first aid situation.
* If they are taking **Digoxin** – Digoxin is used to slow the heart rate down – before administering Digoxin to a resident, you need to record the heart rate to make sure that it is above 60 bpm.
* You would check a resident’s pulse as part of regular observations.
* Under GP instruction to monitor the pulse of a resident at regular intervals.

**Ensure that you record readings accurately and legibly in the appropriate section of the care documentation.**

**5. Equality Impact Assessment**

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| **Equality Impact Assessment Checklist** | | **Yes/No?** | **Comments** |
| **1.** | Does the procedural document affect one group less or more favourably than another on the basis of: |  |  |
| * Race? | No |  |
| * Ethnic origins (including gypsies and travelers)? | No |  |
| * Nationality? | No |  |
| * Gender? | No |  |
| * Culture? | No |  |
| * Religion or belief? | No |  |
| * Sexual orientation, including lesbian, gay and bisexual people? | No |  |
| * Age? | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? |  |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? |  |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? |  |  |
| **7.** | Can we reduce the impact by taking different action? |  |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.