

Name \_\_\_\_\_

Date \_\_\_\_\_

## ISU STEMx Cardiovascular System Worksheet

### 1. Radial Pulse (HR, normal rate: 60 -100)

Your Resting Heart Rate \_\_\_\_\_

Your Heart Rate After Exercise \_\_\_\_\_

### 2. Capillary Refill (normal <2 seconds) & Perfusion Assessment

Nail bed refill rate \_\_\_\_\_ seconds

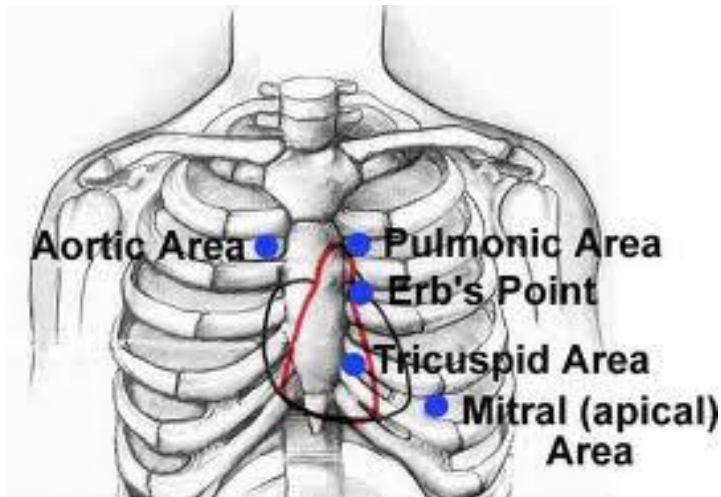
Forehead refill rate \_\_\_\_\_ seconds (work with a partner)

### 3. Heart Valves (Listen to Mitral & Tricuspid, Aortic & Pulmonic, see diagram)

Write your observations for your:

Mitral & Tricuspid \_\_\_\_\_

Aortic & Pulmonic \_\_\_\_\_



**Additional actives:**

**Gravity Effects on Leg Veins**

**Career Opportunities**