

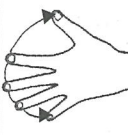
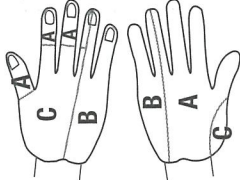


**NEUROVASCULAR
OBSERVATION CHART
- UPPER LIMB**

FACILITY: _____
WARD _____
LAUNCESTON GENERAL HOSPITAL

M.R.N.										
SURNAME D.O.B.										
OTHER NAMES SEX										

PLEASE NOTE! A SEPARATE FORM IS REQUIRED FOR EACH LIMB. Indicate which limb is assessed on this form R L

KEY		DATE	TIME																
COLOUR	F=Flushed N=Normal B=Blanched D=Dusky C=Cyanosed																		
WARMTH	H=Hot W=Warm CL=Cool CD=Cold																		
PULSES	S=Strong W=Weak A=Absent																		
SHOULDER SURGERY Deltoid Sensation Y/N																			
MOVEMENT		Radial Nerve																	
		Median Nerve																	
		Ulnar Nerve																	
SENSATION		Median	A																
		Ulnar	B																
		Radial	C																
SWELLING	GN=Good & Normal PN= Pins & Needles NS=No Sensation	N = Nil/Mild M = Moderate S = Severe																	
BLOOD LOSS	N = Nil/Mild M = Moderate S = Severe																		
PAIN	1 Nil 5 Mod 10 Severe																		
CAPILLARY REFILL (in seconds)																			
INITIALS																			

