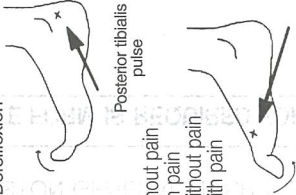
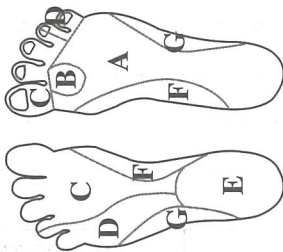


PLEASE NOTE! A SEPARATE FORM IS REQUIRED FOR EACH LIMB. Indicate which limb is assessed on this form **R L**

KEY		DATE	TIME
COLOUR F = Flushed N = Normal B = Blanched D = Dusky C = Cyanosed			
WARMTH H = Hot W = Warm CI = Cool CD = Cold			
PULSES S = Strong W = Weak A = Absent			
MOVEMENT  A- = Active movement without pain A+ = Active movement with pain P- = Passive movement without pain P+ = Passive movement with pain			
SENSATION GN = Good & Normal PN = Pins & Needles NS = No Sensation  A Superficial Peroneal B Deep Peroneal C Medial Plantar D Lateral Plantar E Tibial F Saphenous G Sural			
SWELLING 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			

DATE
TIME

F = Flushed **N** = Normal **B** = Blanched
D = Dusky **C** = Cyanosed

WARMTH
H = Hot **W** = Warm
C = Cool **CD** = Cold

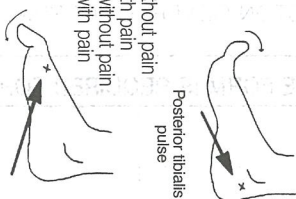
PULSES **S** = Strong **W** = Weak **A** = Absent

MOVEMENT

- A- = Active movement without pain
- A+ = Active movement with pain
- P- = Passive movement without pain
- P+ = Passive movement with pain

P- = Passive movement without pain
P+ = Passive movement with pain

P+ = Passive movement with pain



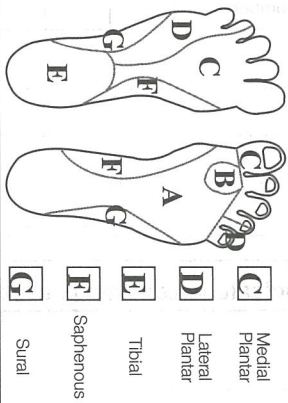
Dorsalis
pedis pulse

SENSATION

GN = Good & Normal
PN = Pins & Needles
NS = No Sensation

PN = Pins & Needles
NS = No Sensation

NS = No Sensation



Saphenous

Sural

SWELLING

N = Nil/Mild **M** = Moderate
S = Severe

S = Severe

BLOOD LO

N = Nil/Mild **M** = Moderate
S = Severe

S = Severe

PAIN

Nil	5	10
Mod		
Severe		

Nil	Mod
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

CAPILLARY REFILL (in seconds)

INITIALS



NEUROVASCULAR OBSERVATION CHART - LOWER LIMB

FACILITY: _____
WARD _____
LAUNCESTON GENERAL HOSPITAL

LAUNCESTON GENERAL HOSPITAL

U. R. Number							
SURNAME		D.O.B.		OTHER NAMES		SEX	
ADDRESS		MARITAL STATUS		REL.			

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