

OBSERVATION CHART - LOWER LIMB

FACILITY: _____
WARD _____
LAUNCESTON GENERAL HOSPITAL


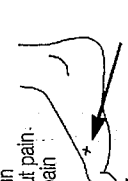
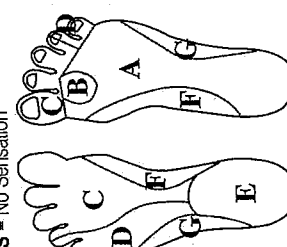
U.R. Number

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

NEUROVASCULAR OBSERVATION CHART - LOWER LIMB

C&HS MRS 74860 5/07 F&P 5442 MAY07M3

DATE	TIME	KEY
<p>COLOUR F - Flushed N - Normal B - Blanched D - Dusky C - Cyanosed</p>		
<p>WARMTH H - Hot W - Warm C - Cool CD - Cold</p>		
<p>PULSES S - Strong W - Weak A - Absent</p>		
<p>MOVEMENT</p> <div style="display: flex; justify-content: space-around;"> <div> <p>Dorsiflexion</p>  <p>Posterior tibialis pulse</p> </div> <div> <p>Plantar flexion</p>  <p>Dorsalis pedis pulse</p> </div> </div> <p>A - Active movement without pain A+ - Active movement with pain P - Passive movement without pain P+ - Passive movement with pain</p>		
<p>SENSATION</p> <p>GN - Good & Normal PN - Pins & Needles NS - No Sensation</p> <div style="display: flex; justify-content: space-around;">  </div> <p>Superficial Peroneal A Deep Peroneal B Medial Plantar C Lateral Plantar D Tibial E Saphenous F Sural G</p>		
<p>SWELLING N - Nil/Mild M - Moderate S - Severe</p>		
<p>BLOOD LOSS N - Nil/Mild M - Moderate S - Severe</p>		
<p>PAIN 1 Nil 5 Mod 10 Severe</p>		
<p>CAPILLARY REFILL (in seconds)</p>		
<p>INITIALS</p>		