NEUROVASCULAR ASSESSMENT FLOW SHEET

Your Hospital's Logo Here

PATIENT IDENTIFICATION

* ASTERISK-SEE PROGRESS NOTES FOR FURTHER EXPLANATION   Orthopedic Protocol for Post-Ops, New Fractures, or new Casts

DATE												
TIME												
EXTREMITY												
EDEMA												
COLOR												
TEMPERATURE												
CAPILLARY REFILL												
SENSATION												
MOTION												
PAIN SCORE												
PULSES												
BRACHIAL												
RADIAL												
FEMORAL												
POPLITEAL												
POST TIBIAL												
DORSALIS PEDIS												
INITIALS												
PAIN RATING SCALE:												

PAIN SCALES:

WONG-BAKER:
(Faces)

0   1   2   3   4   5

0-10 VISUAL:
(Numerical)

O 1 2 3 4 5 6 7 8 9 10

VERBAL:
No Hurt   Hurts Little Bit   Hurts Little More   Hurts Even More   Hurts Whole Lot   Worst Pain

WONG-BAKER FACES PAIN SCALE from Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Ahmann E, DiVito-Thomas PA, Whaley & Wong: Nursing Care of Infants & Children, 6th ed, St. Louis, MO: Mosby-Year Book Inc., 1999; 1153. Copyrighted by Mosby-Year Book, Inc. Reprinted with Permission.

NON-COGNITIVE:
(FLACC Scale)

1. Sum Face, Legs, Activity Cry & Consolability Scores to calculate FLACC Score
2. Record FLACC Score using 0-10 VISUAL NUMERIC Scale above.

____ FACE	____ LEGS	____ ACTIVITY	____ CRY	____ CONSOLABILITY
0 = No particular expression or smile	0 = Normal position, or relaxed	0 = Lying quietly, normal position, moves easily	0 = No cry (awake or asleep)	0 = Content, relaxed
1 = Sporadic grimace / frown, withdrawn, disinterested	1 = Uneasy, restless, tense	1 = Squirming, shifting back & forth, tense	1 = Moans or whimpers, occasional complaint	1 = Reassured by occasional touching, hugging, or 'talking to', distractable
2 = Frequent / constant frown, clenched jaw, quivering chin	2 = Kicking, or legs drawn up	2 = Arched, rigid, or jerking	2 = Crying steadily, screams, sobs, frequent complaints	2 = Difficult to console or comfort

COMFORT LEVEL: **PAIN RATING SCALE USED:**

EXTREMITY:	**EDEMA:**	**COLOR:**	**PULSES**	**TEMPERATURE**
RL = RIGHT LEG	A = ABSENT	F = FLUSHED	O = ABSENT	W = WARM
RA = RIGHT ARM	SL = SLIGHT	N = NORMAL / PINK	D = DOPPLER	CL = COOL
LL = LEFT LEG	M = MODERATE	P = PALE	1+ = INTERMITTENT	CD = COLD
LA = LEFT ARM	S = SEVERE	C = CYANOTIC	2+ = WEAK	H = HOT
		J = JAUNDICED	3+ = STRONG	
		D = DUSKY	4+ = BOUNDING	
		M = MOTTLED	N/A = NOT ACCESSIBLE	

CAPILLARY REFILL:	**SENSATION:**	**MOTION:**		
N = NORMAL A = ABSENT	N = NORMAL D = DECREASED	F = FULL	A = ABSENT	I = IMMOBILE
S = SLUGGISH	T = TINGLING A = ABSENT	D = DECREASED	X = PAIN	

PART OF THE MEDICAL RECORD

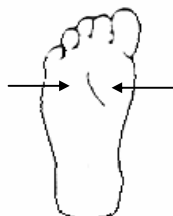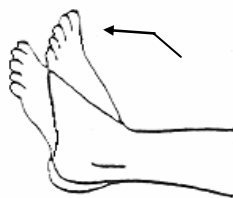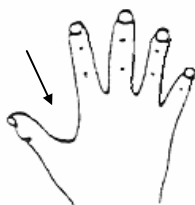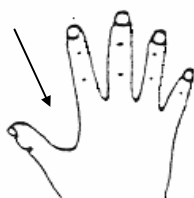|		
Peroneal Nerve	 **SENSATION** **MOTION**	**= SENSATION** Prick the web space between great toe and 2nd toe **= MOTION** Have patient dorsiflex ankle and extend toes at the metatarsal phalangeal joints
Tibial Nerve	 **SENSATION** **MOTION**	**= SENSATION** Prick the medial and lateral surfaces of the sole of the foot **= MOTION** Have the patient plantar flex ankle & toes
Radial Nerve	 **SENSATION** **MOTION**	**= SENSATION** Prick the web space between the thumb and the index finger **= MOTION** Have patient hyperextend thumb, then wrist, and hyperextend 4 fingers @ MCP joints
Ulnar Nerve	 **SENSATION** **MOTION**	**= SENSATION** Prick the distal fat pad of the small finger **= MOTION** Have patient abduct all fingers
Median Nerve	 **SENSATION** **MOTION**	**= SENSATION** Prick the distal surface of the index finger **= MOTION** Have patient oppose thumb & small finger; note whether patient can flex wrist.
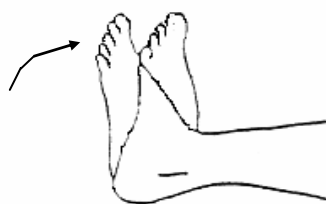
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