HealthCare

DEPARTMENT OF NURSING
VASCULAR FLOWSHEET

CODE

Pulses:       Motor Function:       Color:
P - Palpable  1. Voluntary movement of entire leg  1. Pink
D - Doppler  a. not against gravity    2. Cyanotic
I - Intermittent b. against gravity    3. Mottled
A - Absent    c. with pain            4. Pale
              d. without pain           5. Black

2. Partial movement of extremity

3. No voluntary movement of extremity except muscular contraction:
   a. with pain  
   b. without pain

4. No voluntary movement

DATE:

RIGHT LEG

<table>
<thead>
<tr>
<th>Time</th>
<th>Femoral</th>
<th>Popliteal</th>
<th>Dorsalis Pedis</th>
<th>Post Tibial</th>
<th>Graft</th>
<th>Motor Function</th>
<th>Color</th>
<th>Temp</th>
<th>Other</th>
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VASCULAR ASSESSMENT SHEET PROCEDURE:
1. Record assessment using code at the top of the page
2. If further clarification is needed, record the information in the comment section for your shift.
3. When assessing motor function, make sure that the patient is trying to cooperate and a neurological problem is present.
4. Record location of extremity temperature variation or color variations in comment section.
5. Record signature each shift on last line of the Comment Section.
### CODE

**Pulses:**
- D - Palpable
- P - Doppler
- I - Intermittent
- A - Absent

**Motor Function:**
- 5. Voluntary movement of entire leg:
  - a. Not against gravity
  - b. Against gravity
- 6. Partial movement of extremity
- 7. No voluntary movement of extremity except muscular contraction:
  - a. With pain
  - b. Without pain
- 8. No voluntary movement

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**DATE:**

**LEFT LEG**

**REVIEWED:**
- R.N.
- R.N.
- R.N.