

HealthCare

**DEPARTMENT OF NURSING
VASCULAR FLOWSHEET**

CODE

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

Motor Function:
1. Voluntary movement of entire leg:
a. not against gravity c. with pain
b. against gravity d. without pain
2. Partial movement of extremity
3. No voluntary movement of extremity except muscular contraction:
a. with pain b. without pain
4. No voluntary movement

Color:
1 - Pink
2 - Cyanotic
3 - Mottled
4 - Pale
5 - Black

Temp:
✓ Normal
- Refer to Comment Section

DATE:		RIGHT LEG								
		Pulses					Motor Function	Color	Temp	Other
Time	Femoral	Popliteal	Dorsalis Pedis	Post Tibial	Graft					

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

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

Color:
 1 - Pink
 2 - Cyanotic
 3 - Mottled
 4 - Pale
 5 - Black

Temp:
 ✓ Normal
 - Refer to Comment Section

DATE: _____ **LEFT LEG**

Time	Pulses					Motor Function	Color	Temp	Other
	Femoral	Popliteal	Dorsalis Pedis	Post Tibial	Graft				
COMMENTS NIGHT SHIFT			COMMENTS DAY SHIFT			COMMENTS EVENING SHIFT			
R.N.			R.N.			R.N.			