

Neurovascular Assessment

Please use separate sheet if bi-lateral limbs are affected

Post Operative (Post-Op) Observation including (Pre-op baseline assessment) and or conservative management

Parameters	Tip: always compare observation with unaffected limb	Pre-Op (Baseline)	Please tick box as appropriate													
	Extremity	Date														
Time																
Right Arm																
Left Arm																
Right Leg																
Colour	Left Leg															
	Other (Please specify)															
	Normal															
	Pale															
	Pink															
	Red															
	Dusky															
	Cyanosed															
Sensation	Bruised															
	Other (Please specify)															
	Movement: Please see reverse for proper instructions															
	Pt. reports normal sensation															
	Pins & Needles sensation															
Pulses	Altered sensation but returning															
	Absent (see reverse page)															
	Other (Please specify)															
	0 = Absent on palpation															
	1+ = weak, diminishing, thready on palpation															
Temperature	2+ = Difficult to palpate															
	3+ = Easy to palpate															
	4+ = Strong palpation/Normal															
	Available on doppler															
	Absent on doppler															
Capillary Refill	Not Accessible															
	Other (Please specify)															
	Warm															
	Cool															
	Cold															
Positioning	Hot															
	Other (Please specify)															
	Brisk/Normal <2 secs															
	Sluggish >2 secs															
	Absent															
	Other (Please specify)															
	Neutral															
	Abducted															
Pain Score	Adducted															
	Internally Rotated															
	Externally Rotated															
	Extended															
	Flexed															
	Elevated															
	Other (Please specify)															
	VISUAL ANALOGUE →															
	0 = No Pain															
	1-2 = Hurts a little															
3-4 = Hurts a little more																
5-6 = Hurts even more																
7-8 = Hurts a whole lot																
9-10 = Worst pain																
Oedema	ALERT → Pain unrelieved by analgesia with an increase of pain on passive stretch may indicate compartment syndrome															
	Absent															
	Slight															
	Moderate															
	Severe															
Signature/Initials	Subsiding															
	Other (Please specify)															

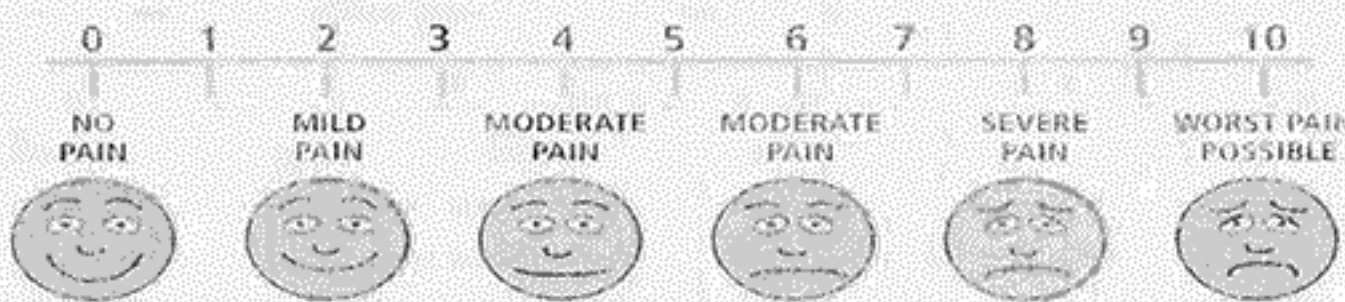
NB: You must write your full name, your corresponding signature, initials and ward name. Kindly see reverse page:
For pain scale please see reverse

FOR ADDITIONAL IMPORTANT INFORMATION please write below i.e. (patient is confused pre-op) (patient is confused post-op) N.B. Please do not forget to sign and date it

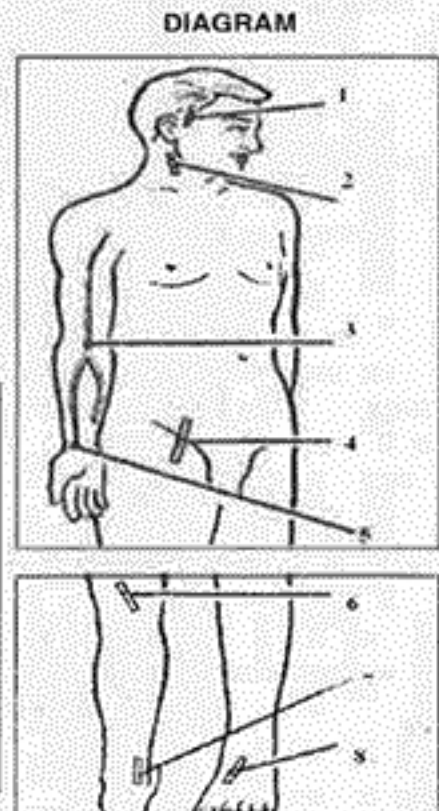
Tip: always compare observation with unaffected limb	Pre-Op (Baseline)	Please tick box as appropriate												
Date														
Time:														
Lower limbs:														
Can actively dorsiflex ankle														
Can actively plantarflex ankle														
Limited dorsiflexion of ankle														
Limited plantarflexion of ankle														
Can actively move toes														
Limited movement of toes														
Absent														
Not Achievable due to cast splint or braces														
Other (please specify)														
Upper limbs:														
Can actively move all fingers and wrist														
Unable to move all fingers and wrist														
Not Achievable due to cast splint or braces														
Other (please specify)														
PULSES	Temporal													
	Carotid													
	Brachial													
	Radial													
	Popliteal													
	Posterior Tibials													
	Dorsalis Pedis													
	Other (please specify)													

Peroneal Nerve			SENSATION Touch 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 Touch the medial and lateral surfaces of the sole of the foot
			MOTION Have the patient plantar flex ankle & toes
Radial Nerve			SENSATION Touch 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 Touch the distal fat pad of the small finger
			MOTION Have patient abduct all fingers
Median Nerve			SENSATION Touch the distal surface of the index finger
			MOTION Have patient oppose thumb & small finger; note whether patient can flex wrist.

PAIN ASSESSMENT TOOL



- 1. Temporal
- 2. Carotid
- 3. Brachial
- 4. Femoral
- 5. Radial
- 6. Popliteal
- 7. Posterior Tibialis
- 8. Dorsalis Pedis



NAME OF STAFF AND DESIGNATION	Signature	Initial	Ward

NB: May be discontinued on the 5th day post-op or if team is happy!