Section: 8620.122c HRMC Division of Nursing Index:

Page: 1 of 1

September 16, 1993 Issue Date:

Reviewed Date: 3/05, 12/10

GUIDELINE

TITLE: **VASCULAR FLOW SHEET GUIDELINE**

PURPOSE: To provide a format to record frequent vascular assessments during downtime

NATURE OF FORM: Permanent

DEFINITIONS:

TARGETED PATIENT

POPULATION: All vascular patients

PLACEMENT: Patient Chart - Flow Sheet Section

INSTRUCTIONS:

- 1. Enter surgical site to be assessed
- 2. Enter extremity to be checked and laterality (i.e. right vs. left)
- 3. Enter the date on the first line of form horizontally. Enter time on subsequent lines of this column.
- 4. Enter status of extremity's color by placing a check (√) next to the appropriate assessment under the time and extremity side.
- Enter temperature of extremity by placing a check $(\sqrt{})$ next to the appropriate assessment under the time and extremity side.
- Enter status of extremity's edema by placing a check $(\sqrt{})$ next to the appropriate assessment under the time and extremity side. Use legend on back of form.
- Enter status of all pulses that apply (brachial, radial, femoral, popliteal, posterior tibial and pedal). Use the legend at top of form. Use legend on back of form.
- Enter capillary refill status by placing check ($\sqrt{}$) next to the appropriate assessment under the time and extremity side.
- Enter status of extremity's sensation by placing a check ($\sqrt{\ }$) next to the appropriate assessment under the time and extremity side.
- 10. Enter the status of extremity's strength by placing a check $(\sqrt{})$ next to the appropriate assessment under the time and extremity side. Use legend on back of form.
- 11. Enter the status of extremity's flexion/extension (using the legend for extremity motor function as a resource) by placing a check (4) next to the appropriate assessment under the time and extremity side.
- 12. Enter the status of extremity's pain noted with flexion/extension by placing a check $(\sqrt{})$ in the appropriate box, "Y" (yes) or "N" (no) under the time and extremity side.
- 13. Enter the status of the extremity's dressing by either choosing "dry" with a check ($\sqrt{}$)
- 14. Write in a different assessment next to "other" if the dressing is not dry.
- 15. Enter initials
- 16. Enter the use of any interventions with a check (4) in the appropriate box. Elevation should include degree and what was used to attain that degree. If something else was done, enter intervention in blank space. Time should be noted next to intervention. Enter initials.
- 17. Enter signature and initials. This needs only to be done once per form.

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LEGEND for PULSES

1 + family palpable, weak and thready

2 + Palpable, normal pulde

3 + Bounding Hyperdynamic pulse

D = Doppler

A = Absent

LEGEND for EDEMA SCALE

2 2		
Edema Scale	Indentation Depth	Return to Baseline
0 - none present	none	
1 - Trace	(0 - 1/4) inch	Rapid
2 - Mild	(1/4 - 1/2) inch	10 - 15 seconds
3 - Moderate	(1/2 - 1) inch	1 - 2 minute
4 - Severe	Greater than 1 inch	2 - 5 minutes
	LEGEND for MOTOR STREN	GTH

Motor strength for extremities: Record each extremity response

Arm Strength will be assessed and documented as:

Have the patient bend his arm at the elbow, and then raise his arm to shoulder level. While you push down on the patient arm ask the patient to resist your effort, record as the following:

- 5 Normal strength
- 4 Good strength (minimal weakness, can push against some resistance, but not full strength).
- 3 Fair strength against gravity and no resistance (moderate weakness, can lift extremity, but drops when touched).
- 2 Weak movement but not against gravity or resistance (severe weakness, able to drag extremity across bed, no lifting).
- 1 Trace of muscle contraction in related muscle groups but no movement, (flicker of an extremity muscle is noted).
- 0 No muscle contraction or movement (Flaccid, paralysis).
- Leg strength will be assessed in a similar manner

Ask the patient to raise each leg separately, once the leg is off the bed push on patient's leg and ask him/her to resist your effort. Document each leg response using the same scale as the arm.

The second assessment for lower extremity strength is to ask the patient to plantar flex and dorsiflex. Have the ball of each foot push down against the nurse's hands as to push away the resistance. The pulling toes up, flex foot towards nose against nurse's hands. Document using the 0 - 5 scale as stated above.