

Section: HRMC Division of Nursing

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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.
5. Enter temperature of extremity by placing a check (✓) next to the appropriate assessment under the time and extremity side.
6. Enter status of extremity's edema by placing a check (✓) next to the appropriate assessment under the time and extremity side. Use legend on back of form.
7. 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.
8. Enter capillary refill status by placing check (✓) next to the appropriate assessment under the time and extremity side.
9. Enter status of extremity's sensation by placing a check (✓) next to the appropriate assessment under the time and extremity side.
10. Enter the status of extremity's strength by placing a check (✓) 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 (✓) 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 (✓)
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.

Surgical Site		①		Extremity to checked:		②		(See legend on back)															
Date:		③		Time		④																	
Extremity Side		R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Color	Flesh																						
	Pale																						
	Cyanotic																						
Temp	Warm																						
	Cool																						
	Cold																						
Edema	Absent	0																					
	Trace	1+																					
	Mild	2+																					
	Moderate	3+																					
	Severe	4+																					
Pulse	Brachial																						
	Radial																						
	Femoral																						
	Popliteal																						
	Posterior Tibial																						
	Pedal																						
Capillary Refill	Brisk =																						
	Less than 3 sec																						
	Sluggish =																						
Sensation	Greater than 3 sec																						
	Present																						
	Decreased																						
	Absent																						
	Tingling																						
Regional Anesthesia																							
Legend for extremity motor function: Good strength minimal weakness Fair: moderate weakness, can lift extremity, but drops when touched Weak: Severe weakness, able to drag extremity across bed, no lifting. Trace= flicker in an extremity muscle is noted None: no movement, Flaccid, paralysis																							
Motor Function	Extremity	Arm or Leg Strength	Normal	5																			
		Good	4																				
		Fair	3																				
		Weak	2																				
		Trace	1																				
		None	0																				
	Hand or Foot	Normal	5																				
		Good	4																				
		Fair	3																				
		Weak	2																				
		Trace	1																				
		None	0																				
Flexion/extension	Passive Pain noted with movement of flexion/extension		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
			N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Cast of Dressing	Dry																						
	Other:																						
	Initials																						
Interventions: (Noted time started) <input type="checkbox"/> Polar Care <input type="checkbox"/> Ice Packs <input type="checkbox"/> Abductor Pillow <input type="checkbox"/> SCD <input type="checkbox"/> TEDS																							
<input type="checkbox"/> Immobilizer <input type="checkbox"/> Elevation of _____ with _____ <input type="checkbox"/>																							
Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature

3592 (09/04)



LEGEND for PULSES

- 1 + family palpable, weak and thready**
- 2 + Palpable, normal pulse**
- 3 + Bounding Hyperdynamic pulse**
- D = Doppler**
- A = Absent**

LEGEND for EDEMA SCALE

<u>Edema Scale</u>	<u>Indentation Depth</u>	<u>Return to Baseline</u>
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 STRENGTH

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.