Final Revised Copy 2009

Circulation Chart

Name:	Visit No.:	Ward/Bed No.:	Case No.:

1. Pain on Passive stretching of digits
2. Loss / decrease in sensation
3. Tense swelling of the extremity
4. Changes in color on the extremity
5. Changes in temperature on the extremity
6. Absence of pulse
7. Paralysis / Paresis

Note:

1. Check the necessary information on the column.
2. Consultants must be informed as soon as possible if abnormalities and complications are noted.

Admitting Diagnosis:

Final Diagnosis:

Date and Time Observed	1		2		3		4		5		6		7		Remarks	Noted to: Name/Time
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N		