

NEUROVASCULAR CHART

Name:		Ward:		Hospital no.:			
Consultant:				Procedure/injury:			
Area of Observation				Frequency of observations:			
Date							
Time							
Pain Score (1-10)							
Color	Normal						
	Pale						
	Cyanotic						
	Mottled						
Warmth	Hot						
	Warm						
	Cold						
	Cool						
Pulses	Site of Pulse:						
	Strong						
	Weak						
	Absent						
Capillary refill greater than 2 seconds (yes / no)							
Movement							
Dorsi Flexion	No movement						
	Movement no pain						
	Movement with pain						
Plantar Flexion	No movement						
	Movement no pain						
	Movement with pain						
Toe Flexion	No movement						
	Movement no pain						
	Movement with pain						
Sensation							
Web space 1 st and 2 nd toe	No sensation						
	Tingling/numbness						
	Full sensation						
Web space 3 rd and 4 th toe	No sensation						
	Tingling/numbness						
	Full sensation						
Sole of foot/toes	No sensation						
	Tingling/numbness						
	Full sensation						
Arch of foot (medial)	No sensation						
	Tingling/numbness						
	Full sensation						
Initials							
<p>NOTE: Always compare with the unaffected limb. If both limbs are affected use a separate chart for each limb.</p>							