

Peripheral Vascular

Name: _____

Date: _____

Age: _____ Gender: _____

History

Review of history related to the peripheral vascular system:

YES/NO

If YES, provide details:

- | | | | |
|--------------------------|--------------------------|---|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Pain or cold in hands or feet | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Color changes in hands | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Pain or color changes in lower legs or feet | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Swelling in ankles or legs | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ulcers on ankles | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac disease | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac problems | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Circulatory problems | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood pressure problems | _____ |

Current medications: _____

Family history (blood pressure, circulatory problems, or diabetes mellitus): _____

Review of history related to the current visit:

Focused symptom analysis of current problem:

Reason for visit: _____

Character: _____

Onset: _____

Duration: _____

Location: _____

Severity: _____

Associated problems: _____

Efforts to treat: _____

Physical Assessment

Peripheral Perfusion: Upper Extremities

Inspection/Palpation

General appearance (skin color, texture, moisture; temperature; hair distribution, intactness; limb symmetry; edema; lesions): _____

Capillary refill (less than two seconds): _____

Lymph nodes (upper body): _____

Fingernail base angle (presence of clubbing or spooning): _____

Venous obstruction or insufficiency (erythema and/or cyanosis, thickening, temperature, skin lesions or shiny skin): _____

Varicose veins: _____

Edema (present or absent — if present, describe severity by degree): _____

1+	mild pitting, slight indentation, no perceptible swelling	3+	deep pitting, indentation remains for a short time, looks swollen
2+	moderate pitting, indentation, subsides rapidly	4+	very deep pitting, indentation lasts for a long time, limb appears swollen

Peripheral Perfusion: Lower Extremities

General appearance (skin color, texture, moisture; temperature; skin intactness; limb symmetry; edema): _____

Toenails: _____

Capillary refill (less than two seconds): _____

Lymph nodes (lower body): _____

Venous obstruction or insufficiency (erythema and/or cyanosis, thickening, temperature, skin lesions or shiny skin): _____

Varicose veins: _____

Edema (present or absent — if present, describe severity by degree): _____

1+	mild pitting, slight indentation, no perceptible swelling	3+	deep pitting, indentation remains for a short time, looks swollen
2+	moderate pitting, indentation, subsides rapidly	4+	very deep pitting, indentation lasts for a long time, limb appears swollen

Blood Pressure

		TIME OF ASSESSMENT			
Hour		AM PM	AM PM	AM PM	AM PM
Right					
Blood Pressure	Systolic				
	Diastolic				
Left					
Blood Pressure	Systolic				
	Diastolic				

Pulses

		Pulse Rate/minute	Pulse Rhythm	Pulse Amplitude
				Absent (0) Thready/weak (1+) Normal (2+) Increased (3+) Bounding (4+)
Carotid	Right			
	Left			
Brachial	Right			
	Left			
Radial	Right			
	Left			
Femoral	Right			
	Left			
Popliteal	Right			
	Left			
Dorsalis pedis	Right			
	Left			
Posterior tibial	Right			
	Left			

Note if Doppler is needed to identify pulse: _____

Additional Tests:

Allen test (color return): _____

Manual compression test: _____

Homans' sign: _____

Analysis:
