McLaren Flint IABP Neurovascular Assessment Sheet

Report any significant change to physician immediately

	COLOR	TEMP	ACT MOT	PASS MOT	EDEMA	SENS W/STIM	NUMB/ TINGLE	PULSE	CAP RET
CODE 1	PINK	WARM	PRESENT	NO PAIN	ABSENT	PRESENT	ABSENT	PRESENT	RAPID
2	PALE	COOL	DECREASED	MODERATE PAIN	SLIGHT	DECREASED	MODERATE	FAINT	SLOW
3	CYANOTIC	COLD	ABSENT	SEVERE PAIN	MODERATE TO SEVERE PAIN	ABSENT	SEVERE	ABSENT	SLUGGISH

DATE	TIME	COLOR	TEMP	ACTIVE MOTION	PASSIVE MOTION	EDEMA	SENSATION WITH STIMULI	NUMBNESS TINGLING	PULSE	CAPILLARY RETURN	REMARKS SIGNATURE

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MR.#/P

DR.

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CODE	COLOR	TEMP	ACTIVE MOTION	PASSIVE MOTION	EDEMA	SENSATION WITH STIMULI	NUMBNESS TINGLING	PULSE	CAPILLARY RETURN
1	Pink	Warm	Present	No Pain	Absent	Present	Absent	Present	Rapid
2	Pale	Cool	Decreased	Moderate Pain	Slight	Decreased	Moderate	Faint	Slow
3	Cyanotic	Cold	Absent	Severe Pain	Moderate to severe pain	Absent	Severe	Absent	Sluggish

DATE	TIME	COLOR	TEMP	ACTIVE MOTION	PASSIVE MOTION	EDEMA	SENSATION WITH STIMULI	NUMBNESS TINGLING	PULSE	CAPILLARY RETURN	REMARKS SIGNATURE

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