

# 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): \_\_\_\_\_

<b>1+</b>	mild pitting, slight indentation, no perceptible swelling	<b>3+</b>	deep pitting, indentation remains for a short time, looks swollen
<b>2+</b>	moderate pitting, indentation, subsides rapidly	<b>4+</b>	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): \_\_\_\_\_

<b>1+</b>	mild pitting, slight indentation, no perceptible swelling	<b>3+</b>	deep pitting, indentation remains for a short time, looks swollen
<b>2+</b>	moderate pitting, indentation, subsides rapidly	<b>4+</b>	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
<b>Right</b>					
<b>Blood Pressure</b>	<b>Systolic</b>				
	<b>Diastolic</b>				
<b>Left</b>					
<b>Blood Pressure</b>	<b>Systolic</b>				
	<b>Diastolic</b>				

### Pulses

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

**Note if Doppler is needed to identify pulse:** \_\_\_\_\_

**Additional Tests:**

**Allen test (color return):** \_\_\_\_\_

**Manual compression test:** \_\_\_\_\_

**Homans' sign:** \_\_\_\_\_

**Analysis:**

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