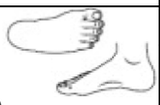
Sláinte Leanaí Éireann
Children's Health Ireland

Lower Limb Observation Chart

Full Name: .....
Address: Addressograph
.....
HCR.....
.....

Consultant **Ward** **Type of Surgery**

Date		/	/	/	/	/	/	/	/	/	/	/	/	/	/
Time		:	:	:	:	:	:	:	:	:	:	:	:	:	:
Colour **Pk** = Pink **D** = Dusky **P** = Pale **C** = Cyanotic	Right														
	Left														
Warmth **H** = Hot **Cl** = Cool **W** = Warm **C** = Cold	Right														
	Left														
Movement **A-** = Active movement without pain **A+** = Active movement with pain **P-** = Passive movement without pain **P+** = Passive movement with pain	Peroneal nerve Right														
	Left														
	Tibial nerve Right														
	Left														
Sensation **F** = Full **N** = Nil **Pn** = Pins & needles **P** = Partial **M** = Moves to touch	Peroneal nerve (Dorsal surface) Right														
	Left														
	Tibial nerve (Plantar surface) Right														
	Left														
Swelling **N** = Nil **M** = Moderate **S** = Small **Mk** = Marked	Right														
	Left														
Pulses  **S** = Strong **W** = Weak **D** = Doppler **A** = Absent **C** = Cast (unable to assess)	Right														
	Left														
Capillary Refill Time of Limb (seconds)	Right														
	Left														
Pain score 1-10	Right														
	Left														
Additional comments (e.g. wound ooze, plaster care)															
Initials															
Grade															
NMBI															