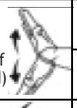
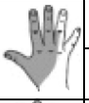
Sláinte Leanaí Éireann
Children's Health Ireland

Upper Limb Observation Chart

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

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

Date			/	/	/	/	/	/	/	/	/	/	/	/	/
Time			:	:	:	:	:	:	:	:	:	:	:	:	:
Colour **N** = Normal **C** = Cyanosis	**P** = Pale **M** = Mottled	Right													
		Left													
Warmth **H** = Hot **Cl** = Cool	**W** = Warm **C** = Cold	Right													
		Left													
Movement **A-** = Active movement without pain	Radial nerve (Fingers only if cast over hand) 	Right													
		Left													
A+ = Active movement with pain	Median nerve	Right													
		Left													
P- = Passive movement without pain **P+** = Passive movement with pain	Ulnar nerve	Right													
		Left													
Sensation **F** = Full **N** = Nil	Radial nerve (Dorsal) 	Right													
		Left													
Pn = Pins & needles **P** = Partial	Median nerve (Palmer)	Right													
		Left													
Ulnar (Dorsal & palmer)		Right													
		Left													
Swelling **N** = Nil **S** = Small **M** = Moderate **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															