Peripheral Vascular Examination

Patient Information
Name:
Date of Birth:
Medical Record Number:
Date of Examination:
Time of Examination:

Upper Limb Inspection		
Peripheral Cyanosis		
Peripheral Pallor		
Tar Staining		
Xanthomata		
Gangrene		
Temperature and Capillary Refill Time (CRT) - Upper Limbs		
Temperature:		
Symmetrically warm		
Cool and pale (poor arterial perfusion)		
Capillary Refill Time (CRT):		
< 2 seconds (Normal)		
> 2 seconds (Poor perfusion)		
Upper Limb Pulses		
Radial Pulse:		
Palpated		
Rate and Rhythm Noted		

Radio-Radial Delay:
☐ Absent
Brachial Pulse:
Palpated
Volume and Character Assessed
Blood Pressure (BP)
BP Measurement:
Right Arm
Left Arm
Wide Pulse Pressure:
Absent
Present
BP Difference Between Arms (>20 mmHg):
Absent
□ Present
Carotid Pulse
Auscultation:
🗇 No Bruit
□ Bruit Present
Palpation:
Pulse Character Assessed

Abdo	omen
Insp	ection:
	No Obvious Pulsation
□ F	Pulsation Noted
Palpa	ation:
n A	Aorta Palpated
	Expansile Mass Absent
	Expansile Mass Present
Auso	cultation:
	No Aortic/Renal Bruits
E	Bruits Noted
Lowe	er Limb Inspection
_	Peripheral Cyanosis
-	Peripheral Pallor
<u> </u>	schaemic Rubour
	/enous Ulcers
_	Arterial Ulcers
_	Vissing Limbs/Toes/Fingers
	Scars
	Muscle Wasting
	Kanthomata
□ F	Paralysis

Temperature and Capillary Refill Time (CRT) - Lower Limbs
Temperature:
Symmetrically warm
Cool and pale (poor arterial perfusion)
Capillary Refill Time (CRT):
< 2 seconds (Normal)
> 2 seconds (Poor perfusion)
Lower Limb Pulses
Femoral Pulse:
Palpated
Volume Assessed
Radio-Femoral Delay:
□ Absent
Present
Popliteal Pulse:
Palpated
Posterior Tibial Pulse:
Palpated
Dorsalis Pedis Pulse:
Palpated
Sensation Assessment
Sensation Test Performed:
□ Yes
□ No

Findings:
Normal Sensation
Sensory Deficit Noted
Details of Sensory Deficit (if applicable):
Level of Deficit:
Symmetry:
Symmetrical
Asymmetrical
Comments:
Buerger's Test
Buerger's Test Performed:
□ No
Findings:
Normal (Limb remains pink at 90°)
 Abnormal (Pallor or Buerger's angle noted)
Buerger's Angle (if applicable):
Comments on Reperfusion Color Changes:

Additional Notes	
Signature	
ARS-	
Name:	
Date:	