## **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
<ul><li>☐ Symmetrically warm</li><li>☐ Cool and pale (poor arterial perfusion)</li></ul>
Cool and pale (poor arterial perfusion)  Capillary Refill Time (CRT):
☐ Cool and pale (poor arterial perfusion)  Capillary Refill Time (CRT):  ☐ < 2 seconds (Normal)
Cool and pale (poor arterial perfusion)  Capillary Refill Time (CRT):
☐ Cool and pale (poor arterial perfusion)  Capillary Refill Time (CRT):  ☐ < 2 seconds (Normal)
Cool and pale (poor arterial perfusion)  Capillary Refill Time (CRT):  < 2 seconds (Normal) > 2 seconds (Poor perfusion)
Cool and pale (poor arterial perfusion)  Capillary Refill Time (CRT):  < 2 seconds (Normal) > 2 seconds (Poor perfusion)  Upper Limb Pulses
Cool and pale (poor arterial perfusion)  Capillary Refill Time (CRT):  < 2 seconds (Normal) > 2 seconds (Poor perfusion)  Upper Limb Pulses  Radial Pulse:
Capillary Refill Time (CRT): <pre></pre>

Radio-Radial Delay:
□ Present
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

Abdomen
Inspection:
□ No Obvious Pulsation
☐ Pulsation Noted
Palpation:
☐ Aorta Palpated
Expansile Mass Absent
☐ Expansile Mass Present
Auscultation:
☐ No Aortic/Renal Bruits
☐ Bruits Noted
Lower Limb Inspection
<ul> <li>Peripheral Cyanosis</li> </ul>
☐ Peripheral Pallor
☐ Ischaemic Rubour
☐ Venous Ulcers
☐ Arterial Ulcers
☐ Gangrene
☐ Missing Limbs/Toes/Fingers
□ Scars
☐ Hair Loss
Paralysis

Temperature and Capillary Refill Time (CRT) - Lower Limbs
Temperature:
<ul><li>☐ Symmetrically warm</li><li>☐ Cool and pale (poor arterial perfusion)</li></ul>
Capillary Refill Time (CRT):
<pre></pre>
Lower Limb Pulses
Femoral Pulse:
<ul><li>□ Palpated</li><li>□ Volume Assessed</li></ul>
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:
☐ Yes
□ 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
Name:
Date: