

POST PROCEDURE VASCULAR ASSESSMENT

VASCULAR ASSESSMENT of PERIPHERAL PULSES											
	Time			Time			Time			Time	
Left Arm						Right Arm					
Femoral			Femoral			Axillary			Axillary		
Dorsalis Pedis			Dorsalis Pedis			Brachial			Brachial		
Posterior Tibial			Posterior Tibial			Ulnar			Ulnar		
Color			Color			Radial			Radial		
Temp			Temp			Color			Color		
						Temp			Temp		
CODES		N/A = Not Applicable			P = Palpable			D = Doppler		A = Absent	
ALDRETE SCORE											
Circulation											
Voluntary movement of all limbs to command	2	Breathe deeply and cough	2	B/P 80% of preanesthetic level	2	Fully Awake	2	Pink	2		2
Voluntary movement of 2 limbs to command	1	Dyspnea, hypoventilation	1	B/P 50-80% of preanesthetic level	1	Arousable	1	Pale, Blotchy	1		1
Unable to move	0	Apneic	0	B/P 20-50% of preanesthetic level	0	Unresponsive	0	Cyanotic	0		0

Total Aldrete Score: _____ Puncture site: _____ (Artery/ Vein)

Post procedure instructions with bleeding precautions reviewed: Y / N

Dressing: (Bandaid / sutures/ pressure dressing/ other) _____

Hematoma present: Y / N (if yes, mark and note size) _____

TOTAL FLUID INTAKE: IV Fluid: _____ cc Contrast: _____ cc

TOTAL FLUID OUTPUT: Urine : _____ cc Emesis : _____ cc

Post procedure disposition: PACU ROOM OTHER: _____

Comments: _____

R.N. Signature _____ Date/Time _____