

POST PROCEDURE VASCULAR ASSESSMENT

VASCULAR ASSESSMENT of PERIPHERAL PULSES												
Time			Time			Time			Time			
			D	Right Arm			Left 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 NA = 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
Voluntary movement of 2 limbs to command	1	Dyspnea, hypoventilation	1	B/P 50-80% of preanesthetic level	1	Arousable	1	Pale, Blotchy	1
Unable to move	0	Apneic	0	B/P 20-50% of preanesthetic level	0	Unresponsive	0	Cyanotic	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 _____