

ICU Neurovascular Chart

Detection of Compartment Syndrome



Surname: NHI:
First Names:
Date of Birth:/...../..... Sex:
PLACE PATIENT ID HERE

USE IN FOLLOWING CONDITIONS:

- Thoraco-abdominal aortic dissection
- Peripheral bypass cannulation
- Open aortic surgery
- EVAR or TEVAR
- Haematoma
- Crush injury

FEATURES OF CONCERN: INFORM RMO

- Pain out of proportion to injury
- Pain/resistance on passive muscle movements
- Change in pulse, sensation or skin colour: **these are late symptoms**

SMO/RMO TO COMPLETE (circle choices)



Limb(s) of concern

ARM	L	R
LEG	L	R



Frequency of observations

1 hrly	4 hrly	OTHER:
8 hrly	12 hrly	

DATE												
TIME	:	:	:	:	:	:	:	:	:	:	:	:
MOVEMENT	N - NORMAL, I - IMPAIRED, A - ABSENT, U - UNASSESSABLE											
LEFT												
RIGHT												
SENSATION	N - NORMAL, D - DULL, T - TINGLING, O - NUMB, U - UNASSESSABLE											
LEFT												
RIGHT												
COLOUR	N - NORMAL, R - RED, P - PALE, D - DUSKY											
LEFT												
RIGHT												
TEMPERATURE	W - WARM, C - COOL											
LEFT												
RIGHT												
CAP REFILL	< 3 SEC, > 3 SEC											
LEFT												
RIGHT												
PULSES	P - PRESENT, W - WEAK, A - ABSENT, D - DOPPLER ONLY											
LEFT												
RIGHT												
BASELINE												

NOTE: Always notify any pain on passive movement, increasing pain, or pain not controlled by regular & appropriate analgesia. Anaesthetised patients should be woken as soon as possible for assessment; this includes reversing any paralysing drug. Compare monitored limb with unaffected limb. Wash off any skin preparation to assess skin colour. **Any concerns over neurovascular observations must be reported immediately to the ICU RMO.**

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