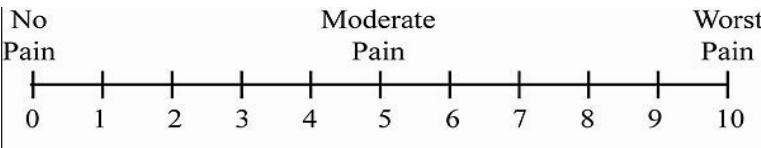


Peripheral Vascular and Wound Assessment Tool

Please assess the peripheral extremity of the limb that is affected by the wound and document on this assessment sheet in addition to the Telemedicine Worksheet. Any additional findings may be included in the comments section at the bottom.

Patient OHIP #:	Affected Limb Assessed: Left		Right	Hand	Arm	Leg	Foot
Colour: (Circle one)	Normal	Red	Dusky	Mottled	Pale	Necrotic	
Temperature: (Circle one)	Warm	Cool					
Sensation/Movement:(Circle one)	Normal	Impaired	Absent				
Edema:	<input type="checkbox"/> 0- none to mild <input type="checkbox"/> 1+ (2mm) <input type="checkbox"/> 2+(4mm) <input type="checkbox"/> 3+ (6mm) <input type="checkbox"/> 4+ (8mm)						
Capillary Refill:	<input type="checkbox"/> Normal < 2 seconds <input type="checkbox"/> Impaired > 2 seconds						
Quality of Pulse Assessed (Corresponding pulse number from above and quality):	1.	2.	3.	4.	5.	6.	7.
	Dorsalis Pedis	Posterior Tibial	Popliteal	Femoral	Radial	Ulnar	Brachial
	Pulse #: ___ <input type="checkbox"/> 0- absent <input type="checkbox"/> +1 weak <input type="checkbox"/> +2 normal <input type="checkbox"/> doppler						
	Pulse #: ___ <input type="checkbox"/> 0- absent <input type="checkbox"/> +1 weak <input type="checkbox"/> +2 normal <input type="checkbox"/> doppler						
Pain level (ask patient to rate their pain):				Pain Descriptors (words used by patient):			
				Sharp Dull Shooting Stabbing Burning Pressure Aching Throbbing Tingling Radiating			
Wound Measurements (in centimeters):	Length:	Width:		Depth:			

Wound Exudate Type:	None	Bloody	Serosanguineous (thin watery; pale red/pink)	Serous (thin, watery, clear)	Purulent (thin or thick; opaque, tan/yellow)	
Wound Exudate Amount:	None (dry wound)	Scant (moist wound but no exudate)	Small	Moderate	Large	
Wound bed colour:	Black or dark brown (eschar)	Yellow or pale green (slough)	Bright, beefy red	Pink or dull red		
Additional Comments/Findings:						