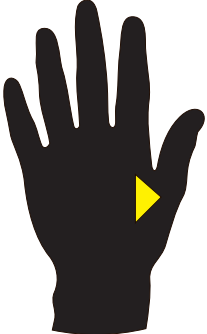





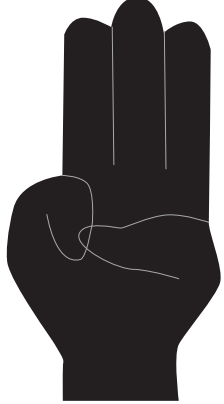


Place patient sticker **within** this box



**Upper limb injury neurovascular status
- Child Health**



Date:		Time:	
Location:		Examined by:	
Sensory			
Radial  Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Absent <input type="checkbox"/>	Ulnar  Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Absent <input type="checkbox"/>	Median  Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Absent <input type="checkbox"/>	
Motor			
"Do a thumbs up" Radial: Y <input type="checkbox"/> N <input type="checkbox"/> 	"Make a star" Ulnar: Y <input type="checkbox"/> N <input type="checkbox"/> 	"Do an OK sign" AIN: Y <input type="checkbox"/> N <input type="checkbox"/> 	"Touch your thumb to your little finger" Median: Y <input type="checkbox"/> N <input type="checkbox"/> 
Vascular			
Radial pulse Normal <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/>	Capillary refill time <2s <input type="checkbox"/> >2s <input type="checkbox"/>	Colour Pink <input type="checkbox"/> Pale <input type="checkbox"/>	Capillary refill time Warm <input type="checkbox"/> Cool <input type="checkbox"/>
Date:	Time:	Signature:	Designation: