NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

Helping Hand™

Circulation Check Record

❒ Right arm ❒ Left arm ❒ Right leg ❒ Left leg

Example:

Date	Time	Color (Pink, Pale, Blue)	Temp. (Warm, Cool, Cold)	Capillary Refill Rapid (R) Slow (S)	Swelling (None, Slight Moderate, Large)	Numbness or Tingling (Yes or No)	Sensation (Yes or No)	Motion (Yes or No)
8/1	8am.	Pink	Warm	R	None	No	Yes	Yes
	12N	Pale	Cool	R	Slight	No	Yes	Decreased

Date	**Time**	**Color** (Pink, Pale, Blue)	**Temp.** (Warm, Cool, Cold)	**Capillary Refill** Rapid (R) Slow (S)	**Swelling** (None, Slight, Moderate, Large)	**Numbness or Tingling** (Yes or No)	**Sensation** (Yes or No)	**Motion** (Yes or No)

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Make extra copies of this page as needed.