



Acute Limb Compartment Syndrome Observation Chart

Patients at risk

- Tibial, forearm or high-energy distal radius fractures.
- Orthopaedic injury/intervention combined with known coagulopathies/patient taking anticoagulants.
- Crush injuries.
- High impact trauma, including open fractures.

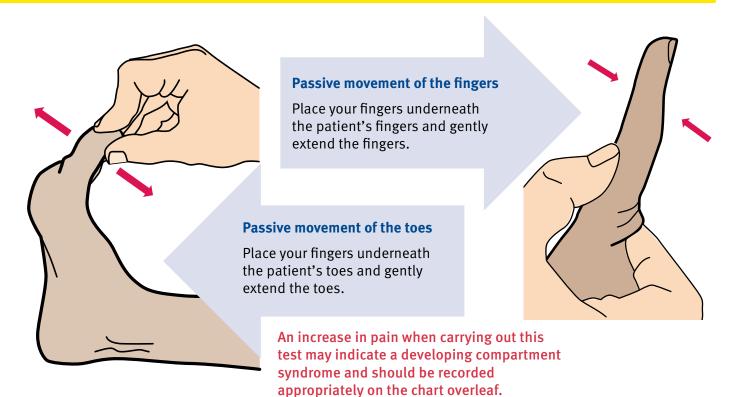
Monitor hourly for the first 24 hours. From 24 to 48 hours monitor 4 hourly. However, if suspicions arise at any point revert back to hourly monitoring.

Other patients may be monitored following individual assessment. In particular, consider the risk from newly applied traction, a restrictive cast or a tight circumferential bandage which does not allow for swelling. Patients who start reporting pain out of proportion to the injury/treatment, especially on passive movement, should also be considered for monitoring.

Pain out of proportion to the injury/treatment and pain on passive movement of the muscles of the involved compartment are the key clinical findings.

Patients who have had an anaesthetic nerve block or epidural may not be able to report the pain associated with compartment syndrome. In addition the 'pain' section should not be used in situations where the patient has an impaired ability to report this symptom, for example, when the patient is unconscious.

Changes in pulse, sensation and skin colour are late symptoms of neurovascular compromise and should not be relied upon to diagnose compartment syndrome. However, these may be recorded as part of a 'well limb' assessment.



A second chart will be required to provide a minimum of 48 hours monitoring.

Patient deta	ails					Ci	rcle	af	fec	ted	lin	ıb a	anc	l se	elec	t o	pti	ons	5									
Name:				Nerve block or epidural Left leg Left arm										Hoonital														
Hospital no.:						Cast/traction/tight Right leg Right arm bandaging								า	Hospital logo													
Date of birth:						A separate chart must be used for each limb being assessed																						
			Date Time	Example																								
			o – None																									
The primary symptom is pain on passive extension.		Pain at	ı – Mild	•																								
			2 – Moderate																									
			3 – Severe																									
Passively extend the		Pain on passive movement	o – None																									
fingers or toes	Pain		ı – Mild	•																								
of the affected limb (see images on front of chart).	Д		2 – Moderate																									
			3 – Severe																									
Pain not controlled by regular and appropriate analgesia is		in last esi <i>a</i>	o – No pain/has improved	•																								
			2 – Is the same																									
		sir	3 – Has worsened																									
			Initial	EX																								
a key clinical finding.		Time next observation due 1hr																										
																									_	_		-
			Score	2																								
			core of 5 or above, an i	ndivi																						med	iate	ly
				ndivi																						med	iate	ly
		he respon	core of 5 or above, an in sible clinician as per tr	ndivi	guid	elin	es,	emp	has	isin	g th	ie s	eve	rity	and	l/or	WOI	rsen	ing	nat	ure	of t	he p	ain		med cate		ly
Continuous		he respon	core of 5 or above, an insible clinician as per track if applicable: Diastolic blood	ndivi ust g	guid	elin	es,	emp	has	isin	g th	ie s	eve	rity	and	l/or	WOI	rsen	ing	nat	ure	of t	he p	ain				ly
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