

Flap Observation Chart

First set of observations are to be recorded by the Surgeon with the nurse.

Day Consultant:				Contact details:			
Night Consultant:				Contact Details:			
Patient Name: <i>Label</i>		Date of operation:					
Trust ID Number:		Type of operation:					
		Flap Type & Location:					
		Donor site:					

Consultant instructions:

Frequency of observations _____ this includes vital signs and fluid balance.

Date																				
Time																				
Assessors initials																				
	Split Skin Graft (SSG)																			
Colour	N-Normal Skin tone																			
	Red -Muscle																			
	White																			
	Pale																			
	Blue																			
	Purple																			
	Mottled																			
Temp to touch	Warm- Normal																			
	Cold																			
	Hot																			
Capillary Refill <u>Not needed for Muscle flaps</u>	2-3 seconds - Normal																			
	Brisk < 2 seconds																			
	Prolonged > 4 seconds																			
	No refill																			
Texture	Soft- Normal																			
	Flaccid/ Empty																			
	Firm/ Swollen																			
Doppler sound present																				
Light source	Natural																			
	Ward lights																			
	Torch																			
Leeches applied																				
Consultant called	Yes																			
	No																			

RED REQUIRES URGENT PLASTICS CONSULTANT INPUT AS THE PATIENT MAY NEED SURGERY

Flap Observation Protocol

Observation	Rationale
Flap type	<p>Flaps are classified depending on the tissue transferred, the blood supply and mode of transfer in relation to donor site.</p> <p>Knowledge of the type of flap– indicate the expected appearance of the flap, where it is in relation to the donor.</p>
Donor site	For cutaneous flaps it is important to know the donor site area skin tone to relate the appearance of the flap.
Post operative instructions	<p>Be aware of positioning requirements: may affect the blood flow.</p> <p>Always locate the anastomosis/ pedicle to avoid compromising blood supply during nursing interventions.</p> <p>Flap observations must be handed over between each shift and a set of baseline observations performed and recorded. Both nurses must initial.</p> <p>Flap changes can be subtle & often occur over time. All changes must be reported promptly.</p>
Colour	<p>A change in colour must be reported immediately. There is a short window for flap salvage - usually within the first 24 hours. Failure to report will have serious consequences for the patient.</p> <p>Muscle flaps– Are covered with a SSG. A normal appearance for a muscle flap is beefy red in colour.</p> <p>Flaps with cutaneous cover –Vary in colour. Always refer to the skin around the donor site.</p> <p>Arterial insufficiency- Range from degrees of pale and white compared with normal skin tone.</p> <p>Venous Congestion– Range from degrees of blue through to purple. Small spots purple in colour (Mottled)</p>
Temperature	<p>Patients must be kept warm to encourage vasodilation and optimal blood flow through the flap.</p> <p>Bair huggers / gamgee are essential.</p> <p>No draughts or fans to be used as these will cool the flap.</p> <p>If the flap feels cool then blood flow could be compromised. Plastics consultant to be called.</p> <p>If the flap feels hot it could indicate an infection/ haematoma. Plastics consultant to be called.</p>
Capillary refill	<p>This assessment applies only to free flaps with a skin paddle and cannot be performed in muscle free flaps that have been skin grafted.</p> <p>Apply gentle pressure to the flap for 5 seconds, then count in seconds the length of time it takes for perfusion.</p> <p>Venous congestion- Brisk/ no refill.</p> <p>Arterial insufficiency– Prolonged/ no refill.</p> <p>Any changes in perfusion call Plastics consultant.</p>
Texture	<p>The flap should usually feel soft to the touch.</p> <p>Arterial insufficiency- Flaccid/ Empty - Plastics consultant to be called.</p> <p>Venous congestion– Firm/ swollen –Plastics consultants to be called.</p>
Doppler	<p>Position of arterial signal will be indicated with a stitch or permanent marker. This should be distal to the anastomosis to reduce the effects of a false positive.</p> <p>Always use Doppler in conjunction with the clinical signs.</p> <p>If there is no arterial Doppler signal Plastics consultant to be called.</p>
Light source	<p>Where possible ensure light source remains constant to maintain parity of the observation.</p> <p>If the light source changes, i.e. day and night, then both light sources used must be included in the bedside handover.</p>