



## Adult Nursing Re-Assessment

### Patient Details

Name	MR KOTAIAH GAVINI	Age/Gender	59 YRS / MALE
Admission No. / Dt.	SUV180600249 / 11 JUN 2018 04:22	UMR NO	SU-14040664
Ward /Room /Bed	CASUALITY - 1 / CASUALITY - 1 / ER02	Mobile No	9246491199
Doctor Name	DR.DENTAL DEPT(DIALYSIS)		

30-Nov-2018

### Shift Type - Afternoon To Night

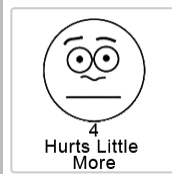
Notes Done By : EMR PA Shift Started Time : 30 Nov 2018 16:41 Shift End Time : 30 Nov 2018 16:46

### Fall Risk Assessment (Morse Fall Scale)

TOTAL SCORE-75 (High Risk (45 And Above) - NOT ALLOW THE PATIENT TO MOVE FROM THE BED )

History Of Fall	Secondary Diagnosis	Ambulatory Aid	IV Or IV Access	Mental Status
YES-25	YES-15	NONE/BED REST/NURSE ASSIST-0	YES-20	OVER ESTIMATES OR FORGETS LIMITATIONS-15

### Faces Pain score (Wong-Baker Pain Scale)- ( Pain Score-4 And Above-Inform Duty Doctor )



Pain	8
Pain Acute	CHRONIC (MORE THAN 8 WEEKS)

### Pressure Ulcer (When Braden Scale Score is 16 or less, implement Pressure Ulcer Prevention Protocols)

### Braden Scale For Pressure Ulcer Risk Score

TOTAL SCORE-13 (Moderate Risk)

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction And Shear
VERY LIMITED-2	MOIST-2	WALKS FREQUENTLY-4	COMPLETELY IMMOBILE-1	ADEQUATE-3	PROBLEM-1
Informed To:	DR.HOMECARE 2				

### Systemic Assessment

### Central Nervous System

ALTERED SENSORIUM	NO	
FACIAL PALSY/ASYMMETRY	NO	
IMPAIRED GAIT	NO	
NUMBNESS	NO	
PARALYSIS	NO	
TINGLING	NO	
VERTIGO	NO	

WEAKNESS/PARESIS	NO	
OTHERS	NO	
RIGHT PUPIL SIZE	NO	
LEFT PUPIL SIZE	NO	
SCLERA COLOR WHITE/RED/YELLOW OTHER	NO	
PUPILLARY REACTION RIGHT	NO	
PUPILLARY REACTION LEFT	NO	

### Cardiovascular System

BREATHLESSNESS	NO	
CHEST DISCOMFORT	NO	
CLUBBING OF FINGERS	NO	
EDEMA	NO	
FATIGUE	NO	
ORTHOPNEA	NO	
PALPITATIONS	NO	
SWEATING	NO	
SYNCOPE	NO	
TACHYCARDIA	NO	
OTHERS	NO	

### Colour Of The Skin

CYANOSIS	NO	
JAUNDICED	YES	
PALE	NO	
PINK	YES	
PURPURA	NO	

### Capillary Refill

>3 SECONDS	NO	
1-3 SECONDS	YES	

### Respiratory System

#### Respiration

BRADYPNEA	NO	
DYSYPNEA	YES	
LABOURED	NO	
NORMAL	NO	
TACHYPNEA	YES	
TRACHEOSTOMY TUBE	NO	
VENTILATOR	NO	

### Cough

ABSENT	NO	
PRESENT	NO	
NON-PRODUCTIVE	YES	
PRODUCTIVE	NO	
OTHERS	NO	

### Gastro Intestinal

BLEEDING PR	NO	
CONSTIPATION	NO	
DIARRHOEA	NO	
HEMATEMESIS	NO	
MALENA	YES	
NAUSEA/VOMITING	NO	
OTHER	NO	

### Muscular Skeletal

FRACTURE	NO	
JOINT STIFFNESS	NO	
MUSLEATROPY	NO	
PARALYSIS	YES	
SWELLING	NO	
TRACTION	NO	
WOUND	YES	
OTHERS	NO	

### Genito Urinary

#### Micturition

ANURIA	NO	
CONDOM DRAINAGE	YES	
FOLEYS CATHETER	NO	
HEMATURIA	NO	
INCONTINENCE	YES	
OLIGURIA	NO	
POLYURIA	NO	
RETENTION	NO	

#### Urine

CLEAR	NO	
CLOUDY	YES	

### Physical Examination

<b>Capture Date &amp; Time :</b>	Height (cms)	Weight (kg)	BMI (kg/m <sup>2</sup> )	BP Sit (mmHg)
<b>30-Nov-2018 16:46</b>	<b>111</b>	<b>56</b>	<b>45.36</b>	<b>120 / 55</b>
BP Sup (mmHg)	R.Rate (min)	Pulse (min)	Temp (*F)	Heart Rate (min)
<b>188 / 828</b>	<b>66</b>	<b>55</b>	<b>55</b>	<b>45</b>
BSA (/m2)	G.M.R (mg/dl)			
<b>1.78</b>	<b>1.0</b>			

**30-Mar-2022****Shift Type - Night To Morning****Notes Done By :** EMR ADMIN **Shift Started Time :** 30 Mar 2022 00:27 **Shift End Time :** 30 Mar 2022 00:28**Physical Examination**

<b>Capture Date &amp; Time :</b>	<b>Height (cms)</b>	<b>BP Sit (mmHg)</b>	<b>BP Sup (mmHg)</b>
30-Mar-2022 00:28	170	111 / 111	111 / 111

**26-Apr-2022****Shift Type - Afternoon To Night****Notes Done By :** EMR ADMIN **Shift Started Time :** 26 Apr 2022 17:57 **Shift End Time :** 26 Apr 2022 17:58**Behavioral Pain Score****Total Score-7 (6 And Above , 11 And Below)**INDICATE AN UNACCEPTABLE AMOUNT OF PAIN**Upper Limb Movements****Compliance With Mechanical Ventilation**

FULLY BENT WITH FINGER FLEXION-3

UNABLE TO CONTROL THE VENTILATION-4

**Printed By** System**Printed On** 21 Jul 2022 15:58