INSTITUT JANTUNG NEGARA
National Heart Institute

Patient's sticker

POST DISCHARGE VISIT - INITIAL ASSESSMENT

Date of visit: _____

Time of visit: _____

Type of services

☐ Basic Nursing (ADL) ☐ Injection ☐ Incentive Spirometry ☐ Glucose Test

☐ Wound Dressing ☐ Blood Pressure ☐ Health Education

Initial Assessment

A. Personal hygiene ☐ Good ☐ Unkempt ☐ Poor

B. ADL ☐ Independent ☐ Assistance required ☐ Total dependant

Ambulation ☐ Good ☐ Poor

C. Physiologic Parameter
Blood Pressure : _____ Temperature : _____
Heart Rate : _____ Respiration Rate : _____
Pain score : _____

D. Condition of wound site:_____ ☐ Clean ☐ Slough ☐ Exudate ☐ Granulating

Remarks _____

E. Medication compliance ☐ Yes ☐ No

F. Injection site ☐ Normal ☐ Redness ☐ Lumpy

G. Blood sugar level _____ ☐ Controlled ☐ Uncontrolled

H. Psychological status ☐ Cheerful & motivated ☐ Depressed ☐ Good family support

I. Home environment ☐ Clean ☐ Untidy ☐ _____ (Please specify)

Health Education ☐ Personal hygiene ☐ Wound Care ☐ Healthy lifestyle

☐ Diet ☐ Medication

Remarks: _____

_____

PFE: (Please specify) _____

_____

Additional service required ☐ Arrangement for Respiratory apparatus _____ ☐ Arrangement for advance physio: _____

☐ Advice to seek treatment from hospital _____

Name of nurse :_____ Signature : _____ Date & time :_____ (Service Ended)

INSTITUT JANTUNG NEGARA
National Heart Institute

Patient's sticker

Date of visit: _____

Time of visit: _____

Reassessment

A. Personal hygiene ☐ Good ☐ Unkempt ☐ Poor

B. ADL ☐ Independent ☐ Assistance required ☐ Total dependant

Ambulation ☐ Good ☐ Poor

C. Physiologic Parameter
Blood Pressure : _____ Temperature : _____
Heart Rate : _____ Respiration Rate : _____
Pain score : _____

D. Condition of wound site:_____ ☐ Clean ☐ Slough ☐ Exudate ☐ Granulating

Remarks _____

E. Medication compliance ☐ Yes ☐ No

F. Injection site ☐ Normal ☐ Redness ☐ Lumpy

G. Blood sugar level _____

H. Psychological status ☐ Cheerful & motivated ☐ Depressed ☐ Good family support

I. Home environment ☐ Clean ☐ Untidy ☐ _____ (Please specify)

Health Education ☐ Personal hygiene ☐ Wound Care ☐ Healthy lifestyle
☐ Diet ☐ Medication

Remarks: _____

PFE: (Please specify) _____

Additional service required ☐ Arrangement for Respiratory apparatus _____ ☐ Arrangement for advance physio: _____

☐ Advice to seek treatment from hospital _____

Name of nurse :_____ Signature : _____ Date & time :_____