



## DAILY RE-ASSESSMENT FORM

Fall Risk Score: 35

PAIN (NUMERIC RATING SCALE) 0 TO 10:

Treatment: Chest PNF, PNF & stretching, Lungs PT.

Re-Assessment: Patient on T-piece  $\text{SpO}_2 - 100\%$ , HR - 105 bpm.

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder	{ Passive full	{ No voluntary movement	{ Passive full	{ No voluntary movement
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip				
Knee				
Ankle				
Toes				

Name: Dr. Mayur

Signature & Employee ID

Date & Time: 17/10/24 1:30pm

my 264

Fall Risk Score: 35

PAIN (NUMERIC RATING SCALE) 0 TO 10: 0

Treatment: CHEST PNF, CHEST expansion exercises,  
Suctioning down

Re-Assessment: Patient is on room air  $\text{SpO}_2 - 100\%$

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder	{ Passive full	{ No voluntary movement	{ Passive full	{ No voluntary movement
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip				
Knee				
Ankle				
Toes				

Name: Dr. ASHWINI B

Signature & Employee ID

Date & Time: 19/10/24 5:30PM

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