



MGM
NEW BOMBAY HOSPITAL, VASHI



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MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years /MPOA : 05/10/2024
BED : SW-518 WARD : MWU
DR : DR.PRASHANT ATHALE

WARD DAILY NURSING RE-ASSESSMENT

DIAGNOSIS: Sepsis

	Date: 28/10			Date: 29/10			Date: 30/10			Date: 31/10			LEVEL OF CONIOUSNESS (LOC)
CRITERIA	M	E	N	M	E	N	M	E	N	M	E	N	
Time			10m	8A	3pm	10P	8A	7m	10P	8A	3p	10pm	ALERT - A VOICE - V PAIN - P UNRESPONSIVE - U
LOC*			A	A	A	A	A	A	A	A	A	A	ORIENTATION TIME - 1 PLACE - 1 PERSON - 1 NOT ORIENTED - 0
Orientation			0	0	2	2	2	2	2	2	2	2	
Emotional State			C	C	C	C	C	C	C	C	C	C	EMOTIONAL STATUS CALM - C ANXIOUS - A WITHDRAWN - W AGITATED - Ag
Oxygen Therapy			RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
Vulnerable Status			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	OXYGEN THERAPY ROOM AIR - RA NASAL CANNULA - NC OXYGEN MASK - M Bi-PAP - BI
Nutritional Need			RT	RT	RT	RT	NBM	RT	RT	RT	RT	RT	
Hygiene			F	F	F	F	F	F	F	F	F	F	VULNERABLE STATUS YES - Y NO - N
Mobility			F	F	F	F	F	F	F	F	F	F	
Braden Scale Score			12	12	12	12	12	12	12	12	12	12	NUTRITIONAL NEEDS NIL BY MOUTH - NBM RYLES TUBE - RT LIQUID DIET - LD NORMAL DIET - N PARENTERAL - PN NUTRITION
Pressure Injury Grade			M	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Dressing			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	HYGIENE INDEPENDENT - I PARTIAL DEPENDENT - P FULL DEPENDENT - F
Morse Falls Risk Score			35	35	35	35	35	35	35	35	35	35	
Safety & Security Measure			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	MOBILITY INDEPENDENT - I PARTIAL DEPENDENT - P FULL DEPENDENT - F
Infection control Precaution			Sc	Sc	Sc	Sc	Sc	Sc	Sc	Sc	Sc	Sc	
Restraints			N	N	N	N	N	N	N	N	N	N	BRADEN SCALE SCORE NO RISK - 19-23 LOW RISK - 15-18 MODERATE RISK - 13-14 HIGH RISK - 10-12 VERY HIGH RISK - 6-9
Lines /Tubes			Vac P.T.T RT U.T	Vac T.T P.T RT U	P RT TT U Vac	Vac T.T RT P	Vac T.T RT P	Vac T.T RT P	Vac T.T RT P	Vac T.T RT P	Vac T.T RT P	Vac T.T RT P	
Name of staff			Prashant	Nilga	Shradha	Prashant	Nilga	Prashant	Nilga	Prashant	Nilga	Prashant	PRESSURE INJURY YES - Y NO - N If Yes, GRADE : -1/2/3/4
Emp No.			N3384	N3384	N3384	N3384	N3384	N3384	N3384	N3384	N3384	N3384	
Signature			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	DRESSING YES - Y NO - N
INFECTION CONTROL RECAUTION STANDARD - S DROPLET - D CONTACT - C AIRBORNE - A			RESTRAINTS PHYSICAL - P CHEMICAL - C NONE - N			LINES /TUBES PERIPHERAL LINE - P CENTRAL LINE - C URINARY CATHETER - U DRAIN - D TRACHEOSTOMY TUBE - T			SAFETY & SECURITY MEASURES YES - Y NO - N				