



DAILY RE-ASSESSMENT FORM

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 6

Treatment: Breathing exercises, limb exercises,
Bed mobility exercises,

Re-Assessment: Patient stable post ccrin

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder				
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip				
Knee				
Ankle				
Toes				

Name : Dr. ASHWINI B

Signature & Employee ID

Date & Time : 22/10/24 5:00pm

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment: Breathing ex), limb PT, chest PNF,
Chest PT

Re-Assessment: Patient underwent re-exploratory laparotomy

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder		2/0/5		
Elbow		2/0/5		
Wrist		2/0/5		
Finger		2/0/5		
<u>Lower Limb</u>				
Hip		2/0/5		
Knee		2/0/5		
Ankle		2/0/5		
Toes		2/0/5		

Name : Dr. Ashwini B

Signature & Employee ID

Date & Time :

24/10/24 11:30am