

NUTRITIONAL SCREENING :Last 3 months appetite ☐ Increased ☐ Decreased ☒ No ChangeLast 3 months Weight ☐ Increased ☐ Decreased ☒ No ChangeType of Patient : ☐ Diabetic☒ Non DiabeticType of Diet NBM.Dietician Informed : ☒ Yes ☐ NoIf Yes mention the Name haysbi Time 2PM**ORIENT PATIENT IF :**☒ Conscious**ORIENT PATIENT ATTENDANT IF :**☐ Unconscious☐ Disoriented☒ Room☒ Side Rails☐ Toilet Bell☐ Visiting Policy☐ Intervention☐ Bathroom☐ Bed Controls☐ Use of Footstool☐ Grab Bars

Prevention

☒ Nurses Call Bell☐ Television☐ Light Controls☐ Telephone

Practition

FUNCTIONAL ASSESSMENT :

Particular	Assessment	Remarks	Outcome
Visual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NO Impairment	
Hearing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NO Impairment	
Chewing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NO Impairment	
Walking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Bed Fast.	

DAILY ACTIVITY OF LIVING:

Activity	Independend	Assisted	Depended
Bathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRESSURE ULCER RISK ASSESSMENT :Score 17/23 Action Needed : ☒ Yes ☐ NoBed sore present at the time of admission : ☐ Yes ☒ No

If Yes, Location : _____ Stage _____ Size _____

Witnessed by : _____ Signature _____ Relationship : _____

Braden Scale :

Sensory Perception		Moisture		Degree of Activity	
No Impairment	(4)	Rarely Moist	(4)	Walks Frequently	4
Slightly Limited	3	Occasionally Moist	3	Walks Occasionally	3
Very Limited	2	Very Moist	2	Chair Fast	2
Completely Limited	1	Constantly Moist	1	Bed Fast	(1)
Mobility		Nutrition		Shear & Friction	
No Limitation	(4)	Excellent	4	No problem apparent	3
Slightly Limited	3	Adequate	3	Potential Problem	(2)
Very Limited	2	In-Adequate	(2)	Problem Present	1
Completely immobile	1	Very Poor	1		