



MGM
NEW BOMBAY HOSPITAL, VASHI



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

WARD DAILY NURSING RE-ASSESSMENT

DIAGNOSIS: *Acute appendicitis perforation*

	Date: 13/11/24	Date:	Date:	Date:	LEVEL OF CONSCIOUSNESS (LOC)								
CRITERIA	M	E	N	M	E	N	M	E	N	M	E	N	
Time	8	30											ALERT - A VOICE - V PAIN - P UNRESPONSIVE - U
LOC*	B	A											ORIENTATION TIME - 1 PLACE - 1 PERSON - 1 NOT ORIENTED - 0
Orientation	3	3											EMOTIONAL STATUS CALM - C ANXIOUS - A WITHDRAWN - W AGITATED - Ag
Emotional State	C	C											OXYGEN THERAPY ROOM AIR - RA NASAL CANNULA - NC OXYGEN MASK - M BI-PAP - BI
Oxygen Therapy	RA	RA											VULNERABLE STATUS YES - Y NO - N
Vulnerable Status	Y	Y											NUTRITIONAL NEEDS NIL BY MOUTH - NBM RYLES TUBE - RT LIQUID DIET - LD NORMAL DIET - N PARENTERAL - PN NUTRITION
Nutritional Need	RT	RT											HYGIENE INDEPENDENT - I PARTIAL DEPENDENT - P FULL DEPENDENT - F
Hygiene	F	F											MOBILITY INDEPENDENT - I PARTIAL DEPENDENT - P FULL DEPENDENT - F
Mobility	F	F											BRADEN SCALE SCORE NO RISK - 19 - 23 LOW RISK - 15 - 18 MODERATE RISK - 13 - 14 HIGH RISK - 10 - 12 VERY HIGH RISK - 6 - 9
Braden Scale Score	12	12											PRESSURE INJURY YES - Y NO - N If Yes, GRADE : -1/2/3/4
Pressure Injury Grade	1	1											DRESSING YES - Y NO - N
Dressing	1	1											MORSE FALL SCALE (MFS) LOW RISK - 0 - 24 MEDIUM RISK - 25 - 45 HIGH RISK - > 45
Morse Falls Risk Score	35	35											
Safety & Security Measure	1	1											
Infection control Precaution	C	C											
Restraints	2	2											
Lines /Tubes	P RT C	P RT C											
Name of staff	RA	NM											
Emp No.	135	134											
Signature	RA	RA											
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	