




MGM NEW BOMBAY HOSPITAL, VASHI

Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703. Tel.: (022) 5066 6777



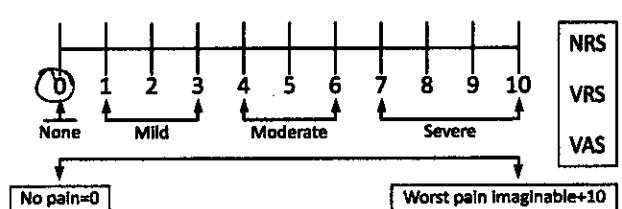
JCI ACCREDITED

NURSING ADMISSION ASSESSMENT

Date of Admission <u>3/10/2024</u>	 MRS. LALITA HAVINDRA LOKHAND UHID : MGM16036596 IPD : MGMIP2406662 Age/Sex : 68 Years / F DOA : 03/10/2024 BED : 806 WARD : SAUN DR : DR K. RAJMOHAN
Time of Arrival <u>2pm</u>	
Mode of Admission <input type="checkbox"/> Walking <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Stretcher	
Accompanied by Relative : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Name of the Relative : <u>Mr. Makarand Lokhande</u> Relationship with Patient : <u>Son</u>	
Contact Person's Name <u>—</u> Relationship : <u>—</u> Contact No. : <u>9833084083</u>	
Primary language spoken (<input checked="" type="checkbox"/> Hindi <input type="checkbox"/> English <input checked="" type="checkbox"/> Indian <input type="checkbox"/> International)	Interpreter needed : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cultural / Religious Barriers <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe <u>—</u>	
Patient status : <input checked="" type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Disoriented	Patient Vulnerable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PSYCHOLOGICAL STATUS :	
<input checked="" type="checkbox"/> Calm	<input type="checkbox"/> Anxious
<input type="checkbox"/> Agitated	<input type="checkbox"/> Depressed
<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Sleeping Difficulty
VITAL SIGNS :	
Temp. : <u>98.6</u> °F Pulse/HR : <u>90b/m</u> B.P. : <u>110/70</u> Respiration : <u>20b/m</u> SpO ₂ : <u>94%</u> Height : <u>162</u> Weight : <u>62kg</u>	
Random Blood Sugar : <u>—</u> Abdominal Girth : <u>—</u>	
ALLERGIES/ADVERSE REACTION : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Medication	<input type="checkbox"/> Blood Transfusion
<input type="checkbox"/> Food	<input type="checkbox"/> Not Known
If Yes specify <u>—</u>	

PAIN :

☒ NRS/VRS/VAS : Suggested Age Group: > 16 yrs.



☐ Yes ☐ No, If Yes Score (0-10) : 0/10 Duration : — ☐ Sharp ☐ Dull ☐ Aching ☐ Buring

Location —

☐ CPOT (Critical-Care pain observation tool): Suggested for ventilated patients

Sr. No.	INDICATOR	FINDINGS	SCORE
1	Facial expression	Relaxed, neutral	0
		Tense	1
		Grimacing	2
2	Body movements	Absence of movements or normal position	0
		Protection	1
		Restlessness / Agitation	2
3	A) Compliance with the ventilator (intubated patients) OR B) Vocalization (extubated patients)	Tolerating ventilator or movement	0
		Coughing but tolerating	1
		Fighting ventilator	2
		Talking in normal tone or no sound	0
		Sighing, moaning	1
		Crying out, sobbing	2
4	Muscle tension	Relaxed	0
		Tense, rigid	1
		Very tense or rigid	2
TOTAL SCORE			