



**MGM**  
**NEW BOMBAY HOSPITAL, VASHI**  
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JCI ACCREDITED

## WARD DAILY NURSING RE-ASSESSMENT

DIAGNOSIS: \_\_\_\_\_

	Date:			Date:			Date:			Date:			
CRITERIA	M	E	N	M	E	N	M	E	N	M	E	N	
Time													<b>LEVEL OF CONSCIOUSNESS (LOC)</b> ALERT - A VOICE - V PAIN - P UNRESPONSIVE - U
LOC*													<b>ORIENTATION</b> TIME - 1 PLACE - 1 PERSON - 1 NOT ORIENTED - 0
Orientation													<b>EMOTIONAL STATUS</b> CALM - C ANXIOUS - A WITHDRAWN - W AGITATED - Ag
Emotional State													<b>OXYGEN THERAPY</b> ROOM AIR - RA NASAL CANNULA - NC OXYGEN MASK - M Bi-PAP - BI
Oxygen Therapy													<b>VULNERABLE STATUS</b> YES - Y NO - N
Vulnerable Status													<b>NUTRITIONAL NEEDS</b> NIL BY MOUTH - NBM RYLES TUBE - RT LIQUID DIET - LD NORMAL DIET - N PARENTERAL - PN NUTRITION
Nutritional Need													<b>HYGIENE</b> INDEPENDENT - I PARTIAL DEPENDENT - P FULL DEPENDENT - F
Hygiene													<b>MOBILITY</b> INDEPENDENT - I PARTIAL DEPENDENT - P FULL DEPENDENT - F
Mobility													<b>BRADEN SCALE SCORE</b> NO RISK - 19 - 23 LOW RISK - 15 - 18 MODERATE RISK - 13 - 14 HIGH RISK - 10 - 12 VERY HIGH RISK - 6 - 9
Braden Scale Score													<b>PRESSURE INJURY</b> YES - Y NO - N If Yes, GRADE : -1/2/3/4
Pressure Injury Grade													<b>DRESSING</b> YES - Y NO - N
Dressing													<b>MORSE FALL SCALE (MFS)</b> LOW RISK - 0 - 24 MEDIUM RISK - 25 - 45 HIGH RISK - > 45
Morse Falls Risk Score													<b>SAFETY &amp; SECURITY MEASURES</b> YES - Y NO - N
Safety & Security Measure													
Infection control Precaution													
Restraints													
Lines /Tubes													
Name of staff													
Emp No.													
Signature													
<b>INFECTION CONTROL RECAUTION</b> STANDARD - S DROPLET - D CONTACT - C AIRBORNE - A				<b>RESTRAINTS</b> PHYSICAL - P CHEMICAL - C NONE - N				<b>LINES /TUBES</b> PERIPHERAL LINE - P CENTRAL LINE - C URINARY CATHETER - U DRAIN - D TRACHEOSTOMY TUBE - T					