

NUTRITIONAL SCREENING :

Last 3 months appetite Increased Decreased No Change
 Last 3 months Weight Increased Decreased No Change
 Type of Patient : Diabetic Non Diabetic Type of Diet NBM
 Dietician Informed : Yes No If Yes mention the Name haly ho Time 1PM

ORIENT PATIENT IF :	<input checked="" type="checkbox"/> Conscious	ORIENT PATIENT ATTENDANT IF :	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Disoriented
<input checked="" type="checkbox"/> Room	<input checked="" type="checkbox"/> Side Rails	<input type="checkbox"/> Toilet Bell	<input type="checkbox"/> Visiting Policy	<input type="checkbox"/> Intervention
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Bed Controls	<input type="checkbox"/> Use of Footstool	<input type="checkbox"/> Grab Bars	<input type="checkbox"/> Prevention
<input checked="" type="checkbox"/> Nurses Call Bell	<input type="checkbox"/> Television	<input type="checkbox"/> Light Controls	<input type="checkbox"/> Telephone	<input type="checkbox"/> Praction

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	Red Font	

DAILY ACTIVITY OF LIVING:

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

PRESSURE ULCER RISK ASSESSMENT :

Score 17/23 Action Needed : Yes No

Bed 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		