



## DAILY RE-ASSESSMENT FORM

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment : Breathing ex, limb PT, bed mobility exs

Re-Assessment : Patient is on room air.  
RT tube blocked  $\text{SpO}_2 = 92\%$ .

	RIGHT RANGE OF MOTION	muscle power	LEFT RANGE OF MOTION	muscle power
<u>Upper Limb</u>				
Shoulder	{	{	{	{
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip	{	{	{	{
Knee				
Ankle				
Toes				

Name : D Agnes R.

Signature & Employee ID

Date & Time : 6/11/24 10:39 am

JD1533

Fall Risk Score : 85

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment : Breathing ex, limb PT, bed mobility exs, middle activities

Re-Assessment : Patient is in room air. with RT tube blocked

	RIGHT RANGE OF MOTION	muscle power	LEFT RANGE OF MOTION	muscle power
<u>Upper Limb</u>				
Shoulder	{	{	{	{
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip	{	{	{	{
Knee				
Ankle				
Toes				

Name : D Agnes R

Signature & Employee ID

Date & Time : 21/11/24 10:00 am

JDM