



MR. KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGMIP2406720

Age/Sex 56 Years /M/DOA : 05/10/2024

BED : SICU-010 WARD : SICU

DR : DR.PRASHANT ATHALE

## DAILY RE-ASSESSMENT FORM

Fall Risk Score :

35      Chest Pt, limb Pt  
                Chest wrk

PAIN ( NUMERIC RATING SCALE ) 0 TO 10 : 0

Treatment :

Re-Assessment :

|                   | RIGHT RANGE OF MOTION | MUSCLE POWER | LEFT RANGE OF MOTION | MUSCLE POWER |
|-------------------|-----------------------|--------------|----------------------|--------------|
| <u>Upper Limb</u> |                       |              |                      |              |
| Shoulder          | Passive               | 0/5          | Passive              | 0/5          |
| Elbow             |                       |              |                      |              |
| Wrist             |                       |              |                      |              |
| Finger            |                       |              |                      |              |
| <u>Lower Limb</u> |                       |              |                      |              |
| Hip               |                       |              |                      |              |
| Knee              |                       |              |                      |              |
| Ankle             |                       |              |                      |              |
| Toes              |                       |              |                      |              |

Name :

Dr-Smruti

Signature & Employee ID

Date & Time :

10/10/2024 11:00 AM

10100

Fall Risk Score :

35

PAIN ( NUMERIC RATING SCALE ) 0 TO 10 : 0

Treatment :

Chest and limb Physio

Re-Assessment :

Patient on PS/CPAP ventilatory mode spo<sub>2</sub> = 100 %

|                   | 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 :

Dr Radhika

Signature & Employee ID

Date & Time :

11/10/2024

Dr Radhika