



ICU DAILY NURSING RE-ASSESSMENT

DIAGNOSIS: post CaProctomy

	DATE	10/10/24	11/10/24	12/10	13/10	14/10/24							
	CRITERIA	M	E	N	M	E	N	M	E	N	M	E	N
	Time	8am	8pm	10am	8pm	10pm	8pm	10pm	8pm	3pm	10pm	8pm	10pm
	Emotional State	CW	CW	CW	CW	CW	CW	CW	CW	CW	CW	CW	CW
	LOC	SC	Co	C	Co	Co	Co	Co	-	-	-	-	Co
	Upper Limbs	-	-	-	-	-	-	-	-	-	-	-	-
	Lower Limbs	-	-	-	-	-	-	-	-	-	-	-	-
	Breathing	ET	ET	ET	ET	ET	ET	ET	TT	TT	ET	TT	TT
	Respiratory System	N	N	N	ET	ET	AT	GT	ET	T1	IT	TT	TT
	Pulmonary Auscultation	AEB	AEB	AEB	AEB	AEB	AEB	AEB	AEB	AEB	AEB	AEB	AEB
	Adventitious Sounds	-	-	-	-	-	-	-	-	-	-	-	-
	Coughing	NP	NP	ND	ND	NP	NP	NP	NP	NP	NP	NP	NP
	Pulse	R	R	R	R	R	R	R	R	R	R	R	R
	Skin colour	N	N	N	N	N	N	N	N	N	N	N	N
	Capillary refill time	B	B	B	B	B	B	B	B	B	B	B	B
	Oedema	P	P	P	P	P	P	C	C	C	C	C	C
	Mouth	C	C	C	C	C	C	C	C	C	C	C	C
	Appetite	-	-	-	-	-	-	-	-	-	-	-	-
	Route Of Administration	RF	ET	RT	RT	RT	RF	RF	RF	RT	RF	RT	RT
	Presence Of	P	P	P	P	P	P	P	P	P	P	P	P
	Abdomen	F	F	F	F	F	F	F	F	F	F	F	F
	Peristalsis	P	P	P	P	P	P	P	P	P	P	P	P
	Elimination	B10	B10	B10	B10	B10	B10	B10	B10	B10	B10	B10	B10
	Stool Characteristic	SS	SS	SS	SS	SS	SS	SS	-	-	-	-	-
	Urinary Elimination	A	A	A	A	A	A	A	A	A	A	A	A
	Method of Voiding	F	F	F	F	F	F	R	L	C	C	C	C
	Urine	C	C	C	C	C	C	C	C	C	C	C	C
	Skin	I	I	I	I	I	I	I	I	I	I	I	I
	Oozing	D	D	D	D	D	D	D	D	D	D	D	D
	Eyes	C	C	C	C	C	C	-	-	C	C	C	C
	Sight	-	-	-	-	-	-	-	-	X	X	X	X
	Hearing	-	-	-	-	-	-	-	-	Y	Y	X	X
	Speech	-	-	-	-	-	-	-	-	P	Y	X	X
	Isolation precaution	-	-	-	-	-	-	-	-	Y	Y	X	X
	Barrier Nursing	-	-	-	-	-	-	-	-	Y	Y	X	X
	Lines	CA	CA	CA	CA	CA	CA	GR	CA	CA	CA	CA	CA
	Catheter	U	U	C	C	C	C	U	U	U	U	G	G
	Tubes	PT	ET	PT	ET	PT	ET	PT	ET	PT	PT	PT	PT
	Drains	D	D	-	L	-	J	-	-	-	-	-	-
	Fall risk Score(Modified Morse/Humpty dumpty)	35	35	35	35	35	35	35	35	35	35	35	35
	Braden/Braden Q Scale Score	10	7	4	7	7	7	7	7	9	7	9	9
	Name of staff	Ami	KR	AB	Monica	CD	RAV						
	Emp No.	2010	3401	2010	3401	2010	3401	2010	3401	2010	3401	2010	3401
	Signature	L	m	2	ET	80	T	km	o	1	km	2	PA