



**WARD DAILY NURSING RE-ASSESSMENT**

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

CRITERIA	Date:			Date:			Date:			Date:			LEVEL OF CONSCIOUSNESS (LOC)		
	M	E	N	M	E	N	M	E	N	M	E	N	ALERT	- A	
Time													VOICE	- V	
LOC*													PAIN	- P	
Orientation													UNRESPONSIVE	- U	
Emotional State													<b>ORIENTATION</b>		
Oxygen Therapy													TIME	- 1	
Vulnerable Status													PLACE	- 1	
Nutritional Need													PERSON	- 1	
Hygiene													NOT ORIENTED	- 0	
Mobility													<b>EMOTIONAL STATUS</b>		
Braden Scale Score													CALM	- C	
Pressure Injury Grade													ANXIOUS	- A	
Dressing													WITHDRAWN	- W	
Morse Falls Risk Score													AGITATED	- Ag	
Safety & Security Measure													<b>OXYGEN THERAPY</b>		
Infection control Precaution													ROOM AIR	- RA	
Restraints													NASAL CANNULA	- NC	
Lines /Tubes													OXYGEN MASK	- M	
Name of staff													Bi-PAP	- BI	
Emp No.													<b>VULNERABLE STATUS</b>		
Signature													YES - Y	NO - N	
<b>INFECTION CONTROL RECAUTION</b>				<b>RESTRAINTS</b>			<b>LINES /TUBES</b>			<b>SAFETY &amp; SECURITY MEASURES</b>					
STANDARD - S	DROPLET - D	CONTACT - C	AIRBORNE - A	PHYSICAL - P	CHEMICAL - C	NONE - N	PERIPHERAL LINE - P	CENTRAL LINE - C	URINARY CATHETER - U	DRAIN - D	TRACHEOSTOMY TUBE - T	YES - Y	NO - N		