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 SRDD

Dietician Informed : ☐ Yes ☐ No If Yes mention the Name Gayatri Time 2.30pm

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ORIENT PATIENT IF : ☑ Conscious **ORIENT PATIENT ATTENDANT IF :** ☐ Unconscious ☐ Disoriented

☑ Room ☑ Side Rails ☑ Toilet Bell ☑ Visiting Policy ☐ Intervention

☑ Bathroom ☑ Bed Controls ☑ Use of Footstool ☑ Grab Bars Prevention

☑ Nurses Call Bell ☑ Television ☑ Light Controls ☐ Telephone Praction

FUNCTIONAL ASSESSMENT :

Particular	Assessment	Remarks	Outcome
Visual	☑ Yes ☐ No	Impairment. (use spectacles) vision not clear	
Hearing	☑ Yes ☐ No	No Impairment	
Chewing	☑ Yes ☐ No	No Impairment	
Walking	☑ Yes ☐ No	No Impairment.	

DAILY ACTIVITY OF LIVING:

Activity	Independed	Assisted	Depended
Bathing	☑	☐	☐
Dressing	☑	☐	☐
Eating	☑	☐	☐
Walking	☑	☐	☐
Toilet Use	☑	☐	☐

PRESSURE ULCER RISK ASSESSMENT :

Score 22 | 23 Action Needed : ☐ Yes ☑ No

Bedsore 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		