

Assessment Checklist

Items		Status	
Name: <u>Fahad Al mutairi</u>			
Consent for services signed		<u>Yes</u> NO	
Date of visit <u>23/9/24</u>	Time of visit <u>10:15</u>	Location <u>At home</u>	File number <u>94</u>
Patient Demographic	Gender <u>M</u> F	Age <u>78</u>	Weight
Companion Data	Name	Relation:	ID
Surgery			
Knee replacement			
Protocol <u>1.V</u>	Oral	Hybrid	<u>IV</u>
Number of visits	1/day for 5days	2/day for days	As per Physician
Medication on going.	Yes ☒	NO	
Patient Vial count	Yes ☒	NO	
Blood pressure	Pulse Value	Respiratory	Temperature
<u>111/82</u> <u>107/70</u>	Pre: <u>88</u> Post: <u>88</u>	rate: <u>18</u> Pre: Post:	<u>36.7</u> Pre: Post:
Oxygen saturation (SPO2) <u>9</u>	Pre: <u>96</u>	Post: <u>97</u>	Blood Glucose /DL <u>147mg/dl</u>
Allergy: Yes: No: ☒	Urticaria (Normal) Yes ☒ No	Bowel Mvt (Normal) Yes ☒ No	
Pain score	1 2 3 4 5 6 7 8 9 10	Other Note	
Drainage wound care (every other day)	Yes	No	Other Note
Compressive socks	Fit ☒ Tight	Loose	
Ice machine applied every 2H	Yes	No	
Medication counts correct	Yes	No	
Posture position optimal	Yes	No	
Documentation complete	Yes	No	
scopolamine patch behind their ear	Yes	No	
Site Clinical examination	Normal ☒ Swelling	Inflamed	Oedema
Surgical site Skin color	Normal ☒ Bluish	Inflamed	Pale
Psychological behavioral	Calm ☒ Cooperative	Restless	Agitated
Emotions	Normal ☒ Anxious Sad	Tearful	Angry Fretful
Regular Sleep Pattern	Yes	No	
Speech	Normal ☒ Abnormal		
Oriented	Yes	No	
Consciousness	Alert ☒ Confused Agitated	Drowsy	Sedated Unresponsive
Bed fall Risk	Yes	No ☒	
Functional risk assessment	Normal	Notify physician	
Laboratory test needed	Yes <u>+abedone 24/9/24</u>	NO	
Urgent notification	Yes	No	Note :
Additional Observation: REMOVED THE CANNULA X			
Assessment done by <u>RN. Khelid</u>			
Date <u>23/09/24</u>	Morning ☒	Afternoon	Night
Signature <u>[Signature]</u>			