

[Pick the date]



JSS COLLEGE OF PHYSIOTHERAPY
Department of Cardiopulmonary physiotherapy

EVALUATION FORM FOR PATIENT WITH CABG and ANGIOPLASTY

Name:		Age:	
Occupation:		Sex:	
Unit:		IP NO:	
Diagnosis			
Past history/co morbidities			
Chart review			
Objective assessment			
Vitals:	RR	PR	BP
			SPO2

Surgery details	
Respiratory support/ other gadgets	
Level of consciousness	
Pain (VAS)	
Breathing pattern	
Posture/ Muscle guarding	
Cough effort	

Chest expansion/ Chest symmetry	
Ankle Swelling LL Oedema/ swelling/ circulatory problems	
Fever	
On/Auscultation	
ABG	
SPO2	
ECG	
Bed mobility	
Sputum weight and volume	
Wound and sternal care	

Progress notes

Name	Age/sex:	OP NO:	Date:
Sternal precautions			
Oedema precautions			
Strength/ abdomen Core muscle strength			

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Problem list	
Goals	
Treatment /Home programme (Exercise prescription)	
Follow up	

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