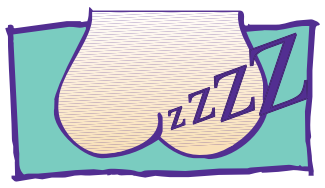
BRADEN PRESSURE ULCER RISK ASSESSMENT

ACT TO PREVENT PRESSURE ULCERS

SENSORY PERCEPTION

Ability to respond meaningfully to pressure -related discomfort

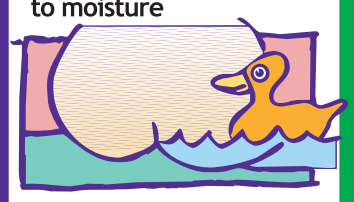


4	3	2	1
NO IMPAIRMENT Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.	**SLIGHTLY LIMITED** Responds to verbal commands but cannot always communicate discomfort or ask to be moved or turned **OR** has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	**VERY LIMITED** Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness **OR** has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body.	**COMPLETELY LIMITED** Unresponsive (does not moan, flinch, or grasp) to painful stimuli due to diminished level of consciousness or sedation **OR** limited ability to feel pain over most of body surface.

ADD TO TOTAL SCORE

MOISTURE

Degree to which skin is exposed to moisture

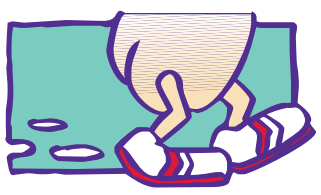


4	3	2	1
RARELY MOIST Skin is usually dry; linen only requires changing at routine intervals.	**OCCASIONALLY MOIST** Skin is occasionally moist, requiring an extra linen change approximately once a day.	**OFTEN MOIST** Skin is often but not always moist. Linen must be changed at least once a shift.	**CONSTANTLY MOIST** Skin is kept moist almost constantly by perspiration urine, etc. Dampness is detected every time patient is moved or turned.

ADD TO TOTAL SCORE

ACTIVITY

Degree of physical activity

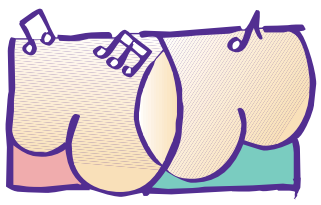


4	3	2	1
WALKS FREQUENTLY Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	**WALKS OCCASIONALLY** Walks occasionally during day but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**CHAIRFAST** Ability to walk severely limited or non existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	**BEDFAST** Confined to bed

ADD TO TOTAL SCORE

MOBILITY

Ability to change and control body position

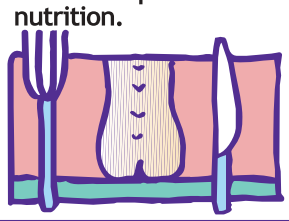


4	3	2	1
NO LIMITATIONS Makes major and frequent changes in position without assistance.	**SLIGHTLY LIMITED** Makes frequent though slight changes in body or extremity position independently.	**VERY LIMITED** Makes occasional slight changes in body extremity position but unable to make frequent or significant changes independently.	**COMPLETELY IMMOBILE** Does not make even slight changes in body or extremity position without assistance.

ADD TO TOTAL SCORE

NUTRITION

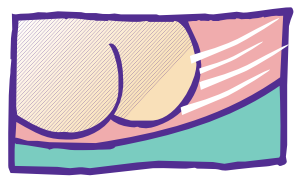
Usual food intake pattern
[1]NPO: Nothing by mouth.
[2]IV: Intravenously.
[3]TPN: Total parenteral nutrition.



4	3	2	1
EXCELLENT Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	**ADEQUATE** Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on a tube feeding or TPN[3] regimen, which probably meets most of nutritional needs.	**PROBABLY INADEQUATE** Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings or meat or dairy products per day. Occasionally will take a dietary supplement, **OR** receives less than optimum amount of liquid diet or tube feeding.	**VERY POOR** Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, **OR** is NPO[1] and/or maintained on clear liquids or IV[2] for more than 5 days.

ADD TO TOTAL SCORE

FRICTION & SHEAR



	3	2	1
	NO APPARENT PROBLEM Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	**POTENTIAL PROBLEM** Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.	**PROBLEM** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation leads to almost constant friction.

ADD TO TOTAL SCORE

RISK SCALE

NONE	MILD	MODERATE	HIGH	SEVERE
23 22 21 20 19	18 17 16 15	14 13	12 11 10	9 8 7 6

TOTAL SCORE
USE CHART ON LEFT TO DETERMINE YOUR PATIENTS RISK

EQUIPMENT	No additional pressure support required	High specification foam mattress or static air overlay. Consider cushion for chair, Bedcradle/gooseneck	Dynamic air overlay, Dynamic air cushion Dynamic mattress Replacement or Low Air Loss
PRACTICE	• **Educate** Weight-shifting, Skin inspection • **Evaluate on change of condition**	• **Reposition** Weight-shifting, Skin inspection • **Promote Activity** • **Manage individual risk factors** nutrition; shear; friction; continence • **Educate** • **Evaluate on change of condition**	ALL PLUS • **Supplement with small positional shifts** • **Seating/posture assessment** • **Nutritional assessment** • **Educate** • **Evaluate on change of condition**

Reference: "The Braden Scale of Predicting Pressure Sore Risk" Bergstrom, N; Braden, B et al. Nursing Research 1987 Vol 36 No 4 pp205-210.

Issued by Royal Adelaide Hospital Staff Development Department in conjunction with South Australian Quality Council Pressure Ulcer Prevention Practices - Integration of Evidence.