Rehabilitation Hospital

BRADEN PRESSURE ULCER RISK ASSESSMENT

SENSORY PERCEPTION: Ability to respond meaningfully to pressure-related discomfort. **SCORE**

1. **Completely Limited:** Unresponsive (does not moan, flinch, or gasp) to painful stimuli, due to diminished level of consciousness or sedation. OR limited ability to feel pain over most of the body surface.
2. **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 half of the body.
3. **Slightly Limited:** Responds to verbal command, but cannot always communicate discomfort or need to be turned. OR has some sensory impairment, which limits ability to feel pain or discomfort in 1 or 2 extremities.
4. **No Impairment:** Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.

MOISTURE: Degree to which skin is exposed to moisture. **SCORE**

1. **Constantly Moist:** Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every Time patient is moved or turned.
2. **Very Moist:** Skin is often, but not always moist. Linen must be changed approx. once a day.
3. **Occasionally Most:** Skin is occasionally moist, requiring an extra linen change approx. once a day.
4. **Rarely Moist:** Skin is usually dry; Linen requires changing only at routine intervals.

ACTIVITY: Degree of physical activity. **SCORE**

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

MOBILITY: Ability to change and control body positions. **SCORE**

1. **Completely Immobile:** Does not make even slight changes in body or extremity position without assistance.
2. **Very Limited:** Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.
3. **Slightly Limited:** Makes frequent, though slight changes in body or extremity position independently.
4. **No Limitation:** Makes major and frequent changes in position without assistance.

NUTRITION: Usual food intake pattern. **SCORE**

1. **Very poor:** Never eats a complete meal. Rarely eats more than 1/3 of 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 and/or maintained on clear liquids or IV for more than 5 days.
2. **Probably Inadequate:** Rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding.
3. **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 tube feeding or TPN regimen which probably meets most of nutritional needs.
4. **Excellent:** Eats most 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 supplements.

FRICTION AND SHEAR **SCORE**

1. **Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed/chair, requiring frequent repositioning with maximum assistance. Plasticity, contractures or agitation lead to almost constant friction.
2. **Potential Problem:** Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraint, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.
3. **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.

TOTAL SCORE

SCORE:
1 = Highly Impaired
2-4 = Moderately Impaired
Patients with a total score of 16 or less are considered being at risk of developing pressure ulcers.
Total Points possible = 23

Date/Signature Date/Signature

BRADEN SCALE INTERVENTIONS

Date/Signature Date/Signature

Complete upon admission and PRN Place a check (√) after all items that are initiated. Record and Initial bold items on MAR and/or Kardex	Date: Initials:			
All patients	Assess for s/s of pressure injuries or potential pressure points			
	Keep skin clean and dry			
	Moisturize skin, esp. perinea area PRN			
	HOB below 30 or above 55 degrees (unless contraindicated to ↓ shear)			
	Encourage patient to change position q. 30 min.			
	Encourage patient/family participation in skin care			
	Provide educational information as needed			
	Nutrition screen for those at risk (record date on nsg admission form)			
Sensory Skin	**Initiate skin check q. shift per nursing flow sheet**			
	Monitor skin around splints, braces, casts q. shift			
	Remove TEDS and other devices q. shift and check skin			
	Cushion oxygen tubing and straps at ears			
	Reposition/anchor devices q. day (Foley, GT, O2)			
Moisture Skin	**Protective barrier q. shift and after each incontinent episode**			
	Initiate skin care per incontinence protocol			
	Avoid adult diapers while in bed, if possible, or leave flat			
Activity Skin	**Turn and/or reposition q. 2 hours in bed and q. 30 min in chair if unable to shift weight**			
	Wheel Chair cushion per Physical Therapy			
Mobility Skin	Active/passive ROM per Physical Therapy			
	Suspend heels and/or heel protectors in bed/chair			
	Protective padding for pressure points			
	Prevent skin-to-skin contact with pillows/wedges			
Nutrition Skin	**Dietary measures per Nutrition Screen and Consult**			
	Albumin lever – per RD rec.			
Friction/Shear Skin	**Zone Air Mattress or special bed/mattress**			
	Vitamin C 500mg q. Day order – *Write as VO*			
	Zinc 220mg q day - *Write as VO*			
	Initiate wound care protocol			
	E.T. consult per protocol parameters			
	Position to avoid all pressure to wounds			
Diabetic Skin	Foot inspection q. day			