

Braden Scale

Pressure Ulcer Risk Assessment

Complete on admission, change in condition, then at following intervals:

Med-Surg: q 48 hours; Critical Care: q 24 hours.

LTC: Weekly for first 4 weeks after admission, then monthly to quarterly thereafter.

Date of Assessment

Sensory Perception Ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not mean 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.	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR sensory impairment which limits the ability to feel pain or discomfort over ½ of body.	3. Slightly Limited Responds to verbal commands 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	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 at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.					
Activity Degree of physical activity	1. Bedfast Confined to bed.	2. Chair fast 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 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 room at least once every 2 hours during waking hours.					
Mobility Ability to change and control body position	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 change independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.					
Nutrition Usual food intake pattern	1. 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 and/or maintained on clear liquids or IV's for more than 5 days.	2. Probably inadequate Rarely eats a complete meal. Generally eats only about 1/2 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 a tube feeding or TPN regimen which probably meets most of nutritional needs.	4. 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.					
Friction and Shear	1. 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 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 restraints, 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.						
Score	Risk Category			Total Score					
15 to 18	At Risk			ID					
13 to 14	Moderate Risk								
10 to 12	High Risk								
9 or less	Very High Risk								

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Protocols by Level of Risk

SCORE: 15-18 AT RISK	Manage Moisture
<ul style="list-style-type: none"> • Frequent turning and repositioning • Optimize activity/mobility. Refer to OT/PT as necessary • Protect heels from pressure injury • Manage moisture, nutrition and friction and shear • Active/reactive support surface (e.g. low air loss mattress) if bed or chair-bound • If other major risk factors are present (advanced age, fever, poor dietary intake of protein, diastolic pressure below 60, hemodynamic instability) advance to next level of risk 	<ul style="list-style-type: none"> • Use commercial moisture barrier • Use absorbent pads or adult incontinence brief that wick and hold moisture • Address cause, if possible • Offer bedpan/urinal and glass of water in conjunction with turning schedules
SCORE: 13-14 MODERATE RISK	Manage Nutrition
<ul style="list-style-type: none"> • Turning schedule • Use foam wedges to support 30° lateral positioning • Active/reactive support surface (e.g. low air loss mattress) • Maximal remobilization • Protect heels from pressure injury • Manage moisture, nutrition, and friction and shear • If other major risk factors are present, advance to next level of risk <p><input type="checkbox"/> OT/PT referral</p>	<ul style="list-style-type: none"> • Increase protein intake • Increase calorie intake to spare protein supplement with multi-vitamin (should have Vitamin A, C, & E) • Act quickly to alleviate deficits • Consult dietitian
SCORE: 10-12 HIGH RISK	Manage Friction and Shear
<ul style="list-style-type: none"> • Increase frequency of repositioning • Supplement with small shifts in positioning using lift/slider sheet • Use foam wedges for 30° lateral positioning • Active/reactive support surface (e.g. low air loss mattress) • Maximal remobilization. OT/PT referral. • Protect heels from pressure injury • Manage moisture, nutrition, and friction and shear 	<ul style="list-style-type: none"> • Elevate head of bed no more than 30° • Use trapeze when indicated • Use lift/slider sheets to move patient • Protect elbows and heels if being exposed to friction
SCORE: 9 OR LESS VERY HIGH RISK	Other General Care Issues
<ul style="list-style-type: none"> • All of the above <p>PLUS</p> <ul style="list-style-type: none"> • Use active/reactive support surface if patient has: <ul style="list-style-type: none"> ▪ Intractable pain <p style="text-align: center;">OR</p> ▪ Severe pain exacerbated by turning <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ Additional risk factors 	<ul style="list-style-type: none"> • No massage of reddened bony prominences • No donut type devices • Maintain good hydration • Avoid drying the skin • Active/reactive support surfaces (e.g. low air loss mattress) are not a substitute for turning/respositioning schedules