



Braden Scale Audit Tool

Instructions: Each facility/unit/program complete an audit yearly in February (month may be subject to change). Audit 10% of client health records on a unit (minimum of 5)

Date: _____ Admission Date: _____
 Site: _____ Area: Acute Care Transitional Care LTC Home Care
 Health Care record: _____
 Auditor: _____ Score: _____

	Yes	No	N/A
1. Completed on all admissions (within 24 hrs)?			
2. Repeated appropriately:			
• q 24 hrs Critical Care			
• q 48 hrs Acute Care			
• q weekly in LTC x 1 month then monthly			
• Sooner if condition changes			
3. Is Braden number recorded on KARDEX ?			
4. Is the Care Plan well developed regarding pressure risk?			
5. Does the Care Plan reflect issues related to the Braden Score?			
6. Is there evidence of risk reduction in the patient environment?			

Comments:

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