



## Braden Scale Standard Care Plan

- Care plan is completed every time Braden Scale is completed
- Check only the interventions relevant based on Braden score and **date and initial** after
- Transcribe interventions to Kardex
- Highlight interventions no longer applicable
- New Care Plan form may be completed at discretion of nurse
- To be completed in ink

Addressograph Label  
 Client Label  
 DOB mm/dd/yyyy  
 PHIN/MHSC#  
 HRN

All clients with a Braden Score 18 or less are given handouts and education regarding pressure injury prevention, "Taking the Pressure Off – Pressure Injury Prevention Pamphlet"

([CLI.4110.SG.002.SD.05](#)) Date of pamphlet given to client: \_\_\_\_\_

Date initiated: \_\_\_\_\_ Date(s) reviewed \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Braden Category	Braden Score: 1	Braden Score: 2	Braden Score: 3	Braden Score: 4
<b>Sensory Perception</b>	<b>Completely limited</b> <input type="checkbox"/> Skin & heel assessment & documentation daily _____ <input type="checkbox"/> Elevate heels and/or use heel elevation or friction reduction boot _____ <input type="checkbox"/> Select appropriate support surface _____ <input type="checkbox"/> Use pillows between knees and bony prominences to avoid direct contact _____	<b>Very limited</b> <input type="checkbox"/> Skin & heel assessment & documentation daily _____ <input type="checkbox"/> Elevate heels and/or use heel elevation or friction reduction boot _____ <input type="checkbox"/> Consider appropriate support surface _____	<b>Slightly limited</b> <input type="checkbox"/> Skin & heel assessment & documentation daily _____ <input type="checkbox"/> Elevate heels and/or use heel elevation or friction reduction boot _____	<b>No limitation</b> <input type="checkbox"/> Encourage patient to report pain over bony prominences _____ <input type="checkbox"/> Check heels daily _____
<b>Moisture</b>	<b>Constantly Moist</b> <input type="checkbox"/> Skin assessment, inspection & documentation daily _____ <input type="checkbox"/> Use moisture barrier products _____ <input type="checkbox"/> Moisturize dry unbroken skin _____ <input type="checkbox"/> Apply condom catheter if appropriate _____ <input type="checkbox"/> If incontinent, consider bladder/ bowel training and toileting after meals _____ <input type="checkbox"/> Consider use of urinary catheter or stool management system _____ <input type="checkbox"/> Select appropriate support surface _____	<b>Moist</b> <input type="checkbox"/> Skin assessment & documentation daily _____ <input type="checkbox"/> Use moisture barrier products _____ <input type="checkbox"/> Moisturize dry unbroken skin _____ <input type="checkbox"/> If incontinent, consider bladder/ bowel training and toileting after meals _____ <input type="checkbox"/> Consider use of urinary catheter or stool management system _____ <input type="checkbox"/> Consider appropriate support surface _____	<b>Occasionally Moist</b> <input type="checkbox"/> Skin assessment & documentation daily _____ <input type="checkbox"/> Use moisture barrier products _____ <input type="checkbox"/> Moisturize dry unbroken skin _____ <input type="checkbox"/> Avoid use of incontinence products but if necessary, check q 2-3h and prn _____ <input type="checkbox"/> Encourage patient to report any other moisture problem (such as under skin folds) _____	<b>Rarely Moist</b> <input type="checkbox"/> Encourage patient to moisturize to prevent dry skin _____ <input type="checkbox"/> Encourage patient to report any moisture problem (such as under skin folds) _____
<b>Activity</b>	<b>Bedfast</b> <input type="checkbox"/> Skin & heel assessment & documentation daily _____ <input type="checkbox"/> Post turning schedule _____ <input type="checkbox"/> Elevate head bed no more than 30 degrees _____ <input type="checkbox"/> Lateral turns at no more than 30 degrees _____ <input type="checkbox"/> Position with pillows to elevate pressure points off of the bed _____ <input type="checkbox"/> Select appropriate support surface _____ <input type="checkbox"/> Elevate heels and/or use heel elevation or friction reduction boot _____ <input type="checkbox"/> OT consult for seating assessment _____ <input type="checkbox"/> Turn/reposition q 1-2h _____ <input type="checkbox"/> Post turning schedule _____ <input type="checkbox"/> Teach or assist client to do freq small shifts _____	<b>Chairfast</b> <input type="checkbox"/> Skin & heel assessment & documentation daily _____ <input type="checkbox"/> Consider specialty seating surface _____ <input type="checkbox"/> Instruct patient to reposition q 15 minutes when in chair _____ <input type="checkbox"/> If unable to reposition self, reposition hourly _____ <input type="checkbox"/> Assist to stand every hour _____ <input type="checkbox"/> Protect bony prominences _____ <input type="checkbox"/> Consult OT for seating assessment _____	<b>Walks Occasionally</b> <input type="checkbox"/> Provide structured mobility plan (e.g. walk length of hall two times per day) _____ <input type="checkbox"/> Consider specialty seating surface _____ <input type="checkbox"/> Consider consult OT/PT _____ <input type="checkbox"/> Stand hourly if able _____ <input type="checkbox"/> Check skin daily _____	<b>Walks Frequently</b> <input type="checkbox"/> Encourage ambulating outside the room at least two times per day _____ <input type="checkbox"/> Check skin daily _____

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<b>Mobility</b>	<b>Completely Immobile</b> <input type="checkbox"/> Skin assessment & documentation daily _____ <input type="checkbox"/> Turn/reposition q 1-2 hours _____ <input type="checkbox"/> Post turning schedule _____ <input type="checkbox"/> Select and provide appropriate support surface _____  <input type="checkbox"/> Elevate heels and/or use heel elevation or friction reduction boot _____	<b>Very Limited</b> <input type="checkbox"/> Skin assessment & documentation daily _____ <input type="checkbox"/> Turn/reposition 1-2 hours _____ <input type="checkbox"/> Elevate head of bed no more than 30° _____ <input type="checkbox"/> Lateral position 30° or less _____ <input type="checkbox"/> Post turning schedule _____ <input type="checkbox"/> Teach or do frequent small shifts _____ <input type="checkbox"/> Select and provide support surface _____ <input type="checkbox"/> Elevate heels and/or use heel elevation or friction reduction boot _____	<b>Slightly Limited</b> <input type="checkbox"/> Skin assessment & documentation daily _____ <input type="checkbox"/> Turn/reposition frequently _____ <input type="checkbox"/> Teach or do freq small shifts of body weight _____  <input type="checkbox"/> Consider PT consult _____ <input type="checkbox"/> Consult OT for assistive devices/mobility aids _____ <input type="checkbox"/> Provided assistive devices/mobility aids _____	<b>No Limitations</b> <input type="checkbox"/> Encourage ambulating outside the room at least two times per day _____	
<b>Nutrition</b>	<b>Very Poor</b> <input type="checkbox"/> Monitor & record nutritional intake _____ <input type="checkbox"/> Dietitian consult _____ <input type="checkbox"/> Skin assessment inspection and documentation q shift _____ <input type="checkbox"/> Offer nutrition supplements _____ <input type="checkbox"/> Offer fluids as appropriate _____ <input type="checkbox"/> Consider discussion with family re: client food preferences _____ <input type="checkbox"/> If NPO > 24 hours, discuss plan with Health Care Provider _____ <input type="checkbox"/> Record Intake & Output _____ <input type="checkbox"/> If wounded, consult dietitian _____	<b>Probably Inadequate</b> <input type="checkbox"/> Skin assessment and documentation daily _____ <input type="checkbox"/> Monitor & record nutritional intake _____ <input type="checkbox"/> Dietitian consult _____ <input type="checkbox"/> Offer nutrition supplements _____ <input type="checkbox"/> Offer fluids as appropriate _____ <input type="checkbox"/> Consider discussion with family re: client food preferences _____ <input type="checkbox"/> Small frequent meals _____ <input type="checkbox"/> Record Intake & Output _____ <input type="checkbox"/> If wounded, consult dietitian _____	<b>Adequate</b> <input type="checkbox"/> Monitor nutritional & dietary intake _____ <input type="checkbox"/> If wounded, consult dietitian _____	<b>Excellent</b> <input type="checkbox"/> Out of bed for all meals _____ <input type="checkbox"/> If wounded, consult dietitian _____	
Braden Category	Braden Score: 1	Braden Score: 2	Braden Score: 3	Braden Score: 4	
<b>Friction and Shear</b>	<b>Problem</b> <input type="checkbox"/> Skin assessment and documentation daily _____ <input type="checkbox"/> Avoid massaging over reddened areas _____ <input type="checkbox"/> Use slider/other assistive devices to reposition in bed/chair _____ <input type="checkbox"/> Keep bed linens dry, and wrinkle free _____ <input type="checkbox"/> Apply elbow/heel protectors to intact skin over elbows and heels _____ <input type="checkbox"/> No soakers _____ <input type="checkbox"/> Elevate heels and/or use heel elevation or friction reduction boot _____ <input type="checkbox"/> Ensure proper chair positioning with feet flat and 90° at ankle, knee and hips _____ <input type="checkbox"/> Consult OT _____ <input type="checkbox"/> Elevate head of bed 30° or less _____ <input type="checkbox"/> Lateral position at no more than 30° _____	<b>Potential Problem</b> <input type="checkbox"/> Skin assessment and documentation daily _____ <input type="checkbox"/> Keep bed linens dry and wrinkle free _____ <input type="checkbox"/> Use slider/other assistive devices to reposition in bed/chair _____ <input type="checkbox"/> Avoid massaging over areas _____ <input type="checkbox"/> Apply elbow/heel protectors to intact skin over elbows and heels _____ <input type="checkbox"/> No soakers _____ <input type="checkbox"/> Elevate heels and/or use heel elevation or friction reduction boot _____ <input type="checkbox"/> Ensure proper chair positioning with feet flat and 90° at ankle, knee and hips _____ <input type="checkbox"/> Consider consult OT _____ <input type="checkbox"/> Elevate head of bed 30° or less _____ <input type="checkbox"/> Lateral position at no more than 30° _____	<b>No apparent problem</b> <input type="checkbox"/> Keep bed linens dry, and wrinkle free _____		