



## Braden Scale for Predicting Risk of Pressure Injuries

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

					Date of Assessments							
<b>Sensory Perception</b> ability to respond meaningfully to pressure related discomfort	<b>1. Completely Limited</b> 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.	<b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has sensory impairment which limits the ability to feel pain or discomfort over ½ of body	<b>3. Slightly Limited</b> 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.	<b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.								
<b>MOISTURE</b> degree to which skin is exposed to moisture	<b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Moist</b> Skin is often, but not always moist. Linen must be changed at least once a shift.	<b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4. Rarely Moist</b> Skin is usually dry, linen only requires changing at routine intervals.								
<b>ACTIVITY</b> degree of physical activity	<b>1. Bedfast</b> Confined to bed.	<b>2. Chairfast</b> Ability to walk severely limited or nonexistent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. Walks Occasionally</b> Walks occasionally during day, but very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. Walks Frequently</b> Walks outside room at least twice a day and inside room at least once every two hours during waking hours.								
<b>MOBILITY</b> ability to change and control body position	<b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	<b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4. No Limitations</b> Makes major and frequent changes in position without assistance.								
<b>NUTRITION</b> usual food intake pattern	<b>1. Very Poor</b> Never eats a complete meal. Rarely eats more than ½ of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Take 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.	<b>2. Probably Inadequate</b> Rarely eats a complete meal and generally eats only about ½ 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.	<b>3. Adequate</b> Eats over half of most meals. Eats a total of 4 serving of protein(meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered. OR is on a tube feeding or TPN regimen that probably meets most of nutritional needs.	<b>4. Excellent</b> 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.								
<b>FRICION &amp; SHEAR</b>	<b>1. Problem</b> 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.	<b>2. Potential Problem</b> 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.	<b>3. No Apparent Problem</b> 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.									
<b>If other major risk factors are present, advance to the next level</b>			<b>Braden Scores/Level</b>		<b>Total Score</b>							
<ul style="list-style-type: none"> <li>• Frail</li> <li>• ↓ LOC</li> <li>• Diastolic BP &lt;60</li> <li>• Smoking</li> <li>• ↑Length of Stay</li> <li>• Weight extremes</li> <li>• End of life</li> <li>• Spinal Cord</li> </ul>			<ul style="list-style-type: none"> <li>• Fever</li> <li>• Poor dietary intake of protein</li> <li>• Hemodynamic instability</li> <li>• Incontinence of urine and stool</li> <li>• Elevated C reactive protein</li> <li>• Low se albumin</li> <li>• Arterial obstructive</li> </ul>		<ul style="list-style-type: none"> <li>• Very High Risk - ≤9 (VHR)</li> <li>• High Risk – 10 – 12 (HR)</li> <li>• Moderate Risk – 13 – 14 (MR)</li> <li>• At Risk – 15 – 18 (AR)</li> </ul>		Braden Level:					
							Initials					



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### Directions on the Frequency of Assessment:

1. Completed on all admissions.

2. Reassess at regular intervals.

**Critical Care:**

- q24 hrs.

**Acute Care:**

- q48 hrs after initial assessment and then weekly.

**LTC:**

- Weekly x 4, then quarterly.

**Home Care:**

- Weekly for the first 3 weeks after admission to home care post-hospital discharge for clients who's braden score is less than 18 or they are identified as being "moderate risk",
- Quarterly if very high risk (9 or less) or high risk (10-12),
- Annual and when a change in condition occurs e.g. Incontinence,
- When assessing and/or re-assessing for a Therapeutic Sleep Surface.
- Minimally yearly.

3. **Whenever** condition changes.