

Information

BRADEN SCALE for predicting pressure sore risk

Criterion	1 Point	2 Points	3 Points	4 Points
Sensory perception ability to respond meaningfully to pressure-related discomfort	<input type="radio"/> Completely Limited 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	<input type="radio"/> 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 2 of body.	<input type="radio"/> Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned. OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	<input type="radio"/> 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	<input type="radio"/> Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	<input type="radio"/> Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift.	<input type="radio"/> Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	<input type="radio"/> Rarely Moist Skin is usually dry, linen only requires changing at routine intervals.
Activity degree of physical activity	<input type="radio"/> Bedfast Confined to bed.	<input type="radio"/> Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<input type="radio"/> Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	<input type="radio"/> Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours
Mobility ability to change and control body position	<input type="radio"/> Completely Immobile Does not make even slight changes in body or extremity position without assistance	<input type="radio"/> Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	<input type="radio"/> Slightly Limited Makes frequent though slight changes in body or extremity position independently.	<input type="radio"/> No Limitation Makes major and frequent changes in position without assistance.
Nutrition usual food intake pattern	<input type="radio"/> 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 IVs for more than 5 days.	<input type="radio"/> Probably Inadequate Rarely eats a complete meal and generally eats only 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	<input type="radio"/> Adequate Eats over half of most meals. Eats a total of 4 servings 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 which probably meets most of nutritional needs	<input type="radio"/> 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 & Shear	<input type="radio"/> 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 leads to almost constant friction	<input type="radio"/> 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.	<input type="radio"/> 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.	



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The Braden Scale a further development from the Norton scale

The Braden Scale for predicting pressure sore risk is a clinically validated tool and is the most widely used risk assessment tool in the US. Also in Germany it is a well-accepted tool in clinical practice.

Patient's level of risk for developing pressure ulcers by Barbara Braden

Barbara Braden states that the level of risk for developing pressure ulcers is higher the less the patient is able to compensate for his function. In clinical practice declining Braden risk score indicate declining functional status and the need to implement pressure ulcer prevention strategies on patients at risk.

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Levels of risk	Not at risk	19 to 23	High risk	10 to 12
	Mild risk	15 to 18	Very high risk	9 or lower
	Moderate risk	13 to 14		



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