

Braden Risk & Skin Assessment Flowsheet

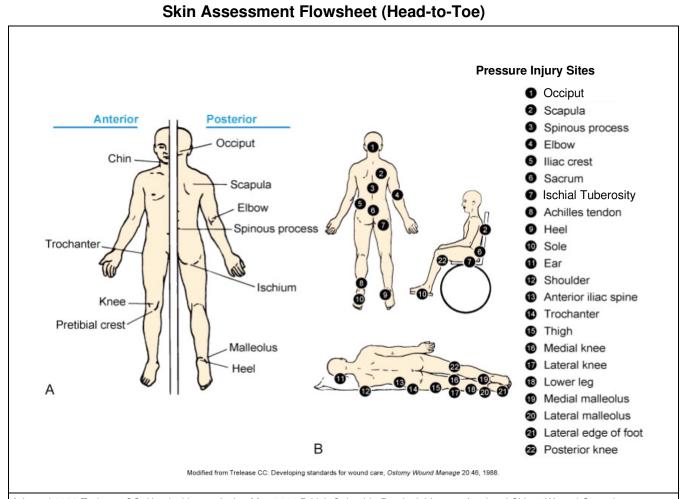
Form ID:		Rev: July 2017		I	Page: 1 of 2	2							
		Braden S	Scale fo				Sore R	lisk					
Sensory Perception Ability to respond meaningfully to pressure related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR Limited ability to feel pain over most of body		2. 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 1/2 of body			3. Slig Respo cannot discom OR Has sc which	3. Slightly Limited Responds to verbal commands but cannot always communicate discomfort or need to be turned,			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/ continent briefs* must be changed once a shift			3. Occasionally Moist Skin is occasionally moist, requiring an extra linen/continent briefs* 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. Chairfast Ability to walk severely limited or nonexistent. 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 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			2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes 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 <u>Usual</u> food intake pattern	eats more offered. Ea protein (m day. Take take a liqu OR Is NPO ar		2. Probably Inadequate Rarely eats a complete meal and 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 dietary supplement, OR Receives less than optimum amount of liquid diet or tube feeding			or dairy products) each 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				refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats			
Friction and Shear	moving sheets is bed or cl maximur or agitati	s moderate to maximum as Complete lifting without sli s impossible. Frequently sl hair, requiring frequent rep n assistance. Spasticity, c ion leads to almost constan	ding agains des down ir ositioning w ontractures, nt friction.	n 3. No A uires minimum assistance. Moves i probably slides to some and has ts, chair, restraints or other complet elatively good position in the time but occasionally				pparent Problem in bed and in chair independently s sufficient muscle strength to lift up tely during move. Maintains good i in bed or chair.					
		strom, 1988. Reprinted with pe er for each section in							dotorn	nino Riel		1	
			/MM/YY									71	1
Determine Level of Risk													
<u>Score</u> <u>Level of R</u> 15 -18 L = Low	lisk	Sensory P	erception										
13 -14 M = Mode	rate												
10 -12 H = High		Moisture											
9 or less VH = Very High		Activity											
Consider clients with the following conditions to be more likely to be at higher risk:		Mobility											
		Friction and Shear									-+		
Existing skin breakdown		Total Risk Sco			+								+
Age greater than or equal to 75 yrs							<u> </u>						
Diastolic pressure less than 60 Hemodynamically unstable		Risk Level											
Fever		See Progress/Nursing (Check box if required)	Notes										
PVD/Diabetes			Initials										
Obesity BCHA.0082 JAN.2018		Please turn nage (l haat				I

Please turn page over to see Head-to-Toe Skin Assessment Flowsheet



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DD/MM/YY							
Time							
	Overall Head-to-Toe Skin Check Done (Y/N)						
	Areas at High Risk for Injury Checked:						
	Occiput (Y/N) Sacral / coccyx (Y/N)						
	Bilateral Ischial tuberosities (Y/N)						
	Bilateral Achilles tendon / heel (Y/N)						
	Bilateral medial / lateral malleolus (Y/N)						
Remember to check skin folds, beneath medical device (tubes, splints, etc) & mucous membranes - describe as needed	Skin folds: (Y/N/NA)						
	Medical Device: (Y/N/NA)						
	Mucous Membranes: (Y/N/NA)						
	Other: (Y/N/NA)						
	Refer to WATFS if wound present (Check box if required)						
	See Progress Notes/Nursing Notes (Check box if required)						
	Initials						

Please see the Braden Interventions Guide for the subscale specific interventions