## BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

Patient's Name	Evaluator's Name			Date of Assessment		
SENSORY PERCEPTION  ability to respond meaningfully to pressure-related discomfort	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 ½ of body	3. 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.	4. No impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feed 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 must be changed at least once a shift.	3. Occasionally Moist: Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals.		
ACTIVITY  degree of physical activity	Bedfast Confined to bed.	2. Chairfast Ability to walk severely limited or non-existent. 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	Completely Immobile     Does not make even     slight changes in body     or extremity position     without assistance	2. Very Limited Makes occasional slight changes in body or extremity position, but unable to make frequent or significant changes independently.	or extremity position	4. No Limitation Makes major and frequent changes in position without assistance.		
NUTRITION <u>usual</u> food intake pattern	1. Very Poor 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. Takes 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.	servings of meat or dairy products per day.	3. Adequate  Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products per day). Occasionally will refuses meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably most of nutritional needs	4. 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	1. 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	chair or bed most	3. 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.			