

Intervention Protocols For Braden Scale Subscales *

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REMINDER: Do not massage bony prominences. Do not use donut shaped foam/pillow to offload pressure points. Do not use multiple incontinence pads/linen under prone areas. Avoid positioning directly on the trochanter by using a 30 degree side-lying position. Heel pads are not an adequate way to off load heels. Heels can be floated off the end of a longitudinally placed pillow or with boots that float heels.

Recommendations can be reconsidered if contraindicated by patient condition and/or goals of care.

<p>Sensory Perception <i>(Cutaneous and cognitive perception of sensory stimuli)</i></p> <p>Able to respond meaningfully to pressure-related discomfort</p>	<p>4. No impairment a. Provide routine skin care</p> <p>3. Slightly limited a. Teach patient/family the importance of changing positions for prevention of pressure ulcers. Encourage small frequent position changes. b. Encourage/assist with turning and repositioning at least q 2 hours when in bed. Consider use of pillows to separate pressure areas, with special attention to off loading contracted joints. c. Consider elevation of heels off bed d. Consider keeping HOB at or below 30 degrees. HOB may be elevated for meals then lowered within one hour p.c. When elevating HOB, gatch the knee area (elevate 10-20 degrees). e. When in W/C instruct/assist with position changes to alter pressure points at least every hour. f. Consider wheelchair cushion (esp. if existing skin breakdown)</p> <p>2. Very limited a. Provide above interventions. b. Instruct/assist to shift weight in W/C q 15 minutes. c. Consider limitation of W/C to 1-2 hour intervals d. Use draw sheet to lift up or turn in bed.</p> <p>1. Completely limited a. Provide all of the above as needed.</p>
<p>Moisture</p> <p>Degree to which skin is exposed to moisture.</p>	<p>4. Rarely moist a. Instruct resident to request care as needed. b. Assess and provide routine skin care as needed to keep skin clean and dry.</p> <p>3. Occasionally moist a. Assess and address cause of moisture (eg. diaphoresis, incontinence) b. Provide above with use of incontinent care products after each incontinent episode. (No rinse pH balanced cleanser, protective ointment and absorbent briefs. Baby powder impairs absorptive ability of briefs. Insure treatment of fungal dermatitis). c. Apply semioclusive dressings over ulcers affected by incontinence. d. Consider keeping HOB at or below 30 degrees. HOB may be elevated for meals then lowered within one hour p.c. When elevating HOB, gatch the knee area (elevate 10-20 degrees).</p> <p>2. Very moist a. Provide above interventions, as needed b. Consider fecal/urinary incontinence containment device. (esp. if existing skin breakdown).</p> <p>1. Constantly moist a. Provide above interventions b. Apply fecal/urinary incontinence containment device (esp. if ulcer healing is impaired by repeated effluent contamination).</p>
<p>Activity</p> <p>Degree of physical activity</p>	<p>4. Walks frequently a. Encourage activity as tolerated</p> <p>3. Walks Occasionally a. Provide above b. Teach patient/family the importance of changing positions for prevention of pressure ulcers. Encourage small frequent position changes. Consider W/C cushion (esp. if existing skin breakdown) c. Consider PT/OT consult.</p>

	<p>2. Chairfast a. Provide above interventions as needed b. Obtain wheelchair cushion. c. Instruct/assist to shift weight in W/C q 15 minutes. Consider limiting W/C to 1-2 hour intervals.</p> <p>1. Bedfast a. Provide above interventions b. Consider higher level support surface (esp. if existing skin breakdown).</p>
<p>Mobility</p> <p>Ability to change and control body position</p>	<p>4. No limitation a. Provide routine skin care</p> <p>3. Slightly limited a. Teach patient/family the importance of changing positions for prevention of pressure ulcers. Encourage small frequent position changes. b. Encourage turning and repositioning at least q 2 hours when in bed. Consider use of pillows to separate pressure areas, with special attention to off loading contracted joints. c. Consider elevation of heels off bed. d. Consider use of foam wedges to help maintain positioning. Use draw sheet to lift up or turn in bed. e. Consider keeping HOB at or below 30 degrees. HOB may be elevated for meals then lowered within one hour p.c. When elevating HOB, gatch the knee area (elevate 10-20 degrees). f. Instruct/assist to shift weight in W/C q 15 minutes. g. Consider use of assistive device (i.e. trapeze). h. Consider PT/OT consult.</p> <p>2. Very limited a. Provide above interventions as needed. b. Limit W/C to 1-2 hours intervals. c. Consider pressure redistribution surface for wheelchair and/or bed (esp. if existing skin breakdown)</p> <p>1. Completely immobile a. Provide above</p>
<p>Nutrition</p> <p>Usual food intake pattern</p>	<p>4. Excellent a. Provide tray set up and other routine assistance as needed.</p> <p>3. Adequate a. Encourage meals and assist with meals as needed. b. Offer ordered supplements. c. Assess needs for oral care, assist PRN.</p> <p>2. Probably inadequate a. Provide above interventions. Patient may need to be fed. b. Consider pressure redistribution surface for wheelchair and/or bed (esp. if existing skin breakdown) c. Consider dietician consult</p> <p>1. Very poor a. Provide above interventions</p>
<p>Friction & Shear</p>	<p>3. No apparent problem a. Provide routine skin care</p> <p>2. Potential problem a. Use a draw sheet to lift up or turn in bed. b. Consider keeping HOB at or below 30 degrees. HOB may be elevated for meals then lowered within one hour p.c. When elevating HOB, gatch the knee area (elevate 10-20 degrees) d. Consider heel/elbow pads or socks.</p> <p>1. Problem a. Provide above interventions b. Consider use of assistive device (i.e. trapeze).</p>

