

## Braden risk assessment

Date:

<p><b>Sensory Perception -</b> Ability to respond meaningfully to pressure related discomfort</p>	<p><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 surface.</p>	<p><b>2. Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness. OR has a sensory impairment that limits the ability to feel pain or discomfort over ½ of body.</p>	<p><b>3. Slightly Limited</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned. OR has some sensory impairment that limits ability to feel pain or discomfort in 1 or 2 extremities.</p>	<p><b>4. No Impairment</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or voice pain or discomfort</p>	
<p><b>Moisture -</b> Degree to which skin is exposed to moisture</p>	<p><b>1. Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient/ client is moved or turned.</p>	<p><b>2. Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.</p>	<p><b>3. Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.</p>	<p><b>4. Rarely moist</b> Skin is usually dry. Linen only requires changing at routine intervals.</p>	
<p><b>Activity -</b> Degree of physical activity</p>	<p><b>1. Bedfast</b> Confined to bed</p>	<p><b>2. Chairfast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.</p>	<p><b>3. Walks Occasionally</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.</p>	<p><b>4. Walks Frequently</b> Walks outside the room at least twice a day and inside the room every 2 hours during waking hours.</p>	
<p><b>Mobility -</b> Ability to change and control body position</p>	<p><b>1. Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.</p>	<p><b>2. Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.</p>	<p><b>3. Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.</p>	<p><b>4. No Limitations</b> Makes major and frequent changes in position without assistance.</p>	
<p><b>Friction and Shear</b></p>	<p><b>1. Problem</b> Requires moderate to maximum assistance in moving.</p>	<p><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.</p>	<p><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 at all times.</p>		
<p>Indicate appropriate number and add for total score</p>					<p><b>Total Score:</b></p>