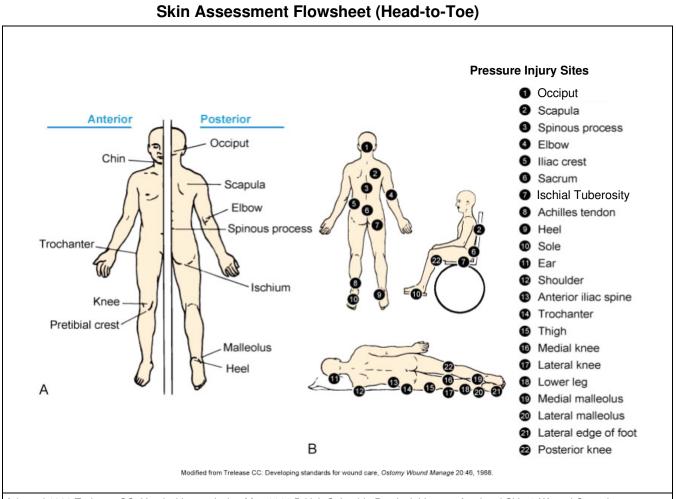
## **Braden Risk & Skin Assessment Flowsheet**

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|  |  | Braden  | Scale for  |  | Page: 1 of |   | Sore R   | lisk  |   |  |   |   |  |  |  |
|--|--|---|--|--|------------|---|--|---|---|--|---|---|--|--|--|
| Sensory Perception<br>Ability to respond<br>meaningfully to pressure<br>related discomfort | Unrespons<br>flinch, or g<br>due to dim<br>conscious<br><b>OR</b>  | etely Limited<br>sive (does not moan,<br>irasp) to painful stimuli,<br>inished level of<br>ness or sedation<br>illity to feel pain over | Scale for Predicting Pres<br>2. Very Limited<br>Responds only to painful stimuli.<br>Cannot communicate discomfort<br>except by moaning or restlessness,<br>OR<br>Has a sensory impairment which<br>limits the ability to feel pain or<br>discomfort over 1/2 of body  |  |            | 3. Slig<br>Respo<br>canno<br>s, discor<br>OR<br>Has so<br>which                               | 3. Slightly Limited<br>Responds to verbal commands but<br>cannot always communicate<br>discomfort or need to be turned,  |   |   |  | 4. No Impairment<br>Responds to verbal commands,<br>has no sensory deficit which would<br>limit ability to feel or voice pain or<br>discomfort. |   |  |  |  |
| Moisture<br>Degree to which skin is<br>exposed to moisture                                 | 1. Constantly Moist<br>Skin is kept moist almost constantly<br>by perspiration, urine, etc.<br>Dampness is detected every time<br>patient is moved or turned.  |   | Skin is often but not always<br>moist. Linen/ continent briefs*<br>must be changed once a shift  |  |            | Skin is<br>requiri  | 3. Occasionally Moist<br>Skin is occasionally moist,<br>requiring an extra linen/continent<br>briefs* change approximately once<br>a day   |   |   |  | 4. Rarely Moist<br>Skin is usually dry; linen only<br>requires changing at routine<br>intervals   |   |  |  |  |
| Activity<br>Degree of physical<br>activity   | 1. Bedfast<br>Confined to bed  |   | 2. Chairfast<br>Ability to walk severely limited or<br>nonexistent. Cannot bear own<br>weight and/or must be assisted<br>into chair or wheelchair  |  |            | Walks<br>for ver<br>withou<br>of eac  | 3. Walks Occasionally<br>Walks occasionally during day, but<br>for very short distances, with or<br>without assistance. Spends majority<br>of each shift in bed or chair.                            |   |   |  | waking hours  |   |  |  |  |
| Mobility<br>Ability to change and<br>control body position                                 | 1. Completely Immobile<br>Does not make even slight<br>changes in body or extremity<br>position without assistance   |   | 2. Very Limited<br>Makes occasional slight changes in<br>body or extremity position but<br>unable to make frequent or<br>significant changes independently   |  |            | in Makes<br>chang<br>positic  | changes in body or extremity<br>position independently   |   |   |  | 4. No Limitations<br>Makes major and frequent changes<br>in position without assistance   |   |  |  |  |
| Nutrition<br>Usual food intake<br>pattern  | eats more<br>offered. Ea<br>protein (m<br>day. Takes<br>take a liqu<br><b>OR</b><br>Is NPO an  |   | 2. Probably Inadequate<br>Rarely eats a complete meal and<br>generally eats only about 1/2 of any<br>food offered. Protein intake includes<br>only 3 servings of meat or dairy<br>products per day. Occasionally will<br>take dietary supplement,<br>OR<br>Receives less than optimum<br>amount of liquid diet or tube feeding |  |            | Eats o<br>total o<br>or dair<br>Occas<br>will us<br>offered<br><b>OR</b><br>Is on a<br>regime | or dairy products) each day.<br>Occasionally will refuse a meal, but<br>will usually take a supplement when<br>offered,<br><b>OR</b><br>Is on a tube feeding or TPN<br>regimen, which probably meats |   |   |  | refuses a meal. Usually eats a total<br>of 4 or more servings of meat and<br>dairy products. Occasionally eats                                  |   |  |  |  |
| Friction and Shear   | Requires moderate to maximum a<br>moving. Complete lifting without sl<br>sheets is impossible. Frequently si<br>bed or chair, requiring frequent rep<br>maximum assistance. Spasticity, c<br>or agitation leads to almost consta |   |  | ding against<br>ides down in<br>vositioning with<br>ontractures,<br>nt friction.During a move skin<br>extent against sheet<br>devices. Maintains n<br>chair or bed most of<br>slides down. |            |   |  | uires minimum assistance.<br>probably slides to some<br>ts, chair, restraints or other<br>elatively good position in<br>the time but occasionally |   |  |   | pparent Problem<br>in bed and in chair independently<br>s sufficient muscle strength to lift up<br>tely during move. Maintains good<br>i in bed or chair. |  |  |  |
|  |  |   | ermission. All rights reserved. *Adapted with<br>n correct box and add up colun  |  |            |   | n permission of B. Braden.<br>nn for Total Score; then determ  |   |   |  | nine Risk level   |   |  |  |  |
| Determine Level of Risk  |  |   | /MM/YY   |  |            |   |  |   | Ī |  |   |   |  |  |  |
| Score Level of Risk  |  | Sensory P   | Time   |  |            |   |  |   |   |  |   |   |  |  |  |
|  | M = Moderate   |   | Moisture   |  |            |   |  |   |   |  |   |   |  |  |  |
| 9 or less VH = Very High   |  | Activity<br>Mobility  |  |  |            |   |  |   |   |  |   |   |  |  |  |
| Consider clients with the following conditions to be more likely to be at                  |  | Nutrition   |  |  |            |   |  |   |   |  |   |   |  |  |  |
| higher risk:   |  | Friction and Shear  |  |  |            |   |  |   |   |  |   |   |  |  |  |
| Existing skin breakdown  |  | Total Risk Score  |  |  |            |   |  |   |   |  |   |   |  |  |  |
| Age greater than or equal to 75 yrs<br>Diastolic pressure less than 60                     |  | Risk Level  |  |  |            |   |  |   |   |  |   |   |  |  |  |
| Hemodynamically unstable<br>Fever  |  | See Progress/Nursing Notes<br>(Check box if required)   |  |  |            |   |  |   |   |  |   |   |  |  |  |
| PVD/Diabetes<br>Obesity  |  |   | Initials   |  |            |   |  |   |   |  |   |   |  |  |  |

## **Braden Risk & 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:<br>Occiput (Y/N)<br>Sacral / coccyx (Y/N) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Bilateral Ischial tuberosities (Y/N)   |  |  |  |  |  |  |
|  | Bilateral Achilles tendon / heel (Y/N)   |  |  |  |  |  |  |
|  | Bilateral medial / lateral malleolus (Y/N)                                       |  |  |  |  |  |  |
| Remember to<br>check skin folds,<br>beneath medical<br>device (tubes, splints,<br>etc) & mucous<br>membranes - describe<br>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<br>(Check box if required)                       |  |  |  |  |  |  |
|  | See Progress Notes/Nursing Notes<br>(Check box if required)                      |  |  |  |  |  |  |
|  | Initials   |  |  |  |  |  |  |