



Patient identifier: _____

PRESSURE ULCER RISK COMMUNICATION TOOL

Additional Risk Factors & Interventions for Pressure Ulcers (PrUs)

Directions: Check "Y" for Yes or "N" for No; If "Yes" check the appropriate term(s)

Additional Risk Factors for PrU	Y	N	If Yes; Check all and/or describe where indicated
1. History and/or Existing PrU(s)			1. Location/Stage _____ 2. Location/Stage _____ 3. Location/Stage _____ 4. Location/Stage _____
2. Current Rx for Existing PrU's			1. Rx _____ 2. Rx _____ 3. Rx _____ 4. Rx _____
3. Pressure Relief Measures			Mattress: Overlay ___ Low Air Loss ___ Alternating Air ___ Chair: Air Cushion ___ Other ___ Heel: Boots ___ Other ___
4. Medical Devices			O ₂ ___ Foley catheter ___ Immobilizers ___ Orthotics ___ Splints ___ Vent dependent C-PAP/BiPAP Other
5. Comorbidities			Cancer ___ CAD ___ COPD ___ CVA ___ DM ___ PVD ___ Renal ___ End of Life/Palliative Care ___ Other
6. Bony Deformities/Contractures			Extremities: Upper ___ Lower ___ Both
7. Alteration in Tissue Perfusion			Anemia ___ Edema ___ Hypotension ___ Hypoxia ___ O ₂ Dependent ___ Current Smoker ___ Vent Dependant
8. Alteration in Nutrition			Cachectic ___ Change in Baseline BMI ___ Enteral Feeding ___ Hypoalbuminemia ___ Impaired chewing/swallowing ___ Obese ___ NPO ___ TPN ___ Recent weight loss ___ Recent weight gain
9. Procedural Positioning			Dialysis ___ Multiple Surgeries ___ Surgeries > 4 hours ___ Orthopedic Procedures ___ TPN ___ Tube Feeding ___ Other
10. Pain			Extremities: Upper ___ Lower ___ Both ___ Trunk ___ Neuropathic ___ PrU site(s) ___ Other

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Above data represents the patient's baseline from this time period: _____

Date and signature of nurse filling out this form



Patient identifier: _____

PRESSURE ULCER RISK COMMUNICATION TOOL

Directions: Complete the Braden subscores and total score. Then complete additional Risk Factor questions # 1 – # 10 by filling the blanks and/or checking the relevant risk factors and interventions.

Braden Pressure Ulcer Risk Assessment Patients with a total score of 18 or less are considered to be at risk of developing pressure ulcers (19-23 = no risk; 15-18 = low risk; 13-14 = moderate risk; 10-12 = high risk; \leq to 9 = very high risk)

Sensory Perception	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 surface	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 the body.	3. Slightly Limited Responds to verbal commands but cannot always communicate discomfort or 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 feel or voice pain or discomfort.
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	1. 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 the day, but for short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently Walks outside the room at least twice a day and inside the room at least once every 2 hours during waking hours.
Mobility	1. 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.	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	1. Very Poor Never eats complete meal. Rarely eats more than 1/3 of any food offered. Eats two 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.	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 a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding.	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. OR is on a tube feeding or TPN regimen which probably meets 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 lead to almost constant friction.	2. Potential Problem 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.	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 at all times.	

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Above data represents the patient's baseline from this time period: _____

Date and Signature of nurse filling out this form _____