

	<h1>BRADEN RISK ASSESSMENT TOOL</h1>	<p>A3 – C</p> <p>REVIEWED ON: OCT 22 REVIEWED BY: S PALTRIDGE</p>
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FULL NAME	DATE OF BIRTH
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CATEGORY	DESCRIPTOR	Date of Assessment SCORE	SCORE	SCORE
<b>Sensory Perception Ability to respond meaningfully to pressure related discomfort</b>	<b>Completely Limited:</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation. <b>OR</b> , limited ability to feel pain over most of body surface.	1	1	1
	<b>Very Limited:</b> Responds to only painful stimuli. Cannot communicate discomfort except by moaning or restlessness; <b>OR</b> has sensory impairment that limits the ability to feel pain or discomfort over half of body.	2	2	2
	<b>Slightly Limited:</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned; <b>OR</b> , has sensory impairment that limits the ability to feel pain or discomfort in one or two extremities.	3	3	3
	<b>No Impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4
<b>Mobility Ability to change and maintain own position</b>	<b>Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	1	1	1
	<b>Very limited:</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	2	2	2
	<b>Slightly limited:</b> Makes frequent though slight changes in body or extremity position independently	3	3	3
	<b>No limitations:</b> makes major and frequent changes in position without assistance.	4	4	4
<b>Activity Degree of physical activity</b>	<b>Bedfast:</b> confined to bed (can't sit at all).	1	1	1
	<b>Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	2	2	2
	<b>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.	3	3	3
	<b>Walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	4	4	4
<b>Moisture Degree to which skin is exposed to moisture</b>	<b>Constantly moist:</b> skin is kept moist almost constantly by perspiration, urine, drainage etc. Dampness is detected every time patient is moved or turned.	1	1	1
	<b>Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours. Dry 2-3 hours at a time	2	2	2
	<b>Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours	3	3	3
	<b>Rarely moist:</b> Skin is usually dry, linen only requires changing every 24 hours.	4	4	4
<b>Friction Shear</b>	<b>Problem:</b> 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, itching or agitation leads to almost constant friction	1	1	1
	<b>Potential problem:</b> Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraint or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	2	2	2
	<b>No apparent problem:</b> Able to completely lift patient during a position change, moves in bed and in chair independently and has sufficient muscle strength to lift completely during move. Maintains good position in bed or chair at all times.	3	3	3
<b>Nutrition</b>	<b>Very poor:</b> NPO and/or maintained on clear fluids, or IVs for more than 5 days <b>OR</b> never eats a complete meal. Rarely eats more than 1/3 of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	1	1	1
	<b>Inadequate:</b> Is on a liquid diet or tube feedings/TPN, which provide inadequate calories and minerals for age <b>OR</b> rarely eats a complete meal and generally eats only half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	2	2	2
	<b>Adequate:</b> Is on tube feedings <b>OR</b> eats over half of most meals. Eats a total of 4 servings of protein each day. Occasionally eats between meals. Does not require supplementation.	3	3	3
	<b>Excellent:</b> Is on TPN, which provides adequate calories and minerals for age <b>OR</b> Is on a normal diet providing adequate calories for age. For example, 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.	4	4	4
	mild risk- 18-15 moderate risk - 14-13 high risk - 12-10 severe risk - ≤9	TOTAL SCORE		

**PATIENTS SCORING 12 OR BELOW SHOULD BE CONSIDERED FOR A DYNAMIC AIR MATTRESS**

ASSESSOR FULL NAME	SIGNATURE
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