



## COMS - Braden Scale for Predicting Pressure Ulcer Risk

Resident: Smith, Stella (558874)

Description: Admission

Score: To Be Determined

Date: 7/9/2019 10:51

Section Status: Unedited ☐

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1.	SENSORY PERCEPTION (ability to respond meaningfully to pressure-related discomfort)	<p>1. <a href="#">H</a></p> <ul style="list-style-type: none"> <li><input checked="" type="radio"/> a. <b>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.</li> <li><input type="radio"/> b. <b>Very Limited:</b> 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 body.</li> <li><input type="radio"/> c. <b>Slightly Limited:</b> Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.</li> <li><input type="radio"/> d. <b>No Impairment:</b> Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort. <a href="#">clear</a></li> </ul>
2.	MOISTURE (degree to which skin is exposed to moisture)	<p>2. <a href="#">H</a></p> <ul style="list-style-type: none"> <li><input type="radio"/> a. <b>Constantly Moist:</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.</li> <li><input checked="" type="radio"/> b. <b>Very Moist :</b> Skin is often but not always moist. Linen must be changed at least once a shift.</li> <li><input type="radio"/> c. <b>Occasionally Moist :</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.</li> <li><input type="radio"/> d. <b>Rarely Moist:</b> Skin is usually dry, linen only requires changing at routine intervals. <a href="#">clear</a></li> </ul>
3.	ACTIVITY (degree of physical activity)	<p>3. <a href="#">H</a></p> <ul style="list-style-type: none"> <li><input type="radio"/> a. <b>Bedfast:</b> Confined to bed.</li> <li><input type="radio"/> b. <b>Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.</li> <li><input checked="" type="radio"/> c. <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.</li> <li><input type="radio"/> d. <b>Walks Frequently:</b> Walks outside room at least twice a day and inside room at least once every two hours during waking hours. <a href="#">clear</a></li> </ul>
4.	MOBILITY (ability to change and control body position)	<p>4. <a href="#">H</a></p> <ul style="list-style-type: none"> <li><input type="radio"/> a. <b>Completely Immobile:</b> Does not make even slight changes in body or extremity position without assistance.</li> <li><input checked="" type="radio"/> b. <b>Very Limited:</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.</li> <li><input type="radio"/> c. <b>Slightly Limited:</b> Makes frequent though slight changes in body or extremity position independently.</li> <li><input type="radio"/> d. <b>No Limitation:</b> Makes major and frequent changes in position. <a href="#">clear</a></li> </ul>

5.	NUTRITION (usual food intake pattern)	<p>5. <a href="#">H</a></p> <p><input type="radio"/> a. <b>Very Poor:</b> Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement <b>OR</b> is NPO and/or maintained on clear liquids or IV</p> <p><input checked="" type="radio"/> b. <b>Probably Inadequate:</b> 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 <b>OR</b> receives less than optimum amount of liquid diet or tube feeding.</p> <p><input type="radio"/> c. <b>Adequate:</b> Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered <b>OR</b> is on a tube feeding or TPN regimen which probably meets most of nutritional needs.</p> <p><input type="radio"/> d. <b>Excellent:</b> 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. <a href="#">clear</a></p>
6.	FRICTION & SHEAR	<p>6. <a href="#">H</a></p> <p><input type="radio"/> a. <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 or agitation leads to almost constant friction.</p> <p><input checked="" type="radio"/> b. <b>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><input type="radio"/> c. <b>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. <a href="#">clear</a></p>
7.	SCORING	<p>Click SAVE. The Score and Category will appear in the header of this assessment as per the scoring below.</p> <p>SCORING:</p> <p><b>AT RISK</b> 15-18</p> <p><b>MODERATE RISK</b> 13-14</p> <p><b>HIGH RISK</b> 10-12</p> <p><b>VERY HIGH RISK</b> 9 or below. <a href="#">H</a></p>
ref.	REFERENCE	<p>Copyright Barbara Braden and Nancy Bergstrom, 1988 All rights reserved</p> <p><a href="http://www.bradenscale.com/images/bradenscale.pdf">http://www.bradenscale.com/images/bradenscale.pdf</a> <a href="#">H</a></p>
AB.	<b>Abnormalities</b> (must be acknowledged)	<p>✓ 1. <input checked="" type="checkbox"/> Sensory Perception: Completely Limited <a href="#">H</a></p> <p>✓ 8. <input checked="" type="checkbox"/> Moisture: Very Moist <a href="#">H</a></p> <p>✓ 10. <input checked="" type="checkbox"/> Mobility: Very Limited <a href="#">H</a></p> <p>✓ 11. <input checked="" type="checkbox"/> Nutrition: Probably Inadequate <a href="#">H</a></p> <p>✓ 12. <input checked="" type="checkbox"/> Friction &amp; Shear: Potential Problem <a href="#">H</a></p> <p>✓ 15. <input checked="" type="checkbox"/> Activity: Walks Occasionally <a href="#">H</a></p>
BCS.	<b>Clinical Suggestions</b>	<p>6H1. <input type="checkbox"/> Utilize draw sheet <a href="#">H</a></p> <p>2D7. <input type="checkbox"/> Utilize wheelchair cushion <a href="#">H</a></p> <p>8C1. <input type="checkbox"/> Utilize foam wedge(s) for positioning <a href="#">H</a></p> <p>7T1. <input type="checkbox"/> Utilize heel / elbow pads or socks <a href="#">H</a></p> <p>6S3. <input type="checkbox"/> Utilize incontinent products after each incontinence episode <a href="#">H</a></p> <p>2B0. <input type="checkbox"/> Elevate heel(s) off bed <a href="#">H</a></p> <p>4F1. <input type="checkbox"/> Elevate HOB less than, equal to 30 degrees and gatch knees <a href="#">H</a></p> <p>5X6. <input type="checkbox"/> Use pillows to position and off load pressure areas <a href="#">H</a></p> <p>6S1. <input type="checkbox"/> Position changes at least q.1 hour while in wheelchair <a href="#">H</a></p> <p>9K8. <input type="checkbox"/> Limit time in wheelchair to 1-2 hour intervals <a href="#">H</a></p>

- 7V3. ☐ Provide routine skin care [H](#)
- 8S2. ☐ Shift weight q.15 minutes while in wheelchair [H](#)
- 1M3. ☐ Turn and reposition at least q.2 hours while in bed [H](#)
- 4W5. ☐ Apply semioclusive dressing over ulcer(s) affected by incontinence [H](#)
- 5I2. ☐ Evaluate for cause of moisture and address [H](#)
- 5R2. ☐ Evaluate / provide routine skin care PRN [H](#)
- 8Y4. ☐ Evaluate oral care [H](#)
- 3K2. ☐ Feed resident meal(s) [H](#)
- 3J1. ☐ Offer supplements per order [H](#)
- 9J1. ☐ Offer tray set up and routine meal assistance as needed [H](#)
- 3R4. ☐ Encourage small, frequent position changes [H](#)
- 2D6. ☐ Encourage activities as tolerated [H](#)
- 9D2. ☐ Encourage meals [H](#)
- 6J5. ☐ Educate resident / responsible party regarding importance of changing position [H](#)
- 5D6. ☐ Consider contacting provider to obtain order for fecal / urinary incontinence containment device [H](#)
- 9W2. ☐ Obtain order for pressure redistribution surface for wheelchair and / or bed [H](#)
- 0Y3. ☐ Obtain order for PT / OT consult [H](#)
- 8Z3. ☐ Obtain order for dietitian consult [H](#)

SECTION Cust.

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