Pressure Ulcer Risk Assessment: The Braden Scale for Predicting Pressure Sore Risk

Prevention Is All About Identification of Risk

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Presentation Objectives

- Discuss the importance of pressure ulcer risk assessment in pressure ulcer prevention.
- Identify common barriers to accurate scoring of the Braden Scale.
- Identify improvement opportunities for Braden Scale scoring accuracy across settings.
Braden Scale: Subscales

- Sensory Perception
- Activity
- Mobility
- Skin Moisture
- Nutritional Intake
- Friction and Shear

Braden Scale: Total Risk Level

- At Risk (15–18)
- Moderate Risk (13–14)
- High Risk (10–12)
- Very High Risk (9 or below)
What Is the Goal of the Braden Scale?

- To accurately predict who will develop pressure ulcers for the purpose of planning effective preventive strategies.
  - Total score is used as a rough indicator of intensity of interventions.
  - Subscale score helps orient staff to the bundle of preventive interventions required.

Process

- Evaluate the patient’s condition within each category.
- Assign a rating number for each category.
- Add all numbers together to develop a rating score (may range from 6–23).
  - Add correctly
- The lower the score the higher the risk of pressure ulcer development.
**Braden Scale Problems: Accuracy**

- No formal/standardized training in the public domain on how to accurately score each subcategory
- Barriers to accuracy: system vs. nurse
- New vs. regular users
  - Eyeballing the patient/resident
  - Degree of patient familiarity—LTC
- Clinical judgment is used to assign a score

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**To Agree or Disagree . . .**

- Patients/Residents
- Insufficient training in the use of the Scale
- Poor technique by the raters
- Insufficient time to carry out an assessment
- Unclear wording of items on the instrument
- Undervaluing the importance of accurate measurement
Can’t We All Just Agree On It . . .

- **Rule of Thumb**: “Do no harm”
- If data are borderline, assign a lower score
- Other decision rules . . .

Common Barriers to Accurate Scoring of the Braden Scale
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Sensory Perception

“Ability to respond meaningfully to pressure-related discomfort”

Rate Chris’ sensory perception risk level:

A: Completely Limited
B: Very Limited
C: Slightly Limited
D: No Impairment
Sensory Perception (cont'd)

- Level of consciousness
  - Risk level 4 (no impairment)
- Pain sensation
  - Risk level 2 (very limited)
- Decision rule
  - Assign the lower score

Sensory Perception (cont'd)

- Measures ability to perceive discomfort in a meaningful way
- Has two levels of potential responses:
  - Patient with decreased conscious state
  - Patient with decreased cutaneous sensation (any feeling originating in sensory nerve endings of the skin, including pressure, warmth, cold, and pain)
    - If patient has impairment in both, assign the LOWER of possible categories.
Moisture

“Degree to which skin is exposed to moisture”

Moisture (cont’d)

- Metric for determining risk level is number of linen changes.
  - Risk level 3
    - Occasionally moist
    - Extra linen change approximately once a day
  - Risk level 2
    - Skin often, but not always, moist
    - Linen change at least once a shift

- Wording issues
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**Mobility**
“Ability to change and control body position”

**Activity**
“Degree of physical activity”

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**Activity**

- Measures frequency of ambulation
- Risk level
  - Bedfast (1)
  - Chairfast (2)
  - Walks occasionally (3)
  - Walks frequently (4)
- Refuses ambulation

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**Mobility and Activity**

- Challenges:
  - Patient’s/Resident’s **motivation to change and sustain changes in position**
  - Patient’s/Resident’s **motivation** to walk or get up
- Repositioning regimes or PT ambulation
  - Relevance when determining degree of risk (?)
- Decision rule

**Nutrition**

“**Usual** food intake pattern”
Nutrition (cont’d)

- Assessment reflects usual intake, not temporary status
- Two layers of potential responses
  - Oral/Liquid supplements
  - IV/TPN/Enteral

Nutrition (cont’d)

- Challenges
  - Requires knowledge of a patient’s/resident’s eating patterns over several days.
    - Food eaten—history/recall
    - Current plans for nutrition
  - Determine adequacy of nutritional intake
  - Requires RN/LVN, CNA, and dietitian communication
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Nutrition: Risk Levels

Oral
- Percentage of food eaten
- Refused meals
- Fluid intake
- Dietary supplement

IV/Enteric
- NPO x how many days
- Optimum amount of liquid diet or tube feeding

Nutrition

Risk?

Food intake

Fluid intake

Refused meal

NPO

Supplement

Tube feeding

IV Fluids

TPN
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Friction and Shear

Friction and Shear (cont’d)

- Risk levels—degree of exposure to friction and shear
  - Degree of assistance in moving
  - Frequency—sliding down (bed/Chair)
  - Ability to maintain position
Friction and Shear (cont’d)

- Challenge
  - Risk level 1: Minimum assist
  - Risk level 2: Moderate assist

- How to differentiate?
  - Number of staff it takes to lift patient/resident without causing friction/shear

- Decision rule

Calculation of Risk

1. Add subcategory scores.
2. Identify intervention bundle needed to support level of risk.
   a. Prevention based on total score or
   b. Prevention based on subscale score (handout)
3. Develop specific plan for each level of risk for each risk factor.
Next Steps

- Decide on rules—agreement
- Set a goal
  - For example: 95 percent agreement on Braden Scale scores between acute care and long-term care settings.

Questions?
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References
References (cont’d)


Over 1 million drug-related injuries occur every year in health care settings. The Institute of Medicine estimates that at least a quarter of these injuries are preventable.

To find out how to prevent medication errors, go to [http://www.hsag.com/caproviders/drugsafety.aspx](http://www.hsag.com/caproviders/drugsafety.aspx)