

**Braden Risk Assessment Chart**

<b>Patient Name:</b>		<b>Evaluator's Name:</b>			<b>Date:</b>
					<b>Score:</b>
<b>Sensory Perception -</b> Ability to respond meaningfully to pressure related discomfort	<b>1.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.	<b>2.Very Limited</b> Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness. OR has a sensory impairment that limits the ability to feel pain or discomfort over ½ of body.	<b>3.Slightly Limited</b> Responds to verbal commands but cannot always communicate discomfort or need to be turned. OR has some sensory impairment that limits ability to feel pain or discomfort in 1 or 2 extremities.	<b>4.No Impairment</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or voice pain or discomfort	
<b>Moisture</b> -Degree to which skin is exposed to moisture	<b>1.Constantly Moist</b> Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient/ client is moved or turned.	<b>2.Very Moist</b> Skin is often, but not always, moist. Linen must be changed at least once a shift.	<b>3.Occasionally Moist</b> Skin is occasionally moist, requiring an extra linen change approximately once a day.	<b>4.Rarely moist</b> Skin is usually dry. Linen only requires changing at routine intervals.	
<b>Activity</b> -Degree of physical activity	<b>1.Bedfast</b> Confined to bed	<b>2.Chairfast</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	<b>3. 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.	<b>4.Walks Frequently</b> Walks outside the room at least twice a day and inside the room every 2 hours during waking hours.	
<b>Mobility</b> - Ability to change and control body position	<b>1.Completely Immobile</b> Does not make even slight changes in body or extremity position without assistance.	<b>2.Very Limited</b> Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	<b>3.Slightly Limited</b> Makes frequent though slight changes in body or extremity position independently.	<b>4.No Limitations</b> Makes major and frequent changes in position without assistance.	
<b>Nutrition</b> -Usual food intake pattern	<b>1.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. OR is NPO and/or maintained on clear liquids or IV's for more than 5 days.	<b>2.Probably Inadequate</b> Rarely eats a complete meal and generally eats only about ½ 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.	<b>3.Adequate</b> 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.	<b>4.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	
<b>Friction and Shear</b>	<b>1.Problem</b> Requires moderate to maximum assistance in moving.	<b>2.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.	<b>3.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.		
				<b>Total:</b>	