

WRITE, IMPRINT OR ATTACH LABEL	
Surname	CHI No
Forenames	Sex.....
DoB	
Location.....	

Braden Risk Assessment Chart

Individuals with a total score of 16 or less are considered at risk:

15-16 = low risk, 13-14 = moderate risk, 12 or less = high risk.

Undertake and document risk assessment within 6 hours of admission or on first home visit.

Reassess if there is a change in individual's condition and repeat regularly according to local protocol

Date:

<p>Sensory Perception - Ability to respond meaningfully to pressure related discomfort</p>	<p>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.</p>	<p>2. Very Limited 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.</p>	<p>3. Slightly Limited 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.</p>	<p>4. No Impairment Responds to verbal commands. Has no sensory deficit that would limit ability to feel or voice pain or discomfort</p>	
<p>Moisture - Degree to which skin is exposed to moisture</p>	<p>1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient/ client is moved or turned.</p>	<p>2. Very Moist Skin is often, but not always, moist. Linen must be changed at least once a shift.</p>	<p>3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.</p>	<p>4. Rarely moist Skin is usually dry. Linen only requires changing at routine intervals.</p>	
<p>Activity - Degree of physical activity</p>	<p>1. Bedfast Confined to bed</p>	<p>2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.</p>	<p>3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.</p>	<p>4. Walks Frequently Walks outside the room at least twice a day and inside the room every 2 hours during waking hours.</p>	

<p>Mobility - Ability to change and control body position</p>	<p>1. Completely Immobile Does not make even slight changes in body or extremity position without assistance.</p>	<p>2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.</p>	<p>3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.</p>	<p>4. No Limitations Makes major and frequent changes in position without assistance.</p>	
<p>Nutrition - Usual food intake pattern</p>	<p>1. Very Poor 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</p>	<p>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.</p>	<p>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.</p>	<p>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</p>	
<p>Friction and Shear</p>	<p>1. Problem Requires moderate to maximum assistance in moving.</p>	<p>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.</p>	<p>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.</p>		
<p>Indicate appropriate number and add for total score</p>					<p>Total Score:</p>