

The Braden Q Scale

Intensity and Duration of Pressure					Score
Mobility The ability to change and control body position	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very Limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly Limited: Makes frequent though slight changes in body or extremity position independently.	4. No Limitations: Makes major and frequent changes in position without assistance.	
Activity The degree of physical activity	—————→			4. All patients too young to ambulate OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
	1. Bedfast: Confined to bed	2. Chair fast: Ability to walk severely limited or nonexistent. Cannot bear own weight and/or must be assisted in to chair or wheelchair.	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.		
Sensory Perception The ability to respond in a developmentally appropriate way to pressure-related discomfort	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.	2. Very Limited: Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has sensory impairment which limits the ability to feel pain or discomfort over ½ of body.	3. Slightly Limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	4. No Impairment: Responds to verbal commands. Has no sensory deficit, which limits ability to feel or communicate pain or discomfort.	
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	1. Constantly Moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist: Skin is often, but not always moist. Linen must be changed at least every 8 hours.	3. Occasionally Moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely Moist: Skin is usually dry, routine diaper changes, linen only requires changing every 24 hours.	
Friction - Shear <i>Friction:</i> occurs when skin moves against support surfaces <i>Shear:</i> occurs when skin and adjacent bony surface slide across one another	1. Significant Problem: Spasticity, contracture, itching or agitation leads to almost constant thrashing and friction.	2. Problem: 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.	3. 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 relative good position in chair or bed most of the time but occasionally slides down.	4. No Apparent Problem: Able to completely lift patient during a position change; 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.	
Nutrition <i>Usual</i> food intake pattern	1. Very Poor: NPO and/or maintained on clear liquids, or IVs for more than 5 days OR Albumin <2.5 mg/dl OR Never eats a complete meal. Rarely eats more than ½ 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.	2. Inadequate: Is on liquid diet or tube feedings/TPN which provide inadequate calories and minerals for age OR Albumin <3 mg/dl OR 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.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR 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.	4. Excellent: Is on a normal diet providing adequate calories for age. For example: eats/drinks most of every meal/feeding. 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.	
Tissue Perfusion and Oxygenation	1. Extremely Compromised: Hypotensive (MAP <50mmHg; <40 in a newborn) OR the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive; Oxygen saturation may be <95 % OR hemoglobin may be < 10 mg/dl OR capillary refill may be > 2 seconds; Serum pH is < 7.40.	3. Adequate: Normotensive; Oxygen saturation may be <95 % OR hemoglobin may be < 10 mg/dl OR capillary refill may be > 2 seconds; Serum pH is normal.	4. Excellent: Normotensive, Oxygen saturation >95%; Normal Hemoglobin ; & Capillary refill < 2 seconds.	
Total:					

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