Braden QD Scale

Intensity and Duration of Pressure				Score
Mobility The ability to independently change & control body position	**0. No Limitation** Makes major and frequent changes in body or extremity position independently.	**1. Limited** Makes slight and infrequent changes in body or extremity position **OR** unable to reposition self independently (includes infants too young to roll over).	**2. Completely Immobile** Does not make even slight changes in body or extremity position independently.	
Sensory Perception The ability to respond meaningfully, in a **developmentally** appropriate way, to pressure-related discomfort	**0. No Impairment** Responsive **and** has no sensory deficits which limit ability to feel or communicate discomfort.	**1. Limited** Cannot always communicate pressure-related discomfort **OR** has some sensory deficits that limit ability to feel pressure-related discomfort.	**2. Completely Limited** Unresponsive due to diminished level of consciousness or sedation **OR** sensory deficits limit ability to feel pressure-related discomfort over most of body surface.	
Tolerance of the Skin and Supporting Structure				
Friction & Shear ***Friction:*** occurs when skin moves against support surfaces ***Shear:*** occurs when skin & adjacent bony surface slide across one another	**0. No Problem** Has sufficient strength to completely lift self up during a move. Maintains good body position in bed/chair at all times. Able to completely lift patient during a position change.	**1. Potential Problem** Requires **some** assistance in moving. Occasionally slides down in bed/chair, requiring repositioning. During repositioning, skin often slides against surface.	**2. Problem** Requires **full** assistance in moving. Frequently slides down and requires repositioning. Complete lifting without skin sliding against surface is impossible **OR** spasticity, contractures, itching or agitation leads to almost constant friction.	
Nutrition *Usual* diet for age – assess pattern over the most recent 3 consecutive days	**0. Adequate** Diet for age providing **adequate** calories **&** protein to support metabolism and growth.	**1. Limited** Diet for age providing **inadequate** calories **OR inadequate** protein to support metabolism and growth **OR** receiving supplemental nutrition any part of the day.	**2. Poor** Diet for age providing **inadequate** calories **and** protein to support metabolism and growth.	
Tissue Perfusion & Oxygenation	**0. Adequate** Normotensive for age, **&** oxygen saturation ≥ 95%, **&** normal hemoglobin, **&** capillary refill ≤ 2 seconds.	**1. Potential Problem** Normotensive for age **with** oxygen saturation <95%, **OR** hemoglobin <100 g/L, **OR** capillary refill > 2 seconds.	**2. Compromised** Hypotensive for age **OR** hemodynamically unstable with position changes.	
Medical Devices				
Number of Medical Devices	**Score 1 point for each medical device* up to 8 (Score 8 points maximum)** ****Any diagnostic or therapeutic device that is currently attached to or traverses the patient's skin or mucous membrane.***			
Repositionability/ Skin Protection	**0. No Medical Devices**	**1. Potential Problem** All medical devices can be repositioned **OR** the skin under each device is protected.	**2. Problem** Any one or more medical device(s) can**not** be repositioned **OR** the skin under each device is not protected.	
			Total **(≥ 13 considered at risk)**	

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