

## **BRADEN SCORE INTERVENTIONS**

### **Windsor Regional Hospital Inclusion Criteria**

- ◆ All patients are assessed every 24 hours.
- ◆ If a pressure ulcer develops, institute Wound Assessment Record and notify physician.

#### **INTERDISCIPLINARY CONSULTS**

- Dietician: To evaluate nutritional and fluid support if:
- NPO/clear fluids or IV's >72 hrs.
  - Eats < 50% of food on tray in 72 hrs.
  - Tube feedings, TPN
- Enterostomal Therapist: ● For patients with difficult incontinence needs and/or perineal skin
- Occupational Therapist: ● For assistive devices for activities of daily living
- To assess and suggest positioning techniques and devices to aid with limb/body positioning and prevention of contractures/foot drop and skin breakdown
- Physiotherapist: ● To assess patient for gait training/ambulation techniques if mobility/activity scores 1-2
- Social Work/CCAC ● To assist with discharge planning

### **Guidelines by Level of Risk**

#### **MILD RISK ( Score 15 - 18 )**

1. Assessment of skin integrity daily
2. Maintain skin integrity
3. Establish and follow a turning schedule (turn and re-position every 2 hours), if indicated
4. Maximize activity level, mobility and range of motion
5. Protect heels (off load from mattress surface), if indicated
6. Manage/improve nutritional status
7. If other major risk factors present, advance to next level of risk

#### **MODERATE RISK ( Score 13 - 14 )**

1. Implement all interventions for mild risk
2. Avoid positioning patients directly on bony prominences (hips, ankles, heels, scapula etc)
3. Prevent contact between bony prominences (e.g. knees)
4. Maintain the head of the bed <30 degrees except for meals/medications or if contraindicated
5. Use assistive devices/techniques to facilitate patient movement (eg. Turning sheets, trapeze, lifts, transfer boards)
6. Apply protective measures to LIMIT/ CONTAIN /PROTECT skin exposure to moisture due to incontinence, perspiration or wound drainage (fecal/urinary collection devices, moisture barrier ointment, pastes).
7. Consider consult to dietician
8. Assess patient for need for support/specialty surface
9. If other major risk factors present, advance to next level of risk

#### **HIGH RISK ( Score 10 - 12 )**

1. Implement all interventions for both mild risk and moderate risk
2. Increase the frequency of turning and facilitate 30 angle lateral turns with devices, unless contraindicated
3. Supplement turning with small shifts in position, unless contraindicated
4. If position changes are contraindicated, assess for proper support surface/specialty bed selection
5. Obtain Dietician consult

#### **VERY HIGH RISK ( Score <9 )**

**\*IMPLEMENT INTERVENTIONS FROM ALL RISK LEVELS\***

#### **OUTCOME GOALS**

- ◆ Achievement/maintenance of intact tissue integrity
- ◆ Reduction of the incidence of new or recurrent pressure ulcers