

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>COMMUNITY HEALTH INFORMATION FORM COMPLETION GUIDELINE</p>	<p>Form Name: Home Care Program Braden Scale for Predicting Risk of Pressure Injury</p>	<p>Form Number: WCC-00282</p>
	<p>Approved By: Home Care</p>	<p>Pages: 1 of 3</p>
	<p>Approval Date: May 2018</p>	<p>Supersedes: New</p>

1.0 Purpose of Form:

- 1.1 To identify clients at risk for the development of pressure injuries and assist the health care provider identify and implement interventions to prevent and address pressure injuries.

2.0 Definitions:

- 2.1 **Pressure Injury:** localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue. (National Pressure Ulcer Advisory Panel April 13, 2016)
- 2.2 **Braden Scale for Predicting Pressure Ulcer Risk:** a standardized assessment tool for predicting the risk of pressure ulcers, based on the total of scores given in the categories of sensory perception, moisture, activity, mobility, nutrition, and friction and/or shear. The lower the score, the higher the risk. [Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health].

3.0 Used in the following situations by:

3.1 Home Care Nurses:

- Upon client admission to program;
- Following each client's hospital discharge;
- Reassessment at 3 months if score is very high risk (9 or less) or high risk (10-12) and then every 6 months thereafter
- Reassessment at 6 months if score is moderate risk (13-14) or low risk (15-18); reassess sooner than 6 months if client's condition changes significantly
- When assessing and/or re-assessing for a Therapeutic Sleep Surface

3.2 Community or Site Based Occupational Therapists:

- When assessing for and/or recommending a Therapeutic Sleep Surface

4.0 Guidelines for Completion:

- 4.1 Client demographic box – complete in full on paper or in EMR/ECHR or affix client label if paper copy used. Hospital addressographs are not to be used
- 4.2 Date of Assessment - complete date using dd/mmm/yyyy format. For example: 23-Nov-2017
- 4.3 Initials- Nurse or Occupational Therapist to insert his/her initials for date of completion
- 4.4. Sensory Perception – insert score from 1-4 in columns according to date assessed
- 4.5 Moisture -insert score from 1-4 in columns according to date assessed
- 4.6 Activity - insert score from 1-4 in columns according to date assessed

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- 4.7 Mobility – insert score from 1-4 in columns according to date assessed
- 4.8 Nutrition – insert score from 1-4 in columns according to date assessed
- 4.9 Friction and Shear - insert score from 1-3 in columns according to date assessed
- 4.10 Score - add all the numbers from the subcategories to insert the score every time assessment completed
- 4.11 Palliative Performance Score - For Palliative Care nurses only: insert score into this column according to date assessed
- 4.12 Clients may be at higher risk if they have any of the following factors - place check mark in boxes that identify any/all factors applicable to the individual client. Clients with one or more of these factors may need to have their risk level adjusted to a different level e.g. from moderate to high risk. If modified level of risk, identify same
- 4.12 Initials, Printed Name, Signature /Designation – Nurse or Occupational Therapist is to identify their initials, print their first and last name, sign their name and provide their professional designation i.e. RN, LPN or OT
- 4.13 Client Centered Interventions - Page 2 is completed if client's Braden Scale score is 18 or less. Place date and initials beside interventions initiated and/or completed
- 4.14 If client has a current pressure injury - Place a check mark in any/all of the possible contributing root cause(s) of the pressure injury
- 4.15 Location of Pressure Injury - Use anatomical terms to identify location of pressure injury

5.0 Filing/Routing Instructions:

- 5.1 **Home Care Direct Service Nurse:** If Braden is completed as part of a Therapeutic Sleep Surface Assessment or Reassessment, the Braden should be faxed to the Home Care Program Consultant at (204) 940-2009 as per the Therapeutic Sleep Surfaces Guidelines http://home.wrha.mb.ca/prog/homecare/files/Eq_TSS_GL.pdf
- 5.2 **Hospital Occupational Therapist:** If Braden is completed as part of a Therapeutic Sleep Surface Assessment or Reassessment, the Braden should be provided to the Hospital Based Case Coordinator who sends faxes to the Home Care Program Consultant at (204) 940-2009 as per the Therapeutic Sleep Surfaces Guidelines http://home.wrha.mb.ca/prog/homecare/files/Eq_TSS_GL.pdf
- 5.3 **Hospital Based Case Coordinator-** If Braden is completed by Hospital Occupational Therapist as part of a Therapeutic Sleep Surface Assessment or Reassessment, the Braden should be faxed to the Home Care Program Consultant at (204) 940-2009 as per the Therapeutic Sleep Surfaces Guidelines http://home.wrha.mb.ca/prog/homecare/files/Eq_TSS_GL.pdf
- 5.4 **Community Based Occupational Therapist:** If Braden is completed as part of a Therapeutic Sleep Surface Assessment or Reassessment, the Braden should be faxed to the Home Care Program Consultant at (204) 940-2009 as per the Therapeutic Sleep Surfaces Guidelines http://home.wrha.mb.ca/prog/homecare/files/Eq_TSS_GL.pdf

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5.5 **For Nursing Clients:** Copy is kept in electronic client record and in section 5 of in-home file if paper copy used

Other Staff: File according to site/department guidelines in hospital and community.

6.0 **Printing Instructions:**

Community Standard – White bond paper, black ink, two hole top punch, and head to foot (tumble print) for two sided forms.

7.0 **Author:**

Clinical Nurse Specialist, Nurse Educator for Home Care Nursing; and Home Care Program Consultant for Equipment, Supplies and Wheelchair Services.