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Braden Scale for Predicting Pressure Sore Risk®

Availability:	<p>Please visit this website for the instrument:</p> <p style="text-align: center;">Braden Scale for Predicting Pressure Sore Risk</p>
Classification:	Exploratory: Spinal Cord Injury (SCI)
Short Description of Instrument:	<p>The Braden Scale for Predicting Pressure Sore Risk® was developed by Barbara Braden and Nancy Bergstrom.</p> <p>The Braden Scale for Predicting Pressure Sore Risk is a clinically validated tool that allows nurses and other health care providers to reliably score a patient/client's level of risk for developing pressure ulcers. It measures functional capabilities of the patient that contribute to either higher intensity and duration of pressure or lower tissue tolerance for pressure. Lower levels of functioning indicate higher levels of risk for pressure ulcer development.</p> <p>The Braden Scale is a summated rating scale made up of six subscales scored from 1–4 (1 for low level of functioning and 4 for the highest level or no impairment). Total scores range from 6–23 (one subscale is scored with values of 1–3, only). The subscales measure functional capabilities of the patient that contribute to either higher intensity and duration of pressure, or lower tissue tolerance for pressure. A lower Braden Scale Score indicates lower levels of functioning and, therefore, higher levels of risk for pressure ulcer development.</p> <p>Source: National Library of Medicine Braden Scale Source Link</p> <p>Braden Scale: Subscales</p> <ol style="list-style-type: none"> 1. Sensory Perception 2. Activity 3. Mobility 4. Skin Moisture 5. Nutritional Intake 6. Friction and Shear <p>Braden Scale: Total Risk Level</p> <ol style="list-style-type: none"> 1. At Risk (15–18) 2. Moderate Risk (13–14) 3. High Risk (10–12) 4. Very High Risk (9 or below) <p>Possible Braden Scale Weaknesses:</p> <p style="padding-left: 40px;">No formal/standardized training in the public domain on how to accurately score each subcategory</p> <ol style="list-style-type: none"> i. Eyeballing the participant/subject ii. Degree of participant/subject familiarity iii. Clinical judgment is used to assign a score <p>Source: Health Services Advisory Group</p>

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Scoring:	<p>To accurately predict who will develop pressure ulcers for the purpose of planning effective preventive strategies.</p> <p style="padding-left: 40px;">Total score is used as a rough indicator of intensity of interventions. Subscale score helps orient staff to the bundle of preventive interventions required.</p>
References:	<p>Key reference: Bergstrom, N., Braden, B. J., Laguzza, A., & Holman, V. (1987). The Braden Scale for Predicting Pressure Sore Risk. <i>Nurs Res</i>, 36(4), 205–210.</p> <p>Prevention Plus [Internet]. Omaha (NE): Prevention Plus; c2000, 2001. The Braden Scale; [cited 2015 Jul 1]. Available from: Prevention Plus.</p> <p>Bergstrom, N., Braden, B., Boynton, P., & Bruch, S. (1995). Using a research-based assessment scale in clinical practice. <i>Nurs Clin North Am</i>, 30(3), 539–551.</p> <p>Bergstrom, N., & Braden, B. J. (2002). Predictive validity of the Braden Scale among Black and White subjects. <i>Nurs Res</i>, 51(6), 398–403.</p> <p>Braden, B. J., & Bergstrom, N. (1994). Predictive validity of the Braden Scale for pressure sore risk in a nursing home population. <i>Res Nurs Health</i>, 17(6), 459–470.</p> <p>Maklebust, J., Sieggreen, M. Y., Sidor, D., Gerlach, M. A., Bauer, C., & Anderson, C. (2005). Computer-based testing of the Braden Scale for Predicting Pressure Sore Risk. <i>Ostomy Wound Manage</i>, 51(4), 40–42, 44, 46 passim.</p> <p>VandenBosch, T., Montoye, C., Satwicz, M., Durkee-Leonard, K., & Boylan-Lewis, B. (1996). Predictive validity of the Braden Scale and nurse perception in identifying pressure ulcer risk. <i>Appl Nurs Res</i>, 9(2), 80–86.</p>