

Appendix J: Individual Braden Subscale Intervention Checklist

Magnan, M & Maklebust, J. Braden Scale Risk Assessments and Pressure Ulcer Prevention Planning: What's the Connection? Journal of Wound, Ostomy and Continence Nursing, Volume 36, Issue 6, page 622-634.

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From the list provided, make a check mark next to the prevention intervention that you think should be implemented for this patient based on YOUR assessment.

Check if should be implemented

- | | |
|---|-------|
| 1. Implement a whole body repositioning schedule in the room or chart. | _____ |
| 2. Use a 30 degree lateral side-lying angle to avoid positioning onto sacral and trochanteric bony prominences. | _____ |
| 3. Use pillow or foam positioning wedges to maintain in desired position. | _____ |
| 4. Use a pressure reducing support surface while in bed. | _____ |
| 5. Float/suspend heels off bed. | _____ |
| 6. Use a pressure reducing chair cushion while sitting. | _____ |
| 7. Pad between bony prominences (e.g. knees and ankles). | _____ |
| 8. Consult a dietitian for nutritional concerns. | _____ |
| 9. Protect skin from moisture. | _____ |
| 10. Protect skin from friction and shear. | _____ |

Appendix K: InterRAI Pressure Ulcer Risk Scale

For more information about this tool, please refer to: www.biomedcentral.com/content/pdf/1471-2318-10-67.pdf

Source: Poss, J., Murphy, K., Woodbury, M, Orsted, H., Stevenson, K., Williams, G. et al. (2010). Development of interRAI Pressure Ulcer Risk Scale (PURS) for use in long-term care and home care setting. *BioMed Central Geriatrics*, 10, 67

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InteRai PURS Assessment	Score
<input type="checkbox"/> Bed mobility: Ability to move from to and from lying position, turn and position body in bed	0 - <input type="checkbox"/> Self performance 1 - <input type="checkbox"/> Support required
<input type="checkbox"/> Walk in room: How resident walks between locations in own room	0 - <input type="checkbox"/> Self performance 1 - <input type="checkbox"/> Support required
<input type="checkbox"/> Bowel Continence: Control of bowel movement, with appliance, or bowel program	0 - <input type="checkbox"/> Yes 1 - <input type="checkbox"/> No
<input type="checkbox"/> Weight Change : weight loss - 5% or more in last 30 days or 10% or more in last 180 days	0 - <input type="checkbox"/> No 1 - <input type="checkbox"/> Yes
<input type="checkbox"/> Hx of resolved pressure ulcers: Resident has a PU that was resolved in last 90 days	0 - <input type="checkbox"/> No 2 - <input type="checkbox"/> Yes
<input type="checkbox"/> Pain Symptoms: Frequency that resident complains or shows evidence of pain	0 - <input type="checkbox"/> No pain 1 - <input type="checkbox"/> Pain daily
<input type="checkbox"/> Shortness of Breath	0 - <input type="checkbox"/> No 1 - <input type="checkbox"/> Yes
Add numbers to obtain Total Score	(higher score = ↑ risk for developing a pressure ulcer)