

PRESSURE ULCER INJURY Bundle

STANDARD WORK PRACTICES

Two-Person Skin Assessment	Braden Risk Assessment	Wound Identified	Patient + Family Engagement
<ul style="list-style-type: none"> + Upon admission + Departmental transfer 	<ul style="list-style-type: none"> + Upon admission + Q shift (8/12) + With condition change 	<ul style="list-style-type: none"> + Document findings + Refer to: CWON/PCP Nutrition/PT/OT 	<ul style="list-style-type: none"> + Care planning + Risk findings + Teachback

BRADEN SUBSCALES

	Low Risk (15 – 18)	Moderate Risk (13 – 14)	High Risk (<12)
Sensory Perception 	<ul style="list-style-type: none"> + Offload heels and use protectors + Small frequent position changes + Limit chair to 1-2-hour intervals + Turn/reposition q1-2 hours + Use of pillow/wedges to reduce pressure areas + Use of chair cushion + Inspect under medical devices, e.g. TED hose, braces, etc. 	<ul style="list-style-type: none"> + Implement all low risk interventions + Instruct/assist to shift weight in chair q15-30 min. + Pressure redistribution mattress 	<ul style="list-style-type: none"> + Implement all low/mod risk interventions + Refer to OT for positioning assistance, prn
Moisture 	<ul style="list-style-type: none"> + Incontinence management + Limit use of incontinence briefs + Apply moisture barrier following q incontinence episode + Moisturize skin – apply emollients BID/TID + Minimize layers under patient to one sheet/linen + Encourage patient movement/repositioning 	<ul style="list-style-type: none"> + Implement all low risk interventions + Turning schedule q 2 hours, increase turning schedule to 1 hour if noted erythema or decolorization + Establish toileting schedule + Utilize moisture barrier and zinc ointments + Consider moisture wicking treatment/products + WOC RN consult for Braden less than 12 	<ul style="list-style-type: none"> + Implement all low/mod risk interventions + Pressure redistribution pad while up to chair + Low air loss mattress

Activity		<ul style="list-style-type: none"> + Small frequent position changes + Establish turning schedule + Low air loss mattress + Use of chair cushion + Initialize early mobilization 	<ul style="list-style-type: none"> + Implement all low risk interventions + Offload heels and use protectors + Instruct/assist to shift weight in chair q15min. + Use positioning system to lift or turn in bed + Stand every hour + PT consult 	<ul style="list-style-type: none"> + Implement all low/mod risk interventions + Pressure redistribution positioning devices
Mobility		<ul style="list-style-type: none"> + Initialize early mobilization + Utilize gait belt assistance + Instruct/assist to shift weight in chair q15min. + Use of pillow/wedges to reduce pressure areas + Use positioning system to lift or turn in bed + Utilize prescribed assistive devices + Inspect under medical devices, e.g. TED hose, braces, etc. 	<ul style="list-style-type: none"> + Implement all low risk interventions + Offload heels and use protectors + Limit chair to 1-2-hour intervals + Provide structured mobility plan + PT consult 	<ul style="list-style-type: none"> + Implement all low/mod risk interventions + Pressure redistribution positioning devices
Nutrition		<ul style="list-style-type: none"> + Provide oral hygiene q[] + Encourage fluid intake unless otherwise restricted + Complete nutritional risk assessment + Denture/edentulous eval for proper diet 	<ul style="list-style-type: none"> + Implement all low risk interventions + Reposition upright for meals + If NPO for 24-48 hours, consider nutritional options 	<ul style="list-style-type: none"> + Implement all low/mod risk interventions + Evaluate swallowing for referral needs + Consider enteral/parenteral nutrition based on individual wishes
Friction + Shear		<ul style="list-style-type: none"> + Minimize layers under patient to 1 sheet/linen + Encourage activity as tolerated + Offload/suspend heels + Monitor all skin beneath any medical devices such as SCDs, TED hose, ET Tube, nasal cannula (behind ears), bi-pap mask, etc. 	<ul style="list-style-type: none"> + Implement all low risk interventions + Consider pressure reducing mattress + Consider pressure redistribution pad while up in chair + Limit time spent up in chair; maximum of [] hour intervals + Utilize transfer devices to minimize shearing + HOB elevation [] degrees 	<ul style="list-style-type: none"> + Implement all low/mod risk interventions + Obtain low air loss mattress + Apply preventative/prophylactic dressings to reduce friction and shear on bony prominences



Developed in partnership with Broadlawns Medical Center, Great River Medical Center, Mary Greeley Medical Center, and MercyOne Siouxland

Braden Citation: Bergstrom N, Braden BJ, Laguzza A, Holman V. The Braden Scale for Predicting Pressure Sore Risk. Nurs Res 1987; 36: 205-10.

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