



Pressure Points

Pointing You in the Right Direction.

The Basics of Braden

The Braden Scale[®] has been the gold standard for pressure injury risk assessment since 1988 when it was developed by Dr. Barbara Braden and Dr. Nancy Bergstrom.

Getting the assessment right is the foundation of providing the right care, at the right time, for the right patient.

Areas of Risk

The Braden Scale[®] identifies 6 key areas or subscales of risk including sensory perception, moisture, activity, mobility, nutrition, and friction and shear.

The level of risk in these subscales is scored and tallied into an overall risk score from low risk to severe risk. Any patient scoring less than or equal to 18 is at risk of developing a pressure injury.

Preventing Pressure Injuries

Once the individual is identified as having risk of developing a pressure injury the care team will focus on modifiable risk factors as a part of the prevention plan.

References

Braden, B. The Braden scale for predicting pressure sore risk: Reflections after 25 years. *Advances in skin and wound care*, Feb 2012 at www.woundcarejournal.com

Kring, D. Reliability and validity of the Braden Scale for predicting pressure ulcer risk. *J Wound Ostomy Continence Nurses*, 2007



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