

Electronic Screening Braden Assessment SBAR Tab Access

To be completed upon admission to Critical Care and change of patient condition.

Step One – Choose SBAR from Menu

The screenshot displays a medical software interface. On the left, a 'Menu' sidebar is visible with the 'SBAR' option highlighted in a red box. The main area shows a 'Recommendation' window with a list of items: 'No results found', 'TESTING PRerelease', 'Psychiatry', 'ADT-A', '10/26/13', 'No results found', and 'No results found' (in red). Below this list is the phone number '(519) 745-8888'. The right sidebar contains two sections: 'Patient Background' and 'Consolidated Problems'. The 'Patient Background' section shows 'Selected visit' with details: Service: Psychiatry, Isolation: No results found, Activity Order: No results found, Diet: No results found, and Assistive Devices (0). The 'Consolidated Problems' section shows 'All Visits' with a classification of 'All' and an 'Add new as: Active' option.

Patient Background	
Selected visit	
Service:	Psychiatry
Isolation:	No results found
Activity Order:	No results found
Diet:	No results found
▲ Assistive Devices (0)	
No results found	

Consolidated Problems	
All Visits	
Classification: All	
Add new as: Active	
<input type="text"/>	

Step Two – Choose Assessment Tab

The screenshot shows a web browser window with a blue header bar containing a home icon and the text 'SBAR'. Below the header is a toolbar with icons for home, back, forward, search, and zoom, along with a '100%' zoom level indicator. The browser's address bar shows three tabs: 'Situation/Background', 'Assessment' (highlighted with a red box), and 'Recommendation'. The main content area is divided into several sections:

- Patient Information**: A table with the following data:

Chief Complaint:	No results found
Reason For Visit:	TESTING PRerelease
Service:	Psychiatry
Room/Bed:	ADT-A
Admit Date:	10/26/13
Last Visit:	No results found
Code Status:	No results found
▾ Emergency Contact (1)	
BCDFG, Spouse:	(519) 745-8888
- Allergies (2) +**: A table with the following data:

All Visits	
meperidine	Hallucination, dry mouth
trimethoprim	Facial swelling
- Measurements and Weights (0)**: A section with a dropdown menu icon.
- Patient Background**: A section with a dropdown menu icon and the following data:

Selected visit	
Service:	Psyc
Isolation:	No n
Activity Order:	No n
Diet:	No n
▾ Assistive Devices (0)	
No results found	
- Consolidated Problems**: A section with a dropdown menu icon and the following data:

All Visits	
Classification: All	
Add new as: Active	
<input type="text"/>	
Priority	Problem
This Visit (0)	

Step Three – Choose Screening Tool

The screenshot displays a series of data panels in a healthcare application:

- Flagged Events (0)**: Last 30 days for the selected visit. No results found.
- Home Medications (10)**: Section header.
- Medications +**: Selected visit. Includes categories: Scheduled (0) Next 12 hours, Continuous (0), PRN/Unscheduled Available (0) Last 48 hours, Administered (0) Last 24 hours, Suspended (0), and Discontinued (0) Last 24 hours.
- Screening Tools (1)**: Selected visit. Contains a table with one entry:

Braden Risk Level	Very High	07/10/18 13:17
-------------------	-----------	----------------
- Documents (0)**: Last 7 days for all visits. No results found.

Step Four – Choose Tool

The screenshot displays a software interface with two main sections: 'Screening Tools (1)' and 'Documents (0)'. The 'Screening Tools' section is highlighted in orange and contains a search box with 'Selected visit' and 'Braden Risk Level' as input. A date and time '07/10/18 13:17' is visible to the right. The 'Documents' section is highlighted in green and shows 'Last 7 days for all visits' and 'No results found'. A dropdown menu is open over the 'Screening Tools' section, listing several assessment tools. The first item, 'Braden Risk Assessment', is highlighted in blue.

Screening Tools (1)	Documents (0)
Selected visit	Last 7 days for all visits
Braden Risk Level	No results found

- Braden Risk Assessment
- Braden Q Risk Assessment
- CAM - Confusion Assessment Method for Delirium
- CSSRS - Suicide Severity Risk Screening Tool
- Fall Risk Assessment - Humpty Dumpty
- Fall Risk Assessment - Humpty Dumpty ED
- Fall Risk Assessment - Morse
- ARI Screening Tool
- CSSRS - Suicide Severity Risk Screen Paediatrics

Step Five – Complete Screen

✓ Braden Risk Assessment		Braden Risk Assessment	
Interventions			
Initial risk assessment and skin assessment within 12 hours of admission. Re-assess weekly, with change in patient condition, and with transfer of care.			
Sensory Perception Ability to respond meaningfully to pressure related discomfort	<input checked="" type="radio"/> Completely limited <input type="radio"/> Very limited <input type="radio"/> Slightly limited <input type="radio"/> No impairment	Completely Limited (1)	Unresponsive (does not moan; flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation. -OR- Limited ability to feel pain over most of body surface.
		Very Limited (2)	Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness. -OR- Has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body.
		Slightly Limited (3)	Responds to verbal commands, but cannot always communicate discomfort or need to be turned. -OR- Has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.
		No Impairment (4)	Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.
Moisture Degree to which skin is exposed to moisture	<input type="radio"/> Constantly moist <input checked="" type="radio"/> Often moist <input type="radio"/> Occasionally moist <input type="radio"/> Rarely moist	Constantly Moist (1)	Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is turned.
		Often Moist (2)	Skin is often, but not always moist. Linen must be changed at least once a shift.
		Occasionally Moist (3)	Skin is occasionally moist requiring an extra linen change approximately once a day.
		Rarely Moist (4)	Skin is usually dry, linen requires changing only at routine intervals.
Activity Ability to change and control body position	<input checked="" type="radio"/> Walks frequently <input type="radio"/> Walks occasionally <input type="radio"/> Chairfast <input type="radio"/> Bedfast	Bedfast (1)	Confined to bed.
		Chairfast (2)	Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.
		Walks Occasionally (3)	Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.
		Walks Frequently (4)	Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.
Mobility Ability to change and control body position	<input type="radio"/> Completely immobile <input checked="" type="radio"/> Very limited <input type="radio"/> Slightly limited <input type="radio"/> No limitations	Completely Immobile (1)	Does not make even slight changes in body or extremity position without assistance.
		Very Limited (2)	Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.
		Slightly Limited (3)	Makes frequent though slight changes in body or extremity position independently.
		No Limitations (4)	Makes major and frequent changes in position without assistance.
Nutrition Usual food intake pattern	<input checked="" type="radio"/> Very poor <input type="radio"/> Probably inadequate <input type="radio"/> Adequate <input type="radio"/> Excellent	Very Poor (1)	Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take liquid dietary supplement. -OR- Is NPO and/or maintained on clear liquids or IV for more than 5 days.
		Probably Inadequate (2)	Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. -OR- receives less than optimum amount of liquid diet or tube feeding.
		Adequate (3)	Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. -OR- Is on a tube feeding or TPN regimen which probably meets most of nutritional needs.
		Excellent (4)	Eats most of every meal. Never refuses a meal. Usually eats a total of 4 servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.
Friction and Shear	<input checked="" type="radio"/> Problem <input type="radio"/> Potential problem <input type="radio"/> No apparent problem	Problem (1)	Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent positioning with maximum assistance. Spascity, contractures or agitation leads to almost constant friction.
		Potential Problem (2)	Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains good position in chair or bed most of the time but occasionally slides down.
		No Apparent Problem (3)	Moves in bed and in chair independently and has sufficient muscle strength to lift up completely

Step Six– Adjust Risk for Critical Illness

The risk will be automatically calculated based on your Braden score selection. This will usually **UNDERSCORE** critically ill patients. **YOU MUST ALSO SELECT the additional risk factors, then MANUALLY upgrade the risk level to High or Very High** (adding risk factors does not automatically adjust the score). **Choose very high if you select additional risk factors.**

Braden Risk Score	<input type="text" value="14"/>	Score	Level of Risk		
Risk Level	<input type="radio"/> Low	15-18	= Low		
	<input type="radio"/> Medium	13-14	= Medium		
	<input type="radio"/> High	10-12	= High		
	<input checked="" type="radio"/> Very High	8-9	= Very High		
Adjusted Risk Level	<input type="radio"/> Low	<input type="radio"/> Medium	<input type="radio"/> High	<input checked="" type="radio"/> Very High	

Additional Risks Factors

<input checked="" type="checkbox"/> Existing skin breakdown	<input checked="" type="checkbox"/> Fever
<input checked="" type="checkbox"/> Age greater than/equal to 75 yrs	<input type="checkbox"/> PVD/Diabetes
<input checked="" type="checkbox"/> Diastolic pressure less than 60 mmHg	<input checked="" type="checkbox"/> Obesity
<input checked="" type="checkbox"/> Hemodynamically unstable	

If one or more of the the "Additional Risk Factors" are present then risk level is automatically adjusted to the next level.

Step Seven – Choose Interventions Tab

*Performed on: 2018/07/13 1235 By: Morgan, Brenda

Interventions

Reduce Pressure (for decreased sensation, activity or mobility)	Turn	<input type="checkbox"/> Turn every hour <input type="checkbox"/> Other: <input type="checkbox"/> Turn every 2 hours <input type="checkbox"/> Supplement turning with small repositioning shifts
	Position & Pressure Reducing Aids	<input type="checkbox"/> Cradle <input type="checkbox"/> Therapeutic mattress/bed <input type="checkbox"/> Elevate heels off the mattress <input type="checkbox"/> Cushion <input type="checkbox"/> Foam wedge <input type="checkbox"/> Other: <input type="checkbox"/> Footboard <input type="checkbox"/> Gel filled <input type="checkbox"/> Pillow <input type="checkbox"/> Position 15-30 degrees lateral
	Ambulate	<input type="checkbox"/> Ambulate every 2 hours <input type="checkbox"/> Ambulate every 4 hours <input type="checkbox"/> Ambulate every 12 hours <input type="checkbox"/> Other: <input type="checkbox"/> Ambulate every 3 hours <input type="checkbox"/> Ambulate every 8 hours <input type="checkbox"/> Ambulate daily
Control Moisture	<input type="checkbox"/> Offer toileting/diaper change every 1-2 hours <input type="checkbox"/> Use moisture barrier cream <input type="checkbox"/> Other: <input type="checkbox"/> Provide skin/incontinence care <input type="checkbox"/> Perform daily skin assessment	
Reduce Friction and Shear	<input type="checkbox"/> Moisturize skin <input type="checkbox"/> Use heel protectors <input type="checkbox"/> Use mechanical devices for safe patient handling <input type="checkbox"/> Keep head of bed less than/equal to 30 degrees <input type="checkbox"/> Use elbow protectors <input type="checkbox"/> Other:	
Encourage Good Nutrition	<input type="checkbox"/> Offer fluids every hour <input type="checkbox"/> Offer fluids every 4 hours <input type="checkbox"/> Other: <input type="checkbox"/> Offer fluids every 2 hours <input type="checkbox"/> Offer oral nutritional supplements if prescribed <input type="checkbox"/> Offer fluids every 3 hours <input type="checkbox"/> Assist with meals as appropriate	

Braden Scale Plan of Care Guidelines

<p>If Patient is Low to Moderate Risk for Developing Pressure Ulcer (Braden Scale = 13-18)</p> <ol style="list-style-type: none"> Toileting as necessary to maintain continence or check for incontinence every 2-4 hours Use absorbent pads to wick and hold moisture Provide routine skin care Manage moisture, friction and shear, and nutrition Assess need for friction redistribution surface Inspect skin when repositioning, toileting and assisting with ADLs Elevate heels off the bed at all times, even with therapeutic support surfaces Use elbow and heel protectors Consult dietitian to maximize nutritional status Maximize mobility Develop and document individualized plan of care 	<p>If Patient is High to Very High Risk for Developing Pressure Ulcers (Braden Scale is 12 or less)</p> <p>In addition to interventions in the Low to Moderate Risk Category:</p> <ol style="list-style-type: none"> Consultation with PT/OT to maximal mobilization Identify and initiate appropriate redistribution surface Reposition every 1-2 hours regardless of support surface. Incorporate small shifts in positions between turns. Use devices to support lateral 15-30 degree turns/positions Reposition chair bound immobile patients every hour. Use appropriate chair devices for pressure relief and limit sitting to 2 hour intervals. Maintain head of bed at 30 degrees or less Protect sacral/perianal wounds from incontinence Remove slings and transfer devices from under patient
---	--

Step Eight – Select all Interventions that Apply

High risk interventions are in place for all Critical Care patients as per our standards of care. NOTE that HOB elevation in critical should be 30 degrees for VAP reduction unless contraindicated (HOB elevation may need to be customized for patient risk/priority need).

*Performed on: 2018/07/13 1235 By: Morgan, Brenda

✓ Braden Risk Asses

Interventions

Reduce Pressure (for decreased sensation, activity or mobility)	Turn	<input type="checkbox"/> Turn every hour <input type="checkbox"/> Turn every 2 hours <input type="checkbox"/> Supplement turning with small repositioning shifts <input type="checkbox"/> Other:
	Position & Pressure Reducing Aids	<input type="checkbox"/> Cradle <input type="checkbox"/> Elevate heels off the mattress <input type="checkbox"/> Foam wedge <input type="checkbox"/> Footboard <input type="checkbox"/> Gel filled <input type="checkbox"/> Pillow <input type="checkbox"/> Position 15-30 degrees lateral <input type="checkbox"/> Therapeutic mattress/bed <input type="checkbox"/> Cushion <input type="checkbox"/> Other:
	Ambulate	<input type="checkbox"/> Ambulate every 2 hours <input type="checkbox"/> Ambulate every 3 hours <input type="checkbox"/> Ambulate every 4 hours <input type="checkbox"/> Ambulate every 8 hours <input type="checkbox"/> Ambulate every 12 hours <input type="checkbox"/> Ambulate daily <input type="checkbox"/> Other:
Control Moisture	<input type="checkbox"/> Offer toileting/diaper change every 1-2 hours <input type="checkbox"/> Provide skin/incontinence care <input type="checkbox"/> Use moisture barrier cream <input type="checkbox"/> Perform daily skin assessment <input type="checkbox"/> Other:	
Reduce Friction and Shear	<input type="checkbox"/> Moisturize skin <input type="checkbox"/> Use mechanical devices for safe patient handling <input type="checkbox"/> Use elbow protectors <input type="checkbox"/> Use heel protectors <input type="checkbox"/> Keep head of bed less than/equal to 30 degrees <input type="checkbox"/> Other:	
Encourage Good Nutrition	<input type="checkbox"/> Offer fluids every hour <input type="checkbox"/> Offer fluids every 2 hours <input type="checkbox"/> Offer fluids every 3 hours <input type="checkbox"/> Offer fluids every 4 hours <input type="checkbox"/> Offer oral nutritional supplements if prescribed <input type="checkbox"/> Assist with meals as appropriate <input type="checkbox"/> Other:	

Step Nine – Upload Results

Submit screen results by selecting:

(top left corner)

*Performed on: 2018/07/13 1235 By: Morgan, Brenda

Braden Risk Asses Interventions

Reduce Pressure (for decreased sensation, activity or mobility)	Turn	<input type="checkbox"/> Turn every hour <input type="checkbox"/> Other: <input type="checkbox"/> Turn every 2 hours <input type="checkbox"/> Supplement turning with small repositioning shifts
	Position & Pressure Reducing Aids	<input type="checkbox"/> Cradle <input type="checkbox"/> Therapeutic mattress/bed <input type="checkbox"/> Elevate heels off the mattress <input type="checkbox"/> Cushion <input type="checkbox"/> Foam wedge <input type="checkbox"/> Other: <input type="checkbox"/> Footboard <input type="checkbox"/> Gel filled <input type="checkbox"/> Pillow <input type="checkbox"/> Position 15-30 degrees lateral
	Ambulate	<input type="checkbox"/> Ambulate every 2 hours <input type="checkbox"/> Ambulate every 4 hours <input type="checkbox"/> Ambulate every 12 hours <input type="checkbox"/> Other: <input type="checkbox"/> Ambulate every 3 hours <input type="checkbox"/> Ambulate every 8 hours <input type="checkbox"/> Ambulate daily
Control Moisture	<input type="checkbox"/> Offer toileting/diaper change every 1-2 hours <input type="checkbox"/> Use moisture barrier cream <input type="checkbox"/> Other: <input type="checkbox"/> Provide skin/incontinence care <input type="checkbox"/> Perform daily skin assessment	
Reduce Friction and Shear	<input type="checkbox"/> Moisturize skin <input type="checkbox"/> Use heel protectors <input type="checkbox"/> Use mechanical devices for safe patient handling <input type="checkbox"/> Keep head of bed less than/equal to 30 degrees <input type="checkbox"/> Use elbow protectors <input type="checkbox"/> Other:	
Encourage Good Nutrition	<input type="checkbox"/> Offer fluids every hour <input type="checkbox"/> Offer fluids every 4 hours <input type="checkbox"/> Other: <input type="checkbox"/> Offer fluids every 2 hours <input type="checkbox"/> Offer oral nutritional supplements if prescribed <input type="checkbox"/> Offer fluids every 3 hours <input type="checkbox"/> Assist with meals as appropriate	

