

Braden Risk Assessment

Kelly A. Hartley BSN, RN

Lehigh Valley Health Network, kelly_a.hartley@lvhn.org

Jessica A. Lobien BSN, RN

Lehigh Valley Health Network, jessica_a.lobien@lvhn.org

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Kelly A. Hartley, BSN, RN, Jessica A. Lobien, BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

Background/ Purpose

- The Braden Scale is based on conceptual schema that identifies amount and duration of exposure to pressure as primary cause of pressure ulcers (Gadd, 2014).
- RNs are required to complete a Braden risk assessment on each patient with each shift assessment.
- Skin rounds on 6K revealed lack of knowledge on subscale scores in the Braden risk assessment leading to inaccurate Braden scores.
- Our purpose is to determine if medical-surgical nurses understand the sub-score criteria of the Braden Scale in order to properly generate and document a patient's risk for skin breakdown.

PICO

- Population: Medical-Surgical Nurses on 6K
- Intervention: Education on Braden scale
- Comparison: No education
- Outcome: Accurate risk assessment for pressure injuries using the Braden scale

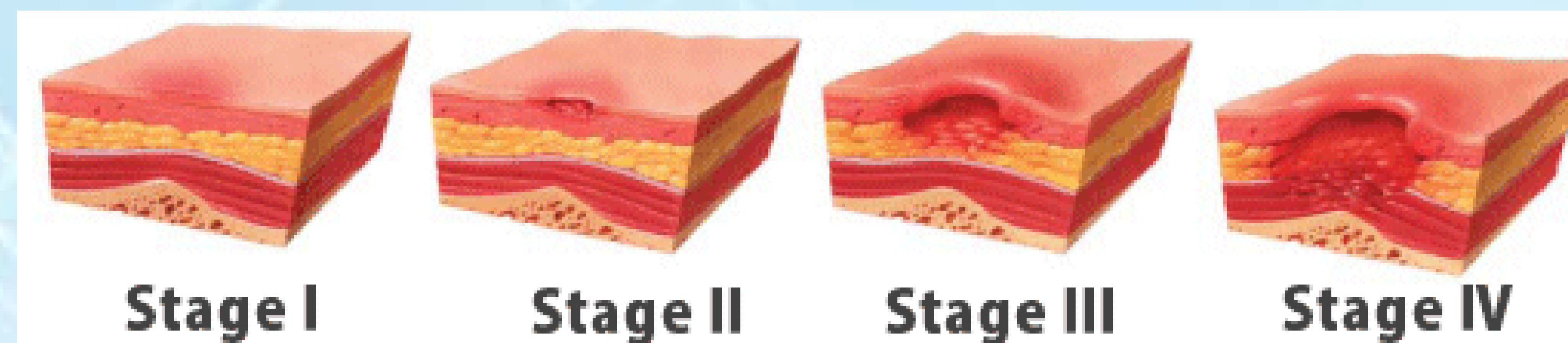
Evidence

- The Braden Scale total score ranges from 6 to 23 and is composed of 6 factor subscales: mobility, activity, sensory perception, nutrition, moisture, and friction/shear (Tescher et al, 2012).
- New RNs have more difficulty with accurately calculating risk assessment using the Braden scale, especially in sections of moisture and nutrition (Magnan & Maklebust, 2009).
- Use of subscale scores can enhance prevention programs and resource utilization by focusing care on the risk factors specific to the individual patient (Tescher et al, 2012).

Methods

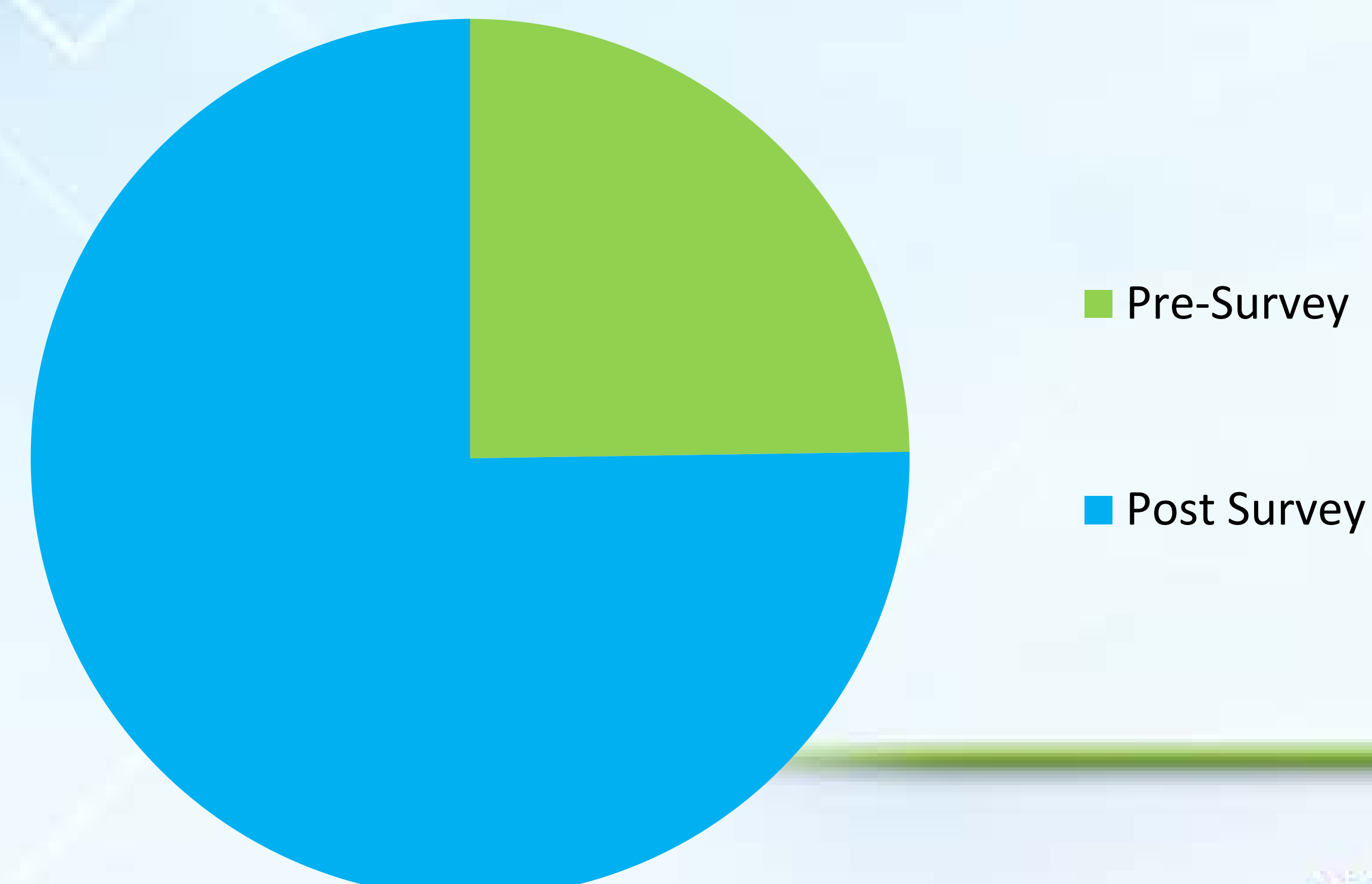
- Pre- survey was administered to registered nurses working on 6K. The pre-survey was a case study used to interpret the knowledge deficits of the Braden risk assessment.
- Three weeks after the pre-survey was completed, we handed out the Braden Scale with subscale scores along with the same case study. We wanted to see if scores would be more accurate if nurses utilized the Braden scale reference provided.

Examples of Pressure Injuries



Results

Pre and Post Education for Braden Risk Assessment



Outcomes

- During the pre-survey, only 26% of the 6K RNs that were surveyed were able to assess the patient in the case study and document the Braden score accurately.
- After RNs were educated on the correct use of the Braden scale, 79% of 6K RNs were able to accurately identify the patient at risk for pressure ulcer development in the case study.



Barriers

- We noted that many RNs were hesitant to perform the survey (survey fatigue) leaving us with a small sample size. Initially the sample size was going to include three medical surgical units.

References

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