



**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Code Document: HSAAS/NURS/BR121**

Patient's sticker

SKIN INTEGRITY ASSESSMENT (ADOPTED BRADEN SCALE)

NOTES: Assessment must be done on admission/transfer in, repeat weekly if score > 16 and if clinically indicated.					Date				
DIAGNOSIS:		WARD			Time				
CRITERIA	SCORE 1	SCORE 2	SCORE 3	SCORE 4					
SENSORY PERCEPTION	Completed Limited Unresponsive or limited ability to feel pain over most of the body.	Very limited response to painful stimuli or limited ability to feel pain over ½ of the body	Slightly limited responds to verbal command or limited ability to feel pain on 1 to 2 extremities	No impairment responds to verbal command and no sensory deficit					
MOISTURE	CONSTANTLY MOIST- due to perspiration/Urine. Dampness is detected every time a patient is moved or turned.	OFTEN MOIST – Skin is often but not always moist. Linen must be changed at least once a shift.	OCCASIONALLY MOIST – Skin is occasionally moist, requiring an extra linen change approximately once a day	RARELY MOIST – Skin is usually dry; linen only requires changing at routine intervals.					
ACTIVITY	BEDFAST – Confined to bed.	CHAIR FAST – Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair	WALKS OCCASIONALLY – Walks occasionally during the day, but for very short distances, with or without assistance. Spends the majority of each shift in bed or chair.	WALKS FREQUENTLY – Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours					
MOBILITY	COMPLETELY IMMOBILE – Does not make even slight changes in body or extremity position without assistance. and frequent changes in position without assistance.	VERY LIMITED – Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	SLIGHTLY LIMITED – Makes frequent though slight changes in body or extremity position independently.	NO LIMITATIONS – Makes major and frequent changes in position without assistance.					
NUTRITION	VERY POOR – Never eats a complete meal and poor fluid intake	PROBABLY INADEQUATE – Rarely eats a complete meal.	ADEQUATE – Eats over half of most meals.	EXCELLENT – Eats most of every meal.					
FRICTION AND SHEAR	PROBLEM- Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	POTENTIAL PROBLEM – Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chairs, restraints, or other devices.	NO APPARENT PROBLEM – Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move.						
Individuals with a total score of 16 or less are considered at risk: 15-16 = low risk, 13-14 = moderate risk, 12 or less = high risk.					TOTAL SCORE				
					Assessment completed by (Name & Sign)				