

Dr. Barbara Braden
Additional questions from Q & A

1. Do you have any suggestions for monitoring compliance with Turning/Positioning?
 - a. There are mattress covers that monitor this and alarm when pressure on bony prominences gets too high.
 - b. There are thigh monitors as used by Barbara Bates-Jensen in her research study on the actual turning compliance as compared to charting.
 - c. Lower tech? I know a DON who used to put a Post-it note on a patient's back that gave the time she put it there and said "call me when you turn the patient and find this note."
 - d. For those units where they do hourly rounds, the use of a turning clock (generally used to remind staff to turn patients) should also be used by the rounding nurse to monitor staff compliance with turning
 - e. Various institutions have ways of communicating with their staff. If these systems can be used to notify caregivers that it is time to turn the patient that is helpful and can be used as part of the monitoring.
 - f. Don't forget that you must have adequate staffing to carry out turning schedules and turning schedules that take into consideration meals and morning care
(see http://www.bradenscale.com/images/turning_schedules.pdf)

2. Can you speak about The Braden Plus and the Braden Q scales?
 - a. I've never heard of the Braden Plus and can't find an article on it in Medline or CINAHL. I've told nurses that they can add a few check points at the bottom of the Braden Scale to remind nurses of some additional risk factors common to their population, so long as they don't change the Scale or scoring itself. It may be this sort of thing that an institution refers to as Braden Plus.

 - b. The Braden Q (see link below) has been validated for Pedi ICU, but it probably is most predictive in older pediatric patients. It was

developed by Martha Curley and Sharon Quigley. They added a tissue perfusion subscale to the Braden Scale. It is not likely to be predictive in neonatal ICU's and in very young patients.

c. <http://www.health.qld.gov.au/psq/pip/docs/braden.pdf>

3. Would you consider a past or current pressure ulcer as part of the score on the Braden Scale?

a. I would consider it a risk factor, but not part of the scoring. It is part of an assessment done in determining care needs. It is important that scoring remain the same because inter-institutional comparisons will be important to you and it will be important that state surveyors, CMA, JACHO, etc. understand the scores.

4. With all the various pressure ulcer reduction items such as mattresses, cushions, etc., do you have any recommendations on how to determine what are good products and any suggested ways to determine this information?

I'm afraid the best that I can do is to say that thick (at least 6 inches), high specification foam is important if you are using a foam surface. If you are using a reactive air mattress, it is important that it is inflated sufficiently that patients do not bottom out. If you have issues with microclimate (excessive perspiration, heat trapping), low air loss beds or other types with air movement. A good alternating pressure mattress has been proven both clinically effective and cost effective, particularly for patients who are at lower levels of mobility. Bigger, thicker, more active surfaces are necessary for bariatric patients.

5. Why is it important to conduct the Braden Scale as directed versus modifying it?

a. Because it has been validated.....a process that took Nancy Bergstrom and me 10 years and more than 2 million dollars. To modify it would change the validity and would require retesting.

b. As explained above, you need to use it as originally written so that you can do inter and intra-institutional comparisons and so that external evaluators do not misinterpret what you are doing.

- c. It remains OK to add a check list if a few items to the bottom of the scale, if you want to remind nurses of additional risk factors.....but remember, it is important that this remain a useful clinical tool. Many nurses find the Braden Scale itself somewhat burdensome....and every item you add, adds to the burden.
6. Should the Braden Scale results be sent on transfer to different settings and if so do you have recommendations for the best way to do so?
- a. Yes, it is an important thing to communicate to the next setting. If the patient is going to need special support surfaces or equipment, it is best to call ahead to that can be in place before the patient arrives. I'm not sure what is meant by the best way to send it. You could send a Braden Scale sheet (<http://www.bradenscale.com/images/bradenscale.pdf>) or at minimum, the score for each subscale, plus the total score. Otherwise, each facility has different transfer sheets and procedures, so I'm not sure how to answer.

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