Skin Risk Assessment Tool: Reducing Subjectivity
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**Problem:** Approximately 1.6 million people in the United States develop pressure ulcers. The National Pressure Ulcer Advisory Panel (NPUAP) reports PU prevalence rates ranging from 10% to 18% in the acute care setting in American healthcare systems (Vanderwee, Grypdonck, and Defloor, 2006). The purpose of this study is to analyze organizational systems and discover systems influencing the development of pressure ulcers in hip fracture patients at a not-for-profit hospital.

**Evidence:** The Braden Scale was developed in 1984 by Barbara Braden, PhD, RN, FAAN and Nancy Bergstrom, PhD, RN, FAAN. The tool assesses six subscales to evaluate a patient’s sensory perception, activity level, mobility, nutritional status, moisture, and friction and shear forces (Braden & Maklebust, 2005). The lower score relates to the patient’s increased risk for developing a PU and interventions are to be implemented and evaluated for preventing PUs.

The Braden Skin Assessment Tool is subjective, interrater reliability varies depending on who is performing the assessment.

**Strategy:** Concern with subjectivity of Braden Scale Risk Assessment, cross assign nurses to assess each other’s patients Braden Scale Risk. Intervene sooner than later. Encourage and suggest intervention.

**Practice Change:** Thought process change on approach to pressure ulcer prevention. Prioritizing skin assessments and using a team approach.

**Evaluation:** A case control study was performed assessing for systems factors influencing hospital acquired pressure ulcers. Ten cases with hospital acquired pressure ulcers were compared with 10 controls without, all subjects underwent hip replacement surgery. Braden scale scores were analyzed.

**Results:** to follow

**Recommendations:** Propose the use of nurse-to-nurse scoring of each others patients Braden scale and comparing scores.

**Lessons Learned:** Cases had post operative complications the control group did not experience such as pneumonia or abdominal ileus. Acuity of illness is important risk for PU.

**Bibliography:**
