The Braden Scale: An Ineffective Tool for Identifying Nutrition Risk

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Introduction

- Pressure injuries decrease quality of life and increase healthcare costs.
- Hospitals are motivated to identify and intervene for patients at risk for developing pressure injuries not only to improve patient care but due to payment penalties imposed by CMS for hospital acquired conditions.
- Nutrition and hydration play an important role in preserving skin and tissue integrity.
- The Braden Scale evaluates a patient’s risk for developing a pressure injury using six subscales, including an evaluation of nutrition status.
- Though the Braden Scale is not a validated predictor of nutrition risk, some hospitals use it as a trigger for RD referral.

Methods

- Retrospective data collection on 121 adult patients with an initial Braden Scale score of ≤18
- Patients in critical care and medical/surgical units with a higher incidence of pressure ulcers and compliance of the nursing staff in regularly completing both the Braden Scale and Malnutrition Screening Tool (MST) were included.

Background

The Braden Scale for Predicting Pressure Sore Risk

<table>
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<tr>
<th>Subscales based on risk factors (score possible)</th>
<th>Sensory perception (1-4)</th>
<th>Moisture (1-4)</th>
<th>Activity (1-4)</th>
<th>Mobility (1-4)</th>
<th>Nutrition (1-4)</th>
<th>Friction and Shear (1-3)</th>
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Nutrition Subscale Scoring – Usual Food Intake Pattern

1 – Very poor - never eats complete meal or NPO/Clear liquids x 5+ days
2 – Probably inadequate – rarely eats a full meal or receives less than optimum amount of liquid diet or tube feeding
3 – Adequate – Eats over half of most meals or is on tube feeding or TPN that probably meets most of needs
4 – Excellent – Eats most of all meals (those on tube feeds or TPN cannot score 4)

Results

Comparison of MST Score and Braden Scale Score

- Of 121 patients, 73.5% had an MST score ≤ 1, indicating little or no risk for malnutrition. Of those patients, 18% were in the high or very high risk Braden Scale category.
- Approximately 26% scored 2+ points on the MST, indicating risk for or presence of malnutrition. Of these, only 16% had a Braden Scale score in the high risk or very high risk category.

Discussion & Conclusion: In order to reduce the risk of pressure injury development, it is important to identify patients at risk for malnutrition and intervene early. The use of a validated nutrition screening tool, such as the MST, can help to identify these patients more effectively than relying on the Braden Scale that is more appropriate for identifying risk of pressure injury development, not malnutrition.