

Intervention Checklist

based on Braden Subscale¹, NPUAP², and WOCN Guidelines³

Sensory Perception - Inability to respond meaningfully to pressure-related discomfort Risk Score 1, 2, or 3	
1. Assess and inspect skin every shift and PRN.	
2. Utilize support surfaces on bed and chairs.	
3. Position with pillows or wedges between bony prominences.	
4. Elevate heels off bed.	
5. Use bed cradle over foot of bed.	

Moisture: Non-Caustic - Degree to which skin is exposed to moisture (Perspiration) Risk Score 1, 2, or 3	
1. Assess area between skin folds and under medical devices every shift and PRN.	
2. Gently cleanse skin folds with a pH-balanced, no-rinse skin cleanser.	
3. Manage moisture with wicking, translocating textile with silver. (InterDry® Ag)	

Moisture: Caustic - Degree to which skin is exposed to moisture (Urine, stool, gastric effluent) Risk Score 1, 2, or 3	
1. Assess and treat cause of incontinence or gastric effluent, if applicable.	
2. Establish a bowel/bladder management program such as offer toileting at least every 2-3 hours when awake.	
3. Gently cleanse skin at each time of soiling with pH-balanced, no-rinse skin cleanser.	
4. Apply a protective moisture barrier ointment to the affected area.	
5. Apply a topical antifungal treatment, if appropriate.	
6. Consider a fecal management system and/or a urinary containment device.	
7. Consider underpads or briefs that are absorbent and wick moisture away from the skin.	

Activity – Degree of physical activity Risk Score 1, 2, or 3	
1. Assess and inspect skin every shift and PRN.	
2. Schedule regular repositioning and turning for bed and chair-bound patients.	
3. Position with pillows or foam wedges between bony prominences.	
4. Elevate heels off bed.	
5. Provide overhead trapeze for bed mobility, if appropriate.	
6. Offer active or passive range of motion exercises.	
7. Assist patient with ambulation per medical condition.	

Mobility – Inability to change and control body position Risk Score 1, 2, or 3	
1. Assess and inspect skin with each position change.	
2. Utilize support surfaces on bed and chairs.	
3. Schedule regular repositioning and turning for bed and chair-bound patients.	
4. Elevate heels off bed.	
5. Use lift sheets or lift equipment to reposition or transfer patient. Avoid “dragging” patient.	
6. Avoid positioning patient directly on bony prominences. Use 30-degree side lying position.	
7. Maintain head of the bed at/or below 30-degrees, if consistent with patient’s medical condition.	

Nutrition – Usual food intake pattern Risk Score 1, 2, or 3	
1. Monitor patient’s intake and output (I&O).	
2. Refer to dietitian for nutritional assessment and interventions.	
3. Report weight loss, poor appetite or gastrointestinal changes that interfere with eating.	
4. Assist with meals, as needed.	
5. Offer nutritional supplements as ordered.	

Friction & Shear – Mechanical forces contributing to pressure ulcer formation Risk Score 1 or 2	
1. Assess and inspect skin every shift and PRN.	
2. Use lift sheets or lift equipment to reposition or transfer patient. Avoid “dragging” patient.	
3. Provide bed trapeze for bed mobility, if appropriate.	
4. Elevate heels off bed.	
5. Maintain head of bed at/or below 30-degrees, if consistent with patient’s medical condition.	
6. Apply moisturizer to skin at least daily and PRN.	

References:

- ¹ © Barbara Braden and Nancy Bergstrom, 1988. All rights reserved.
- ² © National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel (NPUAP/EPUAP), (2009). *Prevention and treatment of pressure ulcers. Clinical practice guideline. Washington, D.C.: National Pressure Ulcer Advisory Panel.*
- ³ Wound Ostomy Continence Nurses Society, (2010). *Guideline for prevention and management of pressure ulcers. WOCN Clinical practice series.* Mt. Laurel, NJ.

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