

IM1 Round Up Documentation

Date _____

Name _____

Advisor _____

0800 Documentation Packet

| BP | HR | RR | O2 Sat | Temp | Pain |
|----|----|----|--------|------|------|
| | | | | | |

| PO intake (mLs) | Urine output (mLs), color, clarity & characteristics | Diet % eaten |
|-----------------|------------------------------------------------------|--------------|
| | | |

Assessment Findings

Respiratory:

Skin:

BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

Last two digits of Patient's room number _____

Evaluator's Name _____

Date of Assessment _____

| | | | | | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort | <p>1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body.</p> <p>2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over ½ of body.</p> <p>3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.</p> <p>4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.</p> | | | | |
| MOISTURE degree to which skin is exposed to moisture | <p>1. Constantly Moist Skin is kept most almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.</p> <p>2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift.</p> <p>3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.</p> <p>4. Rarely Moist Skin is usually dry. Linen only requires changing at routine intervals.</p> | | | | |
| ACTIVITY degree of physical activity | <p>1. Bedfast Confined to bed.</p> <p>2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.</p> <p>3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.</p> <p>4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours.</p> | | | | |
| MOBILITY ability to change and control body position | <p>1. Completely Immobile Does not make even slight changes in body or extremity position without assistance.</p> <p>2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.</p> <p>3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.</p> <p>4. No Limitation Makes major and frequent changes in position without assistance.</p> | | | | |
| NUTRITION usual food intake pattern | <p>1. Very Poor Never eats a complete meal. Rarely eats more than ½ of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IVs for more than 5 days.</p> <p>2. Probably Inadequate Rarely eats a complete meal and generally eats only about ½ of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement OR receives less than optimum amount of liquid diet or tube feeding.</p> <p>3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs.</p> <p>4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.</p> | | | | |
| FRICITION & SHEAR | <p>1. 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. Spasticity, contractures or agitation leads to almost constant friction.</p> <p>2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.</p> <p>3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair.</p> | | | | |
| Total Score | | | | | |

1200 Documentation Packet

| BP | HR | RR | O2 Sat | Temp | Pain |
|----|----|----|--------|------|------|
| | | | | | |

| PO intake (mLs) | Urine output (mLs), color & characteristics | Diet % eaten |
|-----------------|---------------------------------------------|--------------|
| | | |

Assessment Findings

LOC:

Respiratory:

Skin:

Reflection

1. List patient status changes assessed from 0800 to 1200?
VS:
LOC:
Respiratory:
Skin:
Diet:
I&O:
2. What did you do/could you have done at 0800 to prevent patient status changes at 1200?
3. What did you do well? Where can you improve?
4. What will you take away from this sim experience and apply in your nursing practice?

5. How could this sim experience be improved for student learning?

BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

Last two digits of Patient's room number _____

Evaluator's Name _____

Date of Assessment _____

| | | | | | | | | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort | <p>1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation</p> <p>OR</p> <p>limited ability to feel pain over most of body.</p> | <p>2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness</p> <p>OR</p> <p>has a sensory impairment which limits the ability to feel pain or discomfort over ½ of body.</p> | <p>3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned</p> <p>OR</p> <p>has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.</p> | <p>4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.</p> | | | | |
| MOISTURE degree to which skin is exposed to moisture | <p>1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.</p> | <p>2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift.</p> | <p>3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.</p> | <p>4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals.</p> | | | | |
| ACTIVITY degree of physical activity | <p>1. Bedfast Confined to bed.</p> | <p>2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.</p> | <p>3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.</p> | <p>4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours.</p> | | | | |
| MOBILITY ability to change and control body position | <p>1. Completely Immobile Does not make even slight changes in body or extremity position without assistance.</p> | <p>2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.</p> | <p>3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.</p> | <p>4. No Limitation Makes major and frequent changes in position without assistance.</p> | | | | |
| NUTRITION usual food intake pattern | <p>1. Very Poor Never eats a complete meal. Rarely eats more than ½ of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement</p> <p>OR</p> <p>is NPO and/or maintained on clear liquids or IVs for more than 5 days.</p> | <p>2. Probably Inadequate Rarely eats a complete meal and generally eats only about ½ of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement</p> <p>OR</p> <p>receives less than optimum amount of liquid diet or tube feeding.</p> | <p>3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered</p> <p>OR</p> <p>is on a tube feeding or TPN regimen which probably meets most of nutritional needs.</p> | <p>4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.</p> | | | | |
| FRICTION & SHEAR | <p>1. 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. Spasticity, contractures or agitation leads to almost constant friction.</p> | <p>2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.</p> | <p>3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair.</p> | | | | | |
| Total Score | | | | | | | | |