Braden Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · September 2026 · Reproduces no subscale descriptors or anchors

The Braden Scale rates six subscales (sensory perception, moisture, activity, mobility, nutrition, friction and shear) for a total of 6 to 23, lower meaning higher pressure injury risk. It is copyrighted (Braden and Bergstrom, 1988) and licensed through Health Sense Ai, and no regulator requires it by name. The total is a risk signal, not a care plan: defensible charting records the trigger and version, all six ratings, the facility category as policy, a separate skin inspection, an intervention for each low subscale, the patient's response, and the next reassessment date.

Trigger, timing, and version why now, which instrument
Do: name admission, transfer, the policy interval, or the change of condition; the version; the date, time, and rater.
Pitfall: a time-stamped duplicate total with no trigger; an every-shift policy written as a CMS requirement.

Six ratings and the total numbers, in the published order
Do: chart all six ratings with the total; rate the patient you observed today; give the basis in plain clinical words.
Pitfall: "Braden 14" with no ratings; yesterday's ratings carried forward and signed as a new assessment.

Facility risk category policy, not the scale's rule
Do: write the category your protocol assigns and cite it; cutoffs and tiers are conventions, not the instrument.
Pitfall: a category or cutoff presented as the scale's rule; one universal cutoff applied to an ICU patient.

Skin and device-site inspection a separate act, not the score
Do: visual and tactile check of pressure points and device sites; findings by location; palpate darker skin tones.
Pitfall: the Braden charted as the skin assessment; an injury found on day four with no admission baseline.

Intervention for each low subscale regardless of the total
Do: for each low rating name the measure in place: surface, interval and assist, moisture regimen, referral, technique.
Pitfall: "prevention protocol initiated" or "skin bundle in place" with no measure answering a specific rating.

Patient response and refusal what was delivered, what was declined
Do: record acceptance or the offer, reason, education, alternatives, who was notified, and the revised plan.
Pitfall: "refused" with nothing after it; a repositioning log showing care the patient declined.

Reassessment and plan revision date, earlier triggers, changed plan
Do: set the next date and the changes that bring it forward; say which rating moved and why; revise the plan.
Pitfall: "continue to monitor" with no date; a total that "improved" after a mattress change; a plan never revised.

Before the note is signed

- [ ] Trigger and version stated
- [ ] All six ratings charted with the total
- [ ] Facility category cited to its protocol
- [ ] Skin and device sites inspected separately
- [ ] Each low subscale has a named intervention
- [ ] Refusals documented with offer and alternatives
- [ ] Next reassessment date and triggers set

Drafting with AI

Give it the facts: the reason and version, the six ratings and total with prior totals, the basis for low ratings, the facility category and protocol, the skin and device-site findings, the measures in place for each low rating, the patient's response, notifications, and the reassessment plan.

"Draft Braden documentation: weekly reassessment 09/17; ratings 3, 3, 2, 2, 2, 2, total 14, nutrition down from 3; intake 25 to 50 percent at 11 of 21 meals, 1.4 kg loss; skin intact; dietitian referral; foam mattress and 3-hour turns continue; reassess 09/24."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

Total 6 to 23	Signal, not plan	No mandated interval	Copyrighted, licensed
six subscales; lower means higher risk	each low subscale gets its intervention	every shift is policy, not law	Health Sense Ai since 2021

Braden Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no scale descriptors or rating anchors.

Setting: | Patient (initials): | Date: | Clinician:

Trigger (admission / transfer / policy / change): | Version + facility risk protocol:

Six subscale ratings and total
Sensory perception ___ · moisture ___ · activity ___ · mobility ___ · nutrition ___ · friction and shear ___ · total ___ of 23 · prior total and date · basis for low ratings in plain clinical words

Facility risk category
Category assigned by the facility protocol, with the protocol name · categories are policy conventions, not the scale's rule · protocol tier that applies

Skin and device-site inspection
Separate visual and tactile inspection · pressure points and each device site · intact, or location, laterality, and description · present on admission determination and staging documented elsewhere

Interventions for low subscales
For each low rating, the measure in place or started and how it is delivered: surface type · repositioning interval and assist level · heel offloading · moisture regimen · intake monitoring and dietitian referral · transfer technique · teaching and surveillance

Patient response and refusal
Accepted, or declined: what was offered, the stated reason, education given, alternatives offered or accepted, who was notified, plan revised

Reassessment date and triggers
Next scheduled reassessment per policy · earlier for transfer, surgery, new sedation or immobility, incontinence, falling intake or weight, fever, any new skin finding

Communication and care plan
Provider, dietitian, therapy, skin team notified with times · care plan problem and goal revised · handoff, transfer summary, MDS or OASIS coordinator informed

Clinician (name and credentials): | Signature: | Date: