TITLE: Use of the Braden Scale for Assessing Pressure Ulcer Risk in Acute Care: Clinical Evidence and Guidelines

DATE: 30 January 2015

RESEARCH QUESTIONS

1. What is the clinical evidence regarding the frequency of administration of the Braden Scale for predicting pressure ulcer risk for patients in acute care?

2. What are the evidence-based guidelines regarding the frequency of administration of the Braden Scale for predicting pressure ulcer risk for patients in acute care?

KEY FINDINGS

Two evidence-based guidelines were identified regarding the frequency of administration of the Braden Scale for predicting pressure ulcer risk for patients in acute care.

METHODS

A limited literature search was conducted on key resources including CINAHL, PubMed, The Cochrane Library (2015, Issue 1), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and January 28, 2015. Internet links were provided, where available.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.
Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>Adult patients admitted to acute care</th>
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<tbody>
<tr>
<td>Intervention</td>
<td>Q1: Braden Scale on a routine basis (daily, weekly, etc.)&lt;br&gt;Q2: Braden Scale (any frequency)</td>
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<tr>
<td>Comparator</td>
<td>Q1: Braden Scale at admission only&lt;br&gt;Q2: None specified</td>
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<tr>
<td>Outcomes</td>
<td>Q1: Clinical effectiveness (e.g., impact on pressure sores)&lt;br&gt;Q2: Guidelines for use (e.g., regarding frequency of admission of the scale)</td>
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<tr>
<td>Study Designs</td>
<td>Health technology assessment reports, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines</td>
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</tbody>
</table>

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

Two evidence-based guidelines regarding the frequency of administration of the Braden Scale for predicting pressure ulcer risk for patients in acute care were identified. No relevant health technology assessments, systematic reviews, meta-analyses, non-randomized studies, or randomized controlled trials were identified.

Additional references of potential interest are provided in the appendix.

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses
No literature identified.

Randomized Controlled Trials
No literature identified.

Non-Randomized Studies
No literature identified.

Guidelines and Recommendations


2. Association for the Advancement of Wound Care (AAWC). Association for the Advancement of Wound Care guideline of pressure ulcer guidelines [Internet]. Malvern (PA): Association for the Advancement of Wound Care (AAWC); 2010 [cited 2015 Jan 30].
See: Patient Pressure Ulcer (PU) Risk Assessment for all Settings.

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APPENDIX – FURTHER INFORMATION:

Non-Randomized Studies – Validity Studies


Clinical Practice Guidelines
