ASSESSMENT OF RISK FOR PRESSURE ULCER: A CONTRIBUTION TO NURSING CARE IN AN INTERNAL MEDICINE UNIT

AVALIAÇÃO DE RISCO PARA ÚLCERA POR PRESSÃO: CONTRIBUIÇÃO PARA O CUIDADO DE ENFERMAGEM NA UNIDADE DE CLÍNICA MÉDICA

EVALUACIÓN DE RIESGO PARA ÚLCERAS POR PRESIÓN: CONTRIBUCIÓN AL CUIDADO DE ENFERMERÍA EN LA UNIDAD DE LA CLÍNICA MÉDICA

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ABSTRACT

Objective: to characterize the hospitalized patients according to socio-demographic and health variables; describe with the application of the Braden Scale the risk factors for development of pressure ulcers (PU).

Method: a descriptive and quantitative research, conducted at the medical clinic of a general hospital in Santa Catarina/SC/Brazil. The data collection was performed at the moment by admission of fulfillment of the form in addition to the assessment of risk for developing pressure ulcers using the Braden Scale adapted.

Results: 30 patients were evaluated, 87% do not have any limitation with respect to sensory perception, 74% were rarely wet, with respect to moisture; 44% walked occasionally, 67% have minimal risk for developing pressure ulcers.

Conclusion: for the prevention of PUs the application of the Braden Scale provides individualized care and improvement of quality in multidisciplinary care. Descriptors: Pressure ulcer; Risk Factors; Nursing.

RESUMO

Objetivo: caracterizar os pacientes internados segundo variáveis sociodemográficas e de saúde; descrever com aplicação da escala de Braden os fatores de risco para o desenvolvimento de úlcera por pressão (UP).

Método: pesquisa descritiva, quantitativa, realizada na clínica médica de um hospital geral Santa Catarina/SC/Brasil. A coleta de dados foi realizada no momento da admissão mediante o preenchimento do formulário além da avaliação de risco para o desenvolvimento de úlceras por pressão através da Escala de Braden adaptada. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob o número 070/2012.

Resultados: foram avaliados 30 pacientes, 87% não apresentam nenhuma limitação com relação à percepção sensorial, 74% encontravam-se raramente úmidas, com relação ao item umidade, 44% caminhavam de forma ocasional, 67% apresentam risco mínimo para o desenvolvimento de úlcera por pressão.

Conclusão: para a prevenção de UPs a aplicação da Escala de Braden propicia individualização do cuidado e melhoria da qualidade na assistência multiprofissional. Descriptores: Úlcera por pressão; Fatores de Risco; Enfermagem.

RESUMEN

Objetivo: Caracterizar los pacientes hospitalizados de acuerdo con variables socio-demográficas y de salud, describir la aplicación de los factores de riesgo con la Escala de Braden, para el desarrollo de las úlceras por presión (UPP).

Método: investigación descriptiva y cuantitativa, realizada en la clínica médica de un hospital general en Santa Catarina/SC/Brasil. La recolección de datos se llevó a cabo en la inscripción rellenando el formulario, además de la evaluación de riesgo para el desarrollo de úlceras por presión utilizando la Escala de Braden adaptada. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, con el número 070/2012.

Resultados: 30 pacientes fueron evaluados, 87% no tienen ningún tipo de limitación en cuanto a la percepción sensorial, 74% eran raramente húmedas, con respecto al ítem humedad, los 44% se fueron ocasionales, los 67% tienen un mínimo riesgo para desarrollar úlceras por presión.

Conclusión: para la prevención de la PU la aplicación de la Escala de Braden ofrece atención individualizada y mejora de la calidad en la atención multidisciplinaria. Descriptores: Úlcera por Presión; Factores de Riesgo; Enfermería.

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INTRODUCTION

Pressure ulcers (PU) is any change in the integrity of the skin resulting from unrelieved compression of soft tissue between a bony prominence and a hard surface. The prevalence in adults is 3% to 11% and increases to 18% in hospitalized patients and bedridden. They also reported that 60,000 people die each year as a result of PU and its sequels.

General Hospital Santa Catarina was conducted a study to identify the prevalence of pressure ulcers in 690 patients, and found 41 patients affected with these lesions, representing an overall prevalence of 5.9%. Among the 41 patients with PU, 17 patients were admitted to the Medical Clinic Unit and 7 patients in the Surgical Clinic.

From the epidemiological point of view, the National Pressure Ulcer Advisory Panel (NPUAP) states that the prevalence of pressure ulcers in U.S. hospitals ranges from 3% to 14%, increasing to 15% to 25% in nursing homes. So the development of pressure ulcers in hospitalized patients is a major health problem, accounting for physical discomfort, increased costs for the treatment and morbidity, intensive care, prolonged hospitalization, use of expensive apparatus, increased risk for the development of additional complications, surgical treatment and effects on mortality rate.

The magnitude of the consequences of the development of these lesions, both in terms of human suffering and in economic terms, not only attracted the attention of scholars, researchers and professionals, but also government agencies related to health, so that prevention and treatment of ulcers pressure have had priority in the development of policies that guide the practice based on scientific.

The development of pressure ulcers is a complex phenomenon that involves many factors related to the patient and to the external environment, and the stillness the risk factor of major importance in hospitalized patients. Associated with this is the scarcity of resources, materials, and professional conduct or omission of the multidisciplinary team.

The pathogenesis for the appearance of ulcers occurs from two critical etiologic determinants, such as the intensity and duration of pressure, added to tissue tolerance to withstand certain pressure. There, too, the extrinsic and intrinsic factors such as friction, shear, moisture, reduction and/or loss of sensation, muscle strength and/or mobility, incontinence, hyperthermia, anemia, malnutrition, smoking and age.

The prevention and treatment of pressure ulcers are a big nursing challenge, mainly because the occurrence of injury increases the propensity of the patient to present infections, interferes with quality of life, increases the retention rate in hospital beds and thus interferes with the hospital costs.

In clinical practice, to assess the risk of PU development, the Agency for Health Care Policy and Research (AHCPR) recommends considered at risk for UP all persons confined to bed or chair, or those who are unable to reposition themselves proposing for that monitoring the use of a risk assessment tool that ensures a systematic diagnosis of the risk factors of each individual at the time of admission and subsequently at regular intervals, in order to direct prevention and/or treatment.

International bodies such as the NPUAP and AHCPR recommends the implementation of measures to identify the prevalence and incidence of pressure ulcers throughout the hospital complex, as well as recommended guidelines based on scientific evidence for the treatment and prevention of such injuries, among them the implementation of Braden scale.

In Brazil, the Braden scale was translated and validated for the Portuguese language, as the work of Paranhos and Santos 1999 being the most well defined operationally, with high predictive value for the development of PU, allowing an evaluation of several factors related to occurrence of pressure ulcers.

The construction of the Braden Scale by Braden and Bregstrom was based on the pathophysiology of UP, through two critical determinants: the intensity and duration of pressure, and skin tolerance and support structures for each force. The intensity and duration of pressure that a patient suffers are related to mobility, activity and sensory perception. Furthermore, the tolerance of the skin and supporting structures are related to intrinsic factors such as nutrition and age, and extrinsic factors such as moisture, friction and shear. These critical elements determine the composition of Scale: sensory perception, mobility, activity, moisture, friction and shear.

The care of patients with pressure ulcers require interdisciplinary, specific knowledge, technical skill, adoption protocol, links between the levels of complexity of care, and the active participation of the individual bearer of injury and their families.
The theme of PU has been discussed extensively by nurses, since prevention is directly related to nursing care. The relevance of this issue relates to the fact that PU is linked to quality of care, ie, if a patient has risk to PU not developed, it can be deduced that he, among other things undergone efficient care by nursing staff.

Preventing PU is humanistic and ethical commitment of health professionals, especially nurses, taking and building in the learning process and given professional practice. However, for that to happen, we need updated knowledge for practical application of prevention, as well as appropriate treatment in order to avoid the problem.

Considering assistance to patients with pressure ulcers a complex and highly relevant, this study may contribute to improving the quality of care, and thus, capture the main risk factors that affect patients with PU so you can intervene adequately, seeking improved health care services, and enable an expansion of scientific production and hence renewal of knowledge in this area, as it may reflect the training of health professionals, facilitating the targeting of care.

Based on these objectives of the study were to characterize patients hospitalized according to socio-demographic and health and describe the application of the Braden Scale risk factors that contribute to the patients develop pressure ulcers.

METHOD

Descriptive study with a quantitative approach, which aims to characterize the risk of patients admitted to the medical clinic develop pressure ulcers using, for this purpose, the Braden scale.

The study was developed in an inpatient unit of the medical clinic of a university hospital. It consists of 16 beds, eight for females and eight for males, with an average hospital stay of thirty patients/monthly. The sector has seven nurses and 18 nursing technicians. It is a training field for the boarding students of the degree course in nursing.

The unit is structured for the admission of patients with varying degrees of complexity, character pathology with acute or chronic. Upon admission is done nursing history advocated by the hospital which is divided into domains of nursing NANDA (North American Nursing Diagnosis Association). In the field 11 - safety / protection is addressed risk for pressure ulcers based on the Braden Scale. Moreover, this sector apply a document visit daily, which addresses the complexity of the patient through Fugulin Scale, consisting complaints, time and location of venous access, diet, mobility, mental status and respiratory type caution and eliminations. However, this visit has not stated a specific item for the risk of developing pressure ulcers, which undertake the evaluation and documentation of this as it is extremely important for the nursing staff.

The target population of this study consisted of 30 patients aged ≥ 18 years old, hospitalized in Infirmary Medical Clinic of the institution. There were no exclusion criteria, because there is a policy of the institution to assess the risk for developing pressure ulcers of all patients who are admitted to the ward, regardless of medical diagnosis and the degree of mobility.

Data were collected at enrollment by filling in the form proposed, which is divided into two parts: socio-demographic and health that contains the variables: age, gender, ethnicity, marital status, occupation, education, income source, origin, degree of complexity and medical diagnosis, and assessment of risk for developing pressure ulcers by Braden Scale adapted. The collection period was from September to October/2012.

The data collected from the survey instrument were organized in electronic database by typing in Microsoft Excel 2007 spreadsheet. Later were tabulated and presented in tables or graphs with their respective percentage distributions.

There was prepared the Statement of Consent which was signed by all the volunteers who agreed to participate, respecting the confidentiality of their identities. This study was the research project submitted to the Research Ethics Committee, as required by Resolution 196/96 of the National Health Council and was approved with the number 070/2012.

RESULTS

The results were based on data obtained during the patient's admission. For a better presentation of the results, we used two graphs and a table.

Of the 30 patients interviewed, 20 (67%) are female, and 10 (33%) were male. Regarding age, 19 (63%) were between 20-59 years and 11 (37%) between 60-89 years. Of these 30 patients, 9 (30%) had schooling up to 8 years and 11 (37%) between 60-89 years. Of these 30 patients, 9 (30%) had schooling up to 8 years and 11 (37%) between 60-89 years. Of these 30 patients, 9 (30%) had schooling up to 8 years and 11 (37%) between 60-89 years. Of these 30 patients, 9 (30%) had schooling up to 8 years and 11 (37%) between 60-89 years.
2 (7%) college degree, 1 (3%) complete primary education and 1 (3%) incomplete higher education.

Regarding the source of income, 13 (43%) are retired, 5 (30%) have no income, 3 (17%) have income and 9 (10%) are pensioners.

Figure 1 shows the profile of the patients interviewed according to the characteristics of health.

![Figure 1. Distribution of inpatients in a medical clinic under the medical diagnosis - Rio de Janeiro, 2012.](image)

With respect to health, it is known that a patient may have more than one condition, so it was observed that 18 (60%) patients had heart disease, followed by 10 (33%) patients with autoimmune involvement, 9 (30%) with neoplastic disease, 8 (27%) nephropathy, 8 (27%) with liver disease 6 (20%) with pulmonary 2 (7%) with neurological 2 (7%) with rheumatic and 3 (10%) patients with endocrine disease.

The figure below reflects the complexity of nursing care in accordance with the scale of Fugulin.

![Figure 2. Relationship of inpatients in a medical clinic unit according to the degree of complexity of the nursing care - Rio de Janeiro, 2012.](image)

It can be verified in accordance with Figure 2, of the 30 patients interviewed most had minimal degree of complexity 21 (70%), followed by intermediate 4 (14%), high-dependency 3 (10%), a semi-intensive 1 (3%) and 1 intensive (3%).

Table 1 presents the items involved the Braden scale and the percentage found in the study patients.
Table 3. Evaluation of inpatients in a medical clinic under the items of the Braden Scale - Rio de Janeiro, 2012.

<table>
<thead>
<tr>
<th>Sensory Perception</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely limited</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Very limited</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Slightly limited</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>No limitation</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Moisture</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Constantly moist</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Very moist</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Occasionally moist</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Rarely moist</td>
<td>22</td>
<td>74</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Bedridden</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Wheelchair</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Walks occasionally</td>
<td>13</td>
<td>44</td>
</tr>
<tr>
<td>Walks often</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Mobility</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Completely immobilised</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Very limited</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Slightly limited</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>No limitation</td>
<td>17</td>
<td>67</td>
</tr>
<tr>
<td>Nutrition</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Very poor</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Probably inappropriate</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Suitable</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>Excellent</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Friction and shear</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Problem</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>Potential for problem</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>No apparent problem</td>
<td>18</td>
<td>57</td>
</tr>
<tr>
<td>Risk classification</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Elevated</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Moderate</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Small</td>
<td>20</td>
<td>67</td>
</tr>
</tbody>
</table>

Through Table 1 shows that 26 (87%) of patients did not present any limitation; 22 (74%) was still rarely humid, 13 (44%) occasionally walks, 17 (67%) has no limitation, 15 (50%) possessed adequate nutrition, 18 (57%) did not show any apparent problem with respect to friction and shear, and with respect to risk classification 20 (67%) had small risk.

DISCUSSION

Regarding the gender of the participants, a study which refers to the female predominance (as women have greater longevity than men) which leads to longer periods of chronic diseases. Women are generally more attentive to symptoms, have a better understanding in terms of disease and use more health services than men, which may explain the higher percentage of females.\(^\text{12}\)

As to age, the same study found a higher prevalence of patients above 50 years, which indicates a need for greater concern of the nursing staff with preventive measures to UP since with advancing age the skin becomes more dry due to decreased sebaceous and sweat glands and no hemodynamic changes and muscle atrophy becomes more prominent bony structures.\(^\text{12,9}\)

Research subjects have low levels of education - elementary education (30%) and are retired (43%). Thus, the nursing staff must adapt the socioeconomic and cultural conditions of the population served, and approach it with simple language so that they can clearly understand the risk factors for development of pressure ulcers, and thus communication to be effective, and the positive outcome for both parties.

It was observed according to the diseases found that heart disease remains the most affects the population. In a study of hospitalized patients with cardiovascular disease were identified the following nursing diagnoses: anxiety, pain, decreased cardiac output, disturbed sensory perception, insomnia, sexual dysfunction, impaired activity and peripheral tissue perfusion ineffective. This means that cardiac patients have a reduction in total blood flow, damaging the microcirculation and oxygen supply to the tissues thus providing the appearance of lesions with UP.\(^\text{20}\)

The level of consciousness as a result of neurological disorders or decreased sensory perception reduces activity and mobility of the patient, preventing him from realizing the pain and / or discomfort which leads to the onset of pressure ulcers. Among the
neurological and mobility, we can highlight the coma, and paresthesia immobilization.10

Chemotherapy, radiotherapy and dialysis to reduce tissue resistance thus making the skin more fragile and sensitive to lesions; changes in skin texture reach the skin surface, causing it presents smooth, thin or slender, thus demonstrating weakness. In the elderly, these changes are more frequent, affecting roughness, decrease in elasticity, also in dermal thickness that appears thin and sometimes almost transparent.21

Metabolic and endocrine changes are pathological conditions characterized by prolonged clinical and progressive, as in diabetes mellitus. These cause a decrease in the blood supply to the periphery, diminishing the capillary pressure, causing poor nutrition of tissues and decreased sensory perception in some regions of the body, due to neuropathy. The diseases often modify the characteristics of the skin, such as texture, moisture and turgor.22

Changes in skin moisture extremes are states between the increase and decrease of this condition. Dry skin (no grease and/or moisture) can also be a sign of dehydration and electrolyte loss from the body surface. The excess moisture from the skin makes it more fragile and more susceptible to friction and maceration, which increases the risk to the occurrence of PU.23

Chronic degenerative changes characterized as diseases with prolonged clinical and progressive. This is the case of lupus, arthritis, among others. Its main consequences include the onset of anorexia, fatigue, sleep loss, impaired mobility, causing the patient to sleep longer.23

Mobility/partial or total physical activity is considered a risk factor, and is built on two conditions: impaired physical mobility total, ie, the inability or complete inability to change body position in bed and partially impaired physical mobility, when the patient is left with the ability to change and control body position just diminished. These conditions affect the ability to relieve pressure effectively, providing the appearance of the lesion.23

Regarding the degree of complexity, it was observed that 70 % of interviewed patients require a minimal care. Consider the different degrees of complexity of care in inpatient units confirms the adequacy of resources critically, reflectively and adherent to reality, creating a better quality of nursing care. Finally, we assessed each patient studied according to the scores set by Braden risk.

The parameter sensory perception refers to the ability to respond to pressure significantly related discomfort. In this study 87% of patients showed no limitation, ie, responds to verbal command and no sensory deficit. This implies a reduced nursing care since the patient is able to communicate discomfort making it less vulnerable to develop PU. The nurse must be able to quickly diagnose any limitation, implementing actions to reduce its complications.12

The vast majority of patients (74%) had skin rarely wet, ie, the skin is usually dry which creates less physical wear to the nursing staff because the patient is changed only in routine intervals and the chance to develop pressure ulcers is minimal. Moisture assesses the degree of moisture that the skin is exposed. And that moisture may be related to changes in the level of consciousness and other complications of peripheral neurological system. Among these complications are the urinary and fecal incontinence and excessive sweating, requiring great attention of the health care team to detect and solve this problem. Other factors that contribute to the patient's exposure to moisture are the secretions of drains and drainage of wounds and food debris. Prolonged exposure to moisture can trigger skin maceration and breakdown the same with it shows the direct link between humidity and PU. Therefore, the nursing staff should pay attention to the presence of secretions in the patient's bedside, always making sure that it stays clean and dry.21

The degree of activity, 44 % of patients were walking occasionally mean that occasionally walk short distances during the day, with or without assistance and remain most of the day in a chair or in bed. This finding is relevant because as the majority walks, predisposition to the development of UP is small, requiring less care team that assists with regard to changing position, skin care, protection and use of bone prominences special mattresses.22

As regards mobility, 67% of patients showed no limitation, that is, a higher frequency of change of position without assistance. The mobility assesses the ability to alter and control the positioning of the body. Mobility is one of the risk factors considered for PU formation, since it allows the presence of local pressure on bony prominences causing tissue destruction there. Preventing UP depends mainly on the nursing team who is most often manipulates the patient 24 hours a day. In this sense, changing positions and proper positioning in bed are essential.22
The proper nutrition was observed in 50% of patients, this means that the individual consumes more than half of the meal offered and occasionally refuse a meal, but accepts supplement if offered. The item nutrition assesses the standard of intake.

Nutritional status is one of the first factors that affect the appearance of the UP lead to anemia and a reduction of oxygen to tissues, thus contributing to the decrease tolerance tissue pressure. Pressure ulcers develop more quickly and are more resilient to treatment in individuals who present clinical nutrition. Malnutrition interfere with wound healing, increases the susceptibility of the individual to infection and contributes to an increased incidence of complications, longer hospitalization and prolonged standing the patient on the bed. It is necessary for nurses to understand their important role in identifying malnourished patients and those who have certain characteristics known to be associated with nutritional problems.19

With regard to friction and shear , the majority (57%) presented no problem, that is, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during the movement. Friction and shear assess the degree of contact between the skin and the sheet according to the patient's mobility.

The friction is created at the moment that forces the two surfaces slide against each other, resulting in abrasion, and may often form bubbles. The shear strength occur as a result of mobilization or incorrect positioning, causing damage to deeper tissues. This occurs when the patient is kept with the head elevated at an angle of 30 degrees, allowing you to slip into bed and damaging mainly the coccyx and sacral regions. These actions should be identified early and avoided by the nursing staff, which makes continuing education an ally in the realization of practical.12

The result of the assessment for risk of pressure ulcers according to the Braden scale showed that patients in the study had small risk (67%) to develop PU, it means that the performance of the nursing staff to care front ulcer prevention pressure is lower. However 20% had moderate risk and 13% high.

After the risk score set, the nurse determines the frequency of changes in position and the positions to be varied, and other preventative care, such as skin hydration, the use of mattresses and the use of relieving pressure, among others, considering the limitations and possibilities of the individual patient and the institution.19

In relation to nursing practice, it became clear that the Braden Scale is a simple and easy to use, but the patient assessment should be performed infrequently to the possible interventions to be made early. It is therefore necessary that all nursing staff are able to detect the risk factors that trigger the onset of PU, in order to prevent and promote health.

**CONCLUSION**

The feasibility of patient care in relation to preventing pressure ulcers is only possible through the commitment and the work shared by all the elements that make up the nursing staff and other professionals in the multidisciplinary team. Therefore, the implementation of a range of risk assessment for development of these ulcers becomes an instrument of extreme importance for the realization of individualized care and quality.

This study evaluated 30 patients admitted to the clinic, being: 20 (67%) female, 19 (63%) patients were between the age group of 20-59 years old, 9 (30%) with incomplete primary education, 13 (43%) retired and 18 (60%) were patients with heart disease.

Regarding the degree of complexity, 21 (70%) patients had minimal level, four (14%) intermediate, 3 (10%) high-dependency, 1 (3%), semi-intensive and 1 (3%) intensive.

In the analysis of the items of the Braden Scale, 26 (87%) patients showed no limitation with respect to sensory perception, 22 (74%) were rarely humid regarding item humidity, 13 (44%) go occasionally, 17 (67%) showed no limitation on mobility, 15 (50%) eat properly, 18 (57%) have no apparent problem as friction and shear, and 20 (67%) had minimal risk for ulcer development pressure.

Upon these findings it can be concluded that the research objectives have been achieved in order to improve care of patients in order to contribute to the prevention and reduction of complications, favoring thus reducing the length of stay, as well as the possibility improvement of the clinical status of the patient and also the reduction of hospital costs. Thus, we consider it essential for the prevention of PU applicability of the Braden Scale in a systematic manner, thus improving the care provided by the professional staff to then contribute to the minimization of this current problem.

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