

Jose is a 56-year-old man who had a stroke six months ago. Jose has no sensory problems, but he has a right-sided weakness. He usually sits in the chair all day but can still mobilise with a stick with minimal assistance going to the toilet. Jose's skin is occasionally moist. He can make frequent though slight changes in his body position independently. Jose is on a soft diet due to slight difficulty in swallowing. He rarely eats a complete meal and finishes only about ½ of any food offered.

a. *What is the Braden Score?*

b. *What are the most vulnerable areas of pressure risk:
(Formal anatomical or plain English terminology accepted)*

Minimum of 5

c. *What are the signs that may
indicate pressure ulcer development?*

Minimum of 4

a. Braden Score - 17

b. Most vulnerable areas of pressure risk (Minimum 5):

Heels, sacrum, ischial tuberosities (buttocks), elbows, temporal region of the skull, shoulders, femoral trochanters (hips), back of head, toes, ears, spine

c. Signs that may indicate pressure ulcer development (Minimum 4):

Persistent erythema (flushing of the skin), non-blanching hyperaemia (discolouration of the skin that does not change when pressed), blisters, discolouration, localised heat, localised oedema, localised induration (abnormal hardening), purplish/bluish localised areas, localised coolness if tissue death has occurred