

**PRESSURE ULCER RISK ASSESSMENT SCALE
FOR THE SPINAL CORD INJURED**

Version 1.16
Revised 10/25/94

NAME

DATE

RISK FACTOR	CODED VALUE	SCORE
1. LEVEL OF ACTIVITY	0 <input type="checkbox"/> ambulatory 1 <input type="checkbox"/> wheelchair 4 <input type="checkbox"/> bed	
2. MOBILITY	0 <input type="checkbox"/> full 1 <input type="checkbox"/> limited 3 <input type="checkbox"/> immobile	
3. COMPLETE SCI	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	
4. URINE INCONTINENCE OR CONSTANTLY MOIST	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	
5. AUTONOMIC DYSREFLEXIA OR SEVERE SPASTICITY	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	
6. AGE (years)	0 <input type="checkbox"/> ≤34 1 <input type="checkbox"/> 35-64 2 <input type="checkbox"/> ≥65	
7. TOBACCO USE/SMOKING	0 <input type="checkbox"/> never 1 <input type="checkbox"/> former 3 <input type="checkbox"/> current	
8. PULMONARY DISEASE	0 <input type="checkbox"/> no 2 <input type="checkbox"/> yes	
9. CARDIAC DISEASE OR ABN. EKG	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	
10. DIABETES OR GLUCOSE ≥110 mg/dl	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	
11. RENAL DISEASE	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	
12. IMPAIRED COGNITIVE FUNCTION	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	
13. IN A NURSING HOME OR HOSPITAL	0 <input type="checkbox"/> no 2 <input type="checkbox"/> yes	
14. ALBUMIN <3.4 OR T.PROTEIN <6.4	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	
15. HEMATOCRIT <36.0% (HGB <12.0)	0 <input type="checkbox"/> no 1 <input type="checkbox"/> yes	
TOTAL SCORE (0-25)		

RISK: LOW 0-2, MODERATE 3-5, HIGH 6-8, VERY HIGH 9-25

NURSE ASSESSOR'S SIGNATURE: _____

From:

Salzberg, C. A., D. W. Byrne, et al. (1996). "A new pressure ulcer risk assessment scale for individuals with spinal cord injury." *Am J Phys Med Rehabil* 75(2): 96-104.