

# Application for a SPECIALTY CUSHION\*

Must be submitted with a signed Special Needs Equipment Requisition Form

(\*Specialty cushion = Jay Cushions, Roho Cushions, Vicair Vector Cushions or Matrx PS Cushions)

## A. COMPLETE FOR ALL CUSHION APPLICATIONS

Client Name: \_\_\_\_\_ HSN: \_\_\_\_\_

Type and model of cushion requested: \_\_\_\_\_

Type of cushion(s) previously trialled:	Results of trial:
_____	_____
_____	_____
_____	_____

The client has an open sore/pressure ulcer at this time?  Yes  No

If yes, the pressure ulcer is considered stage:  I  II  III  IV

Location of sore(s): \_\_\_\_\_

The client uses his/her wheelchair as the primary mode of mobility? \*  Yes  No

Usual use:  1-2  3-5  6-10 hours each day.

Current use:  1-2  3-5  6-10 hours each day.

Is any change in wheelchair use due to a pressure sore?  Yes  No

Does the client have opportunities to get out of the wheelchair during those periods?  Yes  No

\* Clients who *do not* use a wheelchair for their primary mode of mobility are eligible to loan one high-end cushion from Special Needs Equipment only if the client is eligible for coverage through the Supplementary Health Program, Seniors' Income Plan, or Family Health Benefits Program.

With respect to the client's positioning capabilities, please select one:

- The client can independently weight shift and reposition him/herself.
- The client requires some assistance to reposition him/herself.
- The client cannot independently reposition him/herself and requires complete assistance.

Using the Braden Scale, the client's risk assessment score is \_\_\_\_\_.

\*Braden Scale assessment tool found on reverse.

## B. COMPLETE ONLY WHEN A REPLACEMENT CUSHION IS BEING REQUESTED

Please explain how the current cushion is no longer meeting the needs of the client.

\*Replacements will not be considered unless a valid medical rationale is presented.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## C. REQUISITIONER INFORMATION

This application was completed by:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

*For Home Care Case Managers only:*

This application was completed in consultation with:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

# Braden Risk Assessment Scale

<b>Sensory Perception</b>	<b>1. Completely Limited</b>	<b>2. Very Limited</b>	<b>3. Slightly Limited</b>	<b>4. No Impairment</b>	<i>Indicate Appropriate Numbers Below</i>
Ability to respond meaningfully to pressure-related discomfort	Unresponsive (does not moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation. OR limited ability to feel pain over most of body surface.	Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness. OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body.	Responds to verbal commands, but cannot always communicate discomfort or need to be turned. OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.	
<b>Moisture</b>	<b>1. Constantly Moist</b>	<b>2. Very Moist</b>	<b>3. Occasionally Moist</b>	<b>4. Rarely Moist</b>	
Degree to which skin is exposed to moisture	Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	Skin is often, but not always, moist. Linen must be changed at least once a shift.	Skin is occasionally moist, requiring an extra linen change approximately once a day.	Skin is usually dry. Linen only requires changing at routine intervals.	
<b>Activity</b>	<b>1. Bedfast</b>	<b>2. Chairfast</b>	<b>3. Walks Occasionally</b>	<b>4. Walks Frequently</b>	
Degree of physical activity	Confined to bed.	Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	
<b>Mobility</b>	<b>1. Completely Immobile</b>	<b>2. Very Limited</b>	<b>3. Slightly Limited</b>	<b>4. No Limitations</b>	
Ability to change and control body position	Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	Makes frequent though slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance.	
<b>Nutrition</b>	<b>1. Very Poor</b>	<b>2. Probably Inadequate</b>	<b>3. Adequate</b>	<b>4. Excellent</b>	
Usual food intake pattern	Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement. OR is NPO and/or maintained on clear liquids or I.V.'s for more than 5 days.	Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. OR receives less than optimum amount of liquid diet or tube feeding.	Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs.	Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	
<b>Friction and Shear</b>	<b>1. Problem</b>	<b>2. Potential Problem</b>	<b>3. No Apparent Problem</b>		
	Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation lead to almost constant friction.	Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.		
<p><i>NOTE: Patients with a total score of 16 or less are considered to be at risk of developing pressure ulcers. (15 or 16 = low risk; 13 or 14 = moderate risk; 12 or less = high risk)</i></p> <p>© Copyright Barbara Braden and Nancy Bergstrom, 1988 <i>Reprinted with permission.</i></p>					<b>Total Score:</b>