

Date of Evaluation: _____ Primary Diagnosis: _____

Patient Name: (optional) _____ Age: _____ Sex: M / F

BRODA chair model and accessories used: _____

Residents specific seating conditions and needs: _____

Evaluator: please provide information relative to the evaluation prior to the placement of a BRODA chair

Cognitive: (Interactive with surroundings) (Non-interactive) Able to make needs known: Y or N

Psychotropic medications used? Y or N Name/Dosage: _____

Pain medications used? Y or N Name/Dosage: _____

Functional Abilities, ADL Status in reference to wheelchair use: Prior to the placement of BRODA

ADL	Independent	Independent with Equipment	Moderate Assist	Dependent	Not Assessed	Comments
Self Care						
Ambulation						
Transfers						
Toileting						

Skin integrity issues: Prior to the placement of BRODA

History of Skin Issues: Y or N At risk from prolonged sitting: Y or N Time spent in chair daily: _____

Risk factors: Boney prominences Immobility Impaired nutritional or hydration status

Braden Scale score: _____ Other: _____

Able to perform effective pressure relief: Y or N If yes, method used: _____

If no, why? _____

List Interventions and Outcomes observed/noted: Prior to the placement of BRODA

Intervention	Time Frame	Outcome

CASE EVALUATION FORM

Please document your observations and findings during the evaluation.
You can continue your documentation on the following page as needed.

Pre BRODA Trial

Skin Integrity Issues

Falls History

Location on body	Severity (stage)	size of pressure sore area (Inches)	Change in size and/or stage (+/-)	Number of falls	Frequency of falls (daily, weekly etc)

During BRODA Trial

Immediate (if applicable)						
Week 1 Date:						
Week 2 Date:						
Week 3 Date:						
Week 4 Date:						

Pre BRODA Trial

Positioning/Comfort

Behaviors

Poor	Average	Above average	Good	Aggressive Unhappy	Agitated	Neutral	Happy

During BRODA Trial

Immediate (if applicable)							
Week 1 Date:							
Week 2 Date:							
Week 3 Date:							
Week 4 Date:							

Braden Scale score post trial: _____

Change in risk factors following placement of BRODA? Please explain:

Increase in sitting tolerance/time spent in chair with placement of BRODA? Please explain:

Post Trial

Functional Abilities:

Were there improvements in the patients ADL status in reference to wheelchair use? Y or N If Yes, please explain:

Medication Use

Was there a change in the psychotropic medications used during the BRODA trial? Y or N

Name/Dosage: _____

If Yes, do you believe this change was associated with the use of BRODA? _____

Was there a change in pain medications used during trial? Y or N

Name/Dosage: _____

If Yes, do you believe this change was associated with the use of BRODA? _____

Initial assessment of BRODA chair impact:

Final assessment of BRODA chair impact:

Additional comments/requests:

Have you worked with BRODA prior to this evaluation? Y or N

May we use this information on our website and/or our marketing materials? All case studies and evaluations will be anonymous, HIPPA compliant and used to build the evidence-based clinical relevance of these chairs: Y or N

Evaluation completed by: _____
Name Title Department

Evaluator's signature: _____ Date: _____