Bed rail assessment Appendix 4

Plymouth Hospitals NHS Trust

Bed Rail Assessment
All patients at medium or high risk of falls to be assessed on admission and within 24hrs of transfer to ward.

After initial assessment and decision, document ONLY when decision changes (√ all that apply)

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<th>Initial</th>
<th>Review</th>
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**BED RAILS NOT RECOMMENDED** – If either of the following apply

- **Patient is independent.** Bed rails can be a barrier to independence for patients who otherwise could leave their bed safely without help.
- **Risk of entrapment of head, limbs, lines or drainage tubes**
- **Bariatric bed used instead** □
- **Low profile bed used instead** □
- **If it is safer to use bed rails even though there is a risk of entrapment, ALWAYS use bumpers**

**BED RAILS RECOMMENDED** – If any of the following apply

- **History of falls.** Patient has fallen out of bed or at high risk of falls
- **Fluctuating conscious levels.** Patient semi-conscious, sedated, drowsy or recovering from an anaesthetic
- **Sensory loss or confusion.** Pt has a visual impairment, delirious or confused
- **Patient lack awareness of own limitations.**
- **Physical limitations.** E.g. Pt has a partial paralysis, poor sitting balance etc
- **Seizures or spasms.**
- **Patient/carer request.** Patient fears falling out of bed, uses bed rails at home
- **Bed is covered with an overlay mattress for tissue viability.**
- **Transfer to an Airwave mattress to allow use of bed rails if required**

**USE PROFESSIONAL JUDGEMENT** – to decide if it is in the patient’s best interest to use bed rails

- **Patient is active or disorientated and likely to climb over the rail**
- **Not using bed rails?** - Low profile bed used instead □
- **Using bed rails?** - Intentional Care frequency increased □

Considering all of the above, document whether bedrails are to be used.

| One bed rail to be used – write L or R (patient's left or right) |
| Both bed rails to be used? (√) |
| Are bumpers necessary? Y / No |

**Patient Consent - complete one of the following:**

- The bed rail assessment has been explained to me and I agree with the measures proposed. I understand that the assessment will be reviewed regularly and amended accordingly according to my changing clinical needs.

- Signature of patient: __________________________Date: ________________

- The patient is unable to sign the form but verbal consent for this bed rail assessment has been obtained

- Signature of registered practitioner: __________________________Print Name: __________________________Date: ________________

- The patient does not have the mental capacity to give consent to this bed rail assessment; a decision has therefore been taken in the patient's best interests. The bed rail assessment has been discussed with the patient's relative or advocate - Date of discussion with relative: __________________________

- Signature of registered practitioner: __________________________Print name: __________________________

File in the nursing records

HRSG: