

## Bed rail assessment Appendix 4

Plymouth Hospitals **NHS**  
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.

Surname:
First Name:
Hospital Number:
NHS Number:
DOB:
<i>Affix patient label here</i>

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

		Initial	Review	Review	Review
<b>BED RAILS NOT RECOMMENDED</b> – If either of the following apply	Date				
	Time				
<b>Patient is independent.</b> Bed rails can be a barrier to independence for patients who otherwise could leave their bed safely without help.					
<b>Risk of entrapment</b> of head, limbs, lines or drainage tubes					
Bariatric bed used instead <input type="checkbox"/>					
Low profile bed used instead <input type="checkbox"/>					
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

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

<b>Patient is active or disorientated and likely to climb over the rail</b>					
Not using bed rails? - Low profile bed used instead <input type="checkbox"/>					
Using bed rails? - Intentional Care frequency increased <input type="checkbox"/>					

**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 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

Bed Rail Assessment

HRSG: