

Appendix 2:

Bedrail assessment

“The only appropriate use of bedrails is to reduce the risk of patients accidentally slipping, sliding, falling or rolling out of bed”

NPSA Safer Practice Notice 17 (26 February 2007)

All patients to be assessed on admission, and within 24 hours of transfer to ward and repeat assessment weekly or after a fall.

Indications for use	Indications for non-use
Fluctuating conscious levels	Agitation / confusion
Sensory loss	Risk of patient climbing over the bedrails
Lack of spatial awareness	Patient totally immobile
Physical limitations / to support the patient	Aware of limitations

Where appropriate, ensure that the patient and their family are involved in the decision making process.

If there conflicting evidence, then using professional judgement in conjunction with the above assessment will allow you to determine whether or not to use bedrails. Please document your rationale in the comments section below.

Outcome of assessment

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Are bedrails indicated?
If bedrails are used, ensure they are appropriate for the type of bed and securely attached. | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are bedrail bumpers required to prevent entrapment or patient harm? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has the family been informed of the decision? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has the patient / carer been involved in the decision? | <input type="checkbox"/> | <input type="checkbox"/> |

Consider the following additional precautions

- always keep the bed at its lowest height and consider the use of ultralow beds/crash mats on floor alongside bed
- ensure objects needed (including call bell) are within reach and offer toilet regularly
- Intentional Rounding
- Move bed to side of wall / to a less isolated area if possible
- Review medication with medical team
- Orientate patient to surroundings

Comments:

Document planned care on management plan

Signature..... Date..... Time.....
 Supervisor..... Date..... Time.....

Bedrail re-assessment

Date	Are bedrails required?	Indications for use	Are bumpers required?	Comments & rationale for identified actions	Signature Supervisor <small>if applicable</small>	Date of next assessment
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
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	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			

Document any actions on the management plan and evaluate outcomes in the healthcare record