**Bedrail risk assessment**

**Person’s name NHS Number DOB**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A bed rail is potential physical restraint - Please ensure a capacity assessment has been completed before completing this risk assessment** | | | | | |  | | |
| **Use algorithm at the end of this document when completing this Risk Assessment** | | | | | | **Date** | | |
| **Section one** | | | | | | **YES** | **NO** | **N/A** |
| Is the person at risk of falling out of bed? | | | | | |  |  |  |
| \*Is the person agitated or confused? | | | | | |  |  |  |
| \*Does using bedrails present a higher risk to the person than falling out of bed? | | | | | |  |  |  |
| \*Would the person feel anxious using bed rails? | | |  |  |  |
| **if answer yes \* alternative to bed rails and or close monitoring may be preferred solution** **See Algorithm on reverse for guidance** | | | | | | | | |
| **Section two** | | | | | |  |  |  |
| Has an alternative to bedrails been considered, i.e. see bedrails algorithm box 2 | | | | | |  |  |  |
| Is the person likely to roll, slip or slide from the bed? | | | | | |  |  |  |
| Does the person understand the purpose of bedrails? Consider the impact of any fluctuations in alertness/awareness; confusion agitation or delirium; memory impairment( dementia or learning disability; communication, physical, cognitive/perceptual and sensory difficulties including vision and proprioception. | | | | | |  |  |  |
|  | | | | | |  |  |  |
| Would the person feel anxious if bed rails were not used? | | | | | |  |  |  |
| Has the person used bed rails before with success? | | |  |  |  |
| Is the person left alone at night, if so are they able to contact someone of they need help or assistance? | | | | | |  |  |  |
| **If yes, to any of Section two, then bedrails may be appropriate however, consider the following points** | | | | | |  |  |  |
| **Section three** | | | | | |  |  |  |
| Is the person under 4ft 11” or over 6ft 1” in height? | | | | | |  |  |  |
| Does the person have an unusually large or small head or other body Shapesize which may change entrapment risk? | | | | | |  |  |  |
| Does the person have any equipment on their person that may interact with the bed rails, ie catheter, PEG, C-PAP etc |  |  |  |
| When the bedrail is fitted is there a gap between the lower rail and mattress? | | | | | |  |  |  |
| Are there large spaces between the lower rail and mattress? | | | | | |  |  |  |
| Does the bedrail move away from the side of the mattress when in use? | | | | | |  |  |  |
| Will the bedrail fall off the bed? | | | | | |  |  |  |
| Does the person have repetitive or involuntary movements? |  |  |  |
| Will any of above create an entrapment hazard? | | | | | |  |  |  |
| Is the person likely to attempt to climb over the rails? |  |  |  |
| **If yes to any of the questions in Section three, bedrails may not appropriate and/or additional considerations need to be made re compatibility re choice of equipment ( these should be clearly documented in your clinical reasoning** | | | | | | | | |
| **Section four** | | | | | |  |  |  |
| The gap between the bedrail and the footboard and split side rails must be less than 60mm or greater than 318mm | | | | | |  |  |  |
| Has the bedrail been fitted correctly? | | | | | |  |  |  |
| Is the bedrail secure? | | | | | |  |  |  |
| Is the bedrail compatible with the bed frame it will be fitted to? | | | | | |  |  |  |
| If pressure relieving overlay mattress, or air-filled mattress in use, are extra height bedrails fitted? | | | | | |  |  |  |
| If bariatric bed in use is a compatible extra wide mattress fitted? | | | | | |  |  |  |
| Are there any other accessories on the bed that may increase risk; such as lateral turning device; inbed management system for manual handling? |  |  |  |
| Is there any other equipment being used in conjunction with the bed/ rails that may increase the risk such as a hoist, walking aid, stand aid, over bed table etc ? |  |  |  |
| **Section five - decision making/recommendations** | | | | | | | **YES** | **NO** |
| Bed rails recommended | | | | | | |  |  |
| Bumpers recommended | | | | | | |  |  |
| **Clinical reasoning for decision:** | | | | | | | | |
| **Type of equipment and configuration recommended :** | | | | | | | | |
| **Any further recommendations:** | | | | | | | | |

**Assessment completed by:**

|  |  |
| --- | --- |
| **Designation** | **Date** |
|  |  |
| **Name** | **Signature** |
|  |  |

**Bedrails Algorithm**

Rationale for the completion of the Bedrails Risk Assessment

YES

NO

Is the person at risk of falling from Bed? NB: for person at risk of climbing over bedrails, alternatives must be considered.

See boxes 2+3.

Person does not understand purpose of bedrails due to…

Person understands purpose of the bedrails

Person does not request bedrails

Person requests bedrails

Communication Difficulties

Physical & or Cognitive condition

Person consents to bedrail use

Bedrails inappropriate See box 3

Bedrails could be used with caution see 2 &3 below

Person declines bedrail use

1.Examples of Alternatives to bedrails which should be considered :

* Floor bed with safety mat
* Safety checks should be made for hot pipes, trailing wires, electric sockets etc
* Move person to a more observable area to maximise supervision. (usually residential)
* Bed monitor.
* Ensure bed returned to lowest height after any care delivery.
* Ensure person needs anticipated eg drinks are accessible, regular toileting, call bell to hand etc.
* Moving and handling risk assessment for carers must be completed.

3. Remember to document:

• Date and time assessment made.

• Person / family / carers given bedrails information leaflet.

• Rationale for decision made in records.

• Where bedrails are considered appropriate and the person has declined their use.

• Actions taken, including discussion with family.

Review

• If persons condition changes.

2. If bedrails are used consider:

• Risk of entrapment and harm to limbs.

• Risk of resident climbing over the top.

• The psychological effect of bedrails to the resident.

• Use of air filled mattresses or mattress overlays require extra height bedrails

• Bariatric beds must be used with a compatible extra wide mattress.

Agree plan of care with family (if appropriate) and carers. Ensure outcome is documented - see box 3

Consider actions in person’s best interest. See boxes 1, 2 & 3 below.

Consider Referral to appropriate speciality e.g. audiology. Use of interpreter, pictorial or written information

Bedrails inappropriate see boxes 1 +3

Bedrails could be used with caution. See boxes 2 + 3 below.