

Appendix 1

Bed Rail Risk Assessment

(The tool is intended to be used as a reminder for staff and support clinical judgement but is not intended to replace clinical judgement.)

Refer to the Bed Rail Algorithm when completing risk assessment

Name
Address
CHI

| Consider | Y | N | N/A |
|---|---|---|-----|
| Is the patient: | | | |
| • at risk of climbing out of bed? | | | |
| • agitated or confused? | | | |
| • at risk of entrapment in the bed rail? | | | |
| • likely to fall, slip or slide from bed? | | | |
| • at risk of trying to climb over the bed rail? | | | |
| • able to understand the purpose of the bed rails? | | | |
| Has the patient given his/her consent to use of bed rails? | | | |
| Has use of bed rails been discussed with the patient's relative/carer? | | | |
| Would using bed rails cause greater risk to the patient than a fall from bed? | | | |
| Has an alternative to bed rails been thought about? | | | |
| Decision | | | |
| Bed rails to be used? | | | |
| Bed rail bumpers to be used? | | | |
| Signature: | | | |
| Date: | | | |

When in use bed rails (and bumpers when used) must be checked regularly to ensure they are safe and if still required.

| | Y | N | N/A | Y | N | N/A | Y | N | N/A | Y | N | N/A | Y | N | N/A | Y | N | N/A | Y | N | N/A |
|--------------------|---|---|-----|---|---|-----|---|---|-----|---|---|-----|---|---|-----|---|---|-----|---|---|-----|
| Bed rails checked: | | | | | | | | | | | | | | | | | | | | | |
| Bumpers checked | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | | | | |