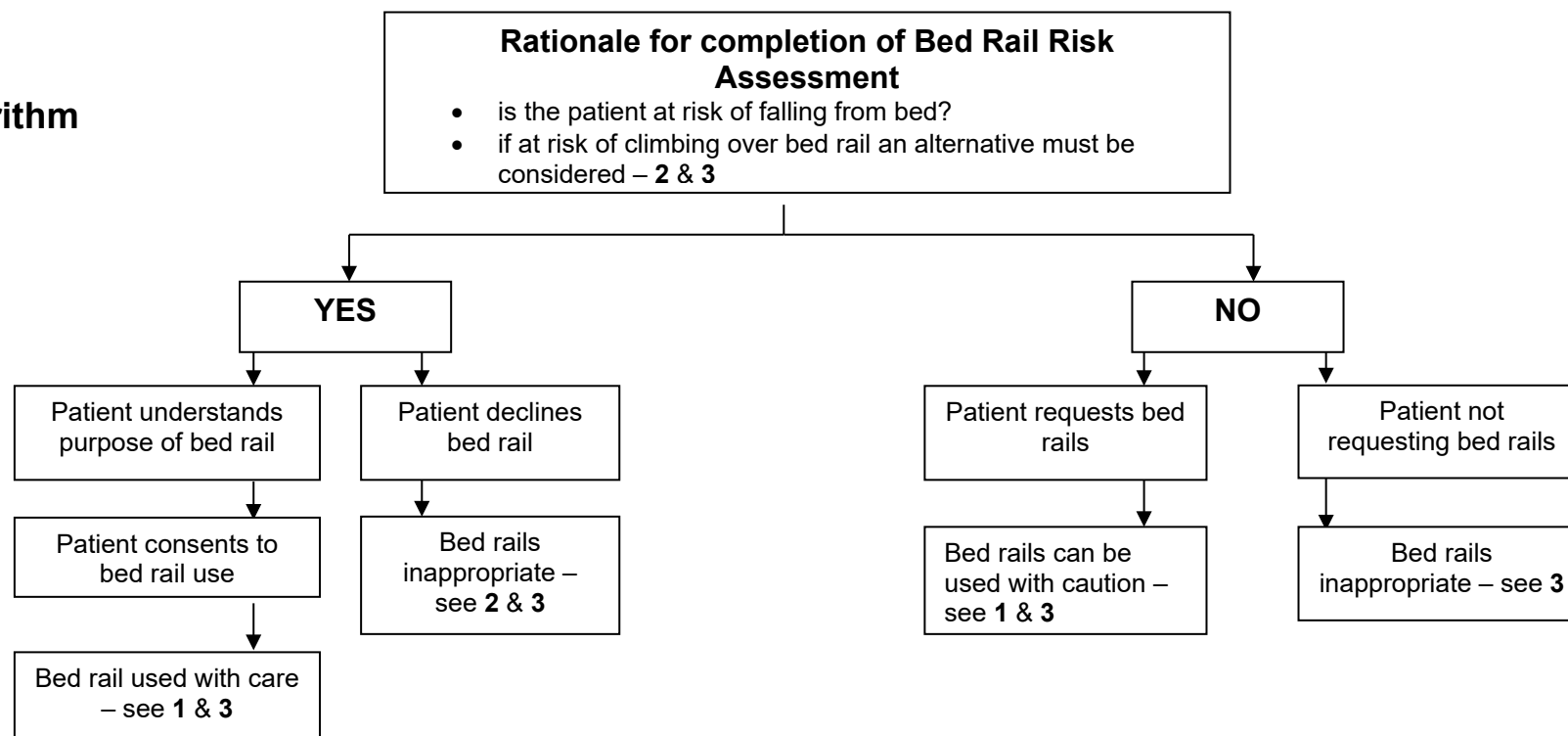


Appendix 2 Bed Rail Algorithm



1. If bed rail used consider:

- risk of entrapment and harm to limbs
- risk of patient climbing over the top of bed rail
- the psychological effect of bed rail use on the patient
- use of any mattress overlay e.g. pressure relieving and need for extra height bed rails
- bariatric beds must be used with compatible extra wide mattress
- ligature point risk

2. Alternatives to bed rails:

- move patient to more observable area
- 1-1 nursing
- use bed monitor
- ensure bed returned to lowest height after delivery of care
- ensure patient's needs are anticipated e.g. drinks are accessible, regular toileting, buzzer in reach
- as last resort consider nursing on floor – need to be aware hot pipes, trailing wires, electric sockets etc. - moving & handling assessment for staff.

3. Remember

- To document in patient's health record:
 - date & time of assessment
 - rationale for bed rails
 - patient/relative/carer informed of bed rail use and reason for this
 - where bed rails considered appropriate but patient declines their use
 - action taken
 - care plan and review date
- Assessment should be made and/or updated:
 - on admission to ward
 - if patient's condition changes
 - daily/weekly as appropriate