Safe and appropriate use of bedrails

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Policy Statements

- Bedrail use may be appropriate, following an individual patient risk/benefit assessment, for the following purposes:
  - To prevent the patient from rolling out of the bed where there is an assessed risk of this occurring
  - To assist the patient to mobilise more independently in the bed
  - To promote patient comfort in bed by allowing the positioning of pillows

- Bedrails are not to be used as a means of preventing or impeding a patient from intentionally leaving the bed.

- The use of bedrails is a clinical decision made in collaboration with the patient requiring ongoing assessment of the risks and benefits as they apply individually to the patient.

- The inappropriate use of bedrails poses a significant risk to a patient, including the risk of falling from the bed, entrapment, postural asphyxiation and psychological distress.

- Bedrails are not appropriate for a patient who is, or who is likely to become:
  - mobile and confused
Purpose

To articulate the CDHB policy regarding the safe and appropriate use of bedrails.

Scope

All staff.

Exclusions

This policy does not apply to:

- The use of bedrails or cot sides for young children as a normal response to their developmental age
- The use of bedrails for a patient who is supervised and is:
  - in transit
  - on a narrow trolley
  - recovering from general anaesthesia

Definitions

Bedrail Use: Bedrails in the raised position.

Clinical responsibilities

1. Assessment

The use of bedrails is a clinical decision which is made in partnership with the patient following an assessment of the risks and benefits as they apply individually to the patient.

Where a patient and/or their whanau request the use of bedrails the decision remains a clinical decision. The rationale for the decision should be discussed with the patient and whanau and documented.

The following decision making aid (on page four of this document) focuses on the likelihood of the patient rolling out of bed, the patient’s mobility and the patient’s mental state/likely behaviour. There are however other elements that also need to be taken into account when considering the safe and appropriate use of bedrails such as the patient’s vulnerability to injury, visual and spatial awareness and the use of special mattresses.
2. Monitoring

   The monitoring of the patient during bedrail use is to be determined at assessment and documented in the patient’s plan of care. Staff should be directed to reassess the safety and appropriateness of bedrail use at each point of contact.

3. Documentation and Communication

   Where bedrails are used the clinical rationale for use and the monitoring requirements are to be documented in the patient’s plan of care and communicated at shift handovers.

   Where bedrails use has been discontinued the clinical rationale is to be documented in the Patient’s plan of care.

4. Incident/Event Reporting

   Where the use of bedrails is associated with a clinical incident (or near miss) an Incident Report Form is required.

Service responsibilities

   - Ensuring bed, mattress and bedrails are compatible so as to avoid gaps that potentially could lead to entrapment.
   - Ensuring bedrails are correctly installed on the bed.
   - Bed and bedrail maintenance to ensure equipment safety. Damaged or faulty bedrails must be clearly labelled as faulty and removed from circulation.

Organisation-wide responsibilities

   Canterbury DHB bedrails policy and associated guidance.

References

   National Patient Safety Agency (UK), Bedrails - Reviewing the evidence, A systematic literature review, March 2007

   www.npsa.nhs.uk

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<th>Policy Owner</th>
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<td>Policy Authoriser</td>
<td>Chief Medical Officer and Executive Director of Nursing</td>
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CLINICAL DECISION MAKING AID for the SAFE AND APPROPRIATE USE OF BEDRAILS Including Patient and Whanau Request for Use

**Assessment**

The patient **IS** likely to roll out of bed or Bedrails are being considered to promote comfort or independence in bed

**AND**

The Patient is **NOT** likely to become mobile and confused, or mobile and agitated, or mobile and lacking insight

**Bedrails May Be Appropriate**

Consider the risk of the patient attempting to exit the bed unassisted
Ensure Patient has access to and can use call bell

**Bedrails NOT safe**

Use alternatives
Bed at lowest position or low low bed; Use of landing mat; Whanau support; 24 hr supervision

**Assessment**

The patient **IS**, or is likely to become, mobile and confused, or mobile and agitated, or mobile and lacking insight

**Documentation**

1. Make the clinical decision in partnership with the patient/whanau
2. Document the clinical rationale for bedrail use and the monitoring requirements in patient’s plan of care - direct ongoing assessment.
3. Document your rationale for bedrail use/ removal each shift and communicate at shift handover

**Communication**

If Bedrails have been requested:
1. Explain to the patient/whanau why bedrails should not be used and involve them in identifying alternatives.
2. Document the clinical rationale in the clinical record