<table>
<thead>
<tr>
<th>Use algorithm on the reverse of this document when completing this Risk Assessment</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECTION ONE</strong></td>
<td>Y</td>
<td>N</td>
<td>N/A</td>
<td>Y</td>
</tr>
<tr>
<td>Is the patient at risk of climbing out of bed or trolley?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the patient agitated or confused?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does using bedrails present a higher risk to the patient than falling out of bed?</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**SEE ALGORITHM ON REVERSE FOR GUIDANCE**

**SECTION TWO**

Has an alternative to bedrails been considered? i.e. see bedrails algorithm box 2

Is the patient likely to roll, slip or slide from the bed?

Has the patient been consulted regarding the use of bedrails?

Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/ cognitive condition.

Has the decision to use or not use bedrails been discussed with relatives / carers

Has the patient / relatives been given a copy of the bedrail information leaflet

**IF YES, TO ANY OF SECTION 2, THEN BEDRAILS MAY BE APPROPRIATE HOWEVER, CONSIDER THE FOLLOWING POINTS**

**SECTION THREE**

Is the patient small in stature?

Does the patient have an unusually large or small head?

When bedrail fitted is there a gap between the lower rail and mattress?

Are there large spaces between the bars of bedrails

Does the bedrail move away from the side of the mattress when in use?

Will the bedrail fall off the bed?

Will any of above create an entrapment hazard?

**IF YES TO SECTION 3 BEDRAILS ARE NOT APPROPRIATE**

**SECTION FOUR**

The gap between the bedrail and the headboard must be less than 60mm or greater than 250mm

Has the bedrail been fitted correctly?

Is the bedrail secure?

Is the bedrail compatible with the bed frame it will be fitted to?

Are the bedrails used in good working order?

Does the patient have access to the call buzzer at all times?

If pressure relieving overlay mattress, or air filled mattress in use, are extra height bedrails fitted?

If Bariatric bed in use is compatible extra wide mattress fitted?

**SECTION FIVE - DECISION MAKING**

Has the decision been made to use bedrails?

Date

Bedrails checked by

Date

Assessors Signature

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**NHSGGC&C Bedrail Risk Assessment**

This Risk Assessment Tool is an aide memoir for staff. It should be used in conjunction with the Bedrails Algorithm (see reverse) and Guidelines for the Safe use of Bedrails and Falls Prevention (Adults). This document does not replace the need for clinical judgement.

Patient Name:

Ward:

CHI Number:
Rationale for the completion of the NHS GG & C Bedrails Risk Assessment

Is the patient at risk of falling from bed/trolley? NB: for patients at risk of climbing over bedrails, alternatives must be considered. See boxes 2+3.

Yes

Patient understands purpose of the bedrails

Patient consents to bedrail use

Bedrails could be used with caution. See boxes 1 + 3 below.

Patient declines bedrail use

Bedrails inappropriate see boxes 2+3

Patient does not understand purpose of bedrails due to...

Communication difficulties

Consider:
• Referral to appropriate speciality e.g. Audiology
• Use of interpreter
• Use of written or pictorial information

Physical and/or cognitive condition

Consider actions in patient's best interest. See boxes 1, 2 + 3 below.

Agree plan of care with Next of Kin (if appropriate) and document outcome in nursing records.

No

Patient requests bedrails

Bedrails could be used with caution. See boxes 1 + 3 below.

Patient not requesting bedrails

Bedrails inappropriate see boxes 3

1. If bedrails are used consider:
• Risk of entrapment and harm to limbs
• Risk of patient climbing over the top
• The psychological effect of bedrails to the patient
• Use of air filled mattresses or mattress overlays require extra height bedrails
• Bariatric beds must be used with a compatible extra wide mattress.

2. Alternatives to bedrails
• Move patient to observable area to maximise supervision
• Bed Monitor (see criteria) accessed via Hospital Falls Prevention coordinator
• Ensure bed returned to lowest height after care delivery
• Ensuring patient needs anticipated e.g. drinks are accessible, regular toileting, call bell to hand etc.
• Nursing patient on mattress on the floor should be a last resort and safety checks should be made for hot pipes, trailing wires, electric sockets etc.
• Moving & handling risk assessment for staff must be completed
• Contact Hospital Falls Prevention Coordinator for advise

3. Remember to document in nursing records:
• Date and time assessment made
• Patient & NOK given bedrails information leaflet
• Rationale for decision made in care plan
• Where bedrails are considered appropriate and the patient has declined their use.
• Actions taken, including discussion with Next of Kin
• Care planning and reviews

Assessment should be made:
• On admission
• If patient's condition changes
• Daily / weekly depending on the situation

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