

## Bed Rails Clinical Guidance

## Facility Information

The clinical guidance process is a systematic method to assess, plan, implement, and evaluate the use of bed rails. Each action is built upon the assumption that the resident continues to have a level of need that has not been met by the preceding step.

Process Step	Associated Tools
Evaluate all residents for safety needs regarding the use of bed rails on admission and reassessment – identifying potential medical needs/safety hazards.	Assessment Guide
Implement and monitor effectiveness of least restrictive care plan interventions.	Implementation Plan: Trials
Work to mitigate environmental factors to reduce risk of injury.	
Educate resident/legal representative on the benefits and risks of bed rail use.	Education
Develop care plan that outlines the medical factors necessitating bed rails.	Care Plan Check List
Implement and monitor resident response to bed rails (if indicated) and when ordered by the physician.	Bed Rail Implementation
Assess bed, mattress, and bed rails for safety precautions against entrapment risks.	Evaluation and Bed Monitoring Guide/Log
Initiate ongoing monitoring plan.	Re-Evaluation Process
Document effectiveness, required continuous quality improvement (CQI) reporting, and rationale for continued need on an ongoing basis.	

The following are suggested guidelines to assist in evaluating residents for bed rail use. Since residents are unique in their care needs and preferences, each assessment must also identify and evaluate those resident's aspects and issues that may also be pertinent.

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Assessment Guide Process Step	Rationale
Interdisciplinary Care Team (IDT) or representative discusses any concerns or indications of potential safety risks with resident to help determine if bed rails are needed.	The resident and family must be involved in the care planning process. Requirements include right to be free from restraints, be informed of a bed rail option <b>as well as all of the risks associated with bed rail use.</b>
Reassure resident and family that in many cases residents can sleep safely without the use of bed rails.	Need to identify and use the least restrictive intervention when possible.
Allow new residents a period of adjustment in determining safety risks and needs.	Resident issues often improve after becoming adjusted to new surroundings.
Identify whether the resident experiences problems at night such as memory, visual or spatial perception issues, incontinence, pain, uncontrolled body movement, hypoxia, pressure ulcers and bed mobility, or safe ambulation that may need to be addressed.	A comprehensive resident assessment assists in identifying the underlying causes of resident care needs in order to plan most effective/least restrictive care interventions.
Determine whether the resident’s sleep is impacted by factors such as grieving, loneliness, boredom or other issues.	
Obtain/consider preferences/interventions individually designed for persons with life-long late night habits.	
Ensure that all underlying medical problems that affect resident symptoms are addressed and treated when appropriate. Treatments must also be evaluated for effect and impact on resident comfort and safety.	
Consider resident issues with esophageal reflux.	
Review resident’s urinary and bowel elimination patterns if indicated.	Avoid the negative effects of medications that may affect resident comfort and safety at night.
Review dosages and types of medications, especially hypnotics, pain treatments, medications that create orthostatic hypotension, diuretics, and hypoglycemic medications that might be causing hunger at night.	
Conduct an environmental assessment to determine whether light levels, room temperature, obstacles and mobility hazards, or other unique resident needs are impacting sleep.	Residents must be allowed to create a personalized space for living that they are comfortable in.
Implement Least Restrictive Interventions: Trials	Rationale
Identify least restrictive interventions for any resident issues noted, such as but not limited to:	Bed rails can create a negative

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	psychological effect and can contribute to resident sense of isolation and confinement.
<ul style="list-style-type: none"> <li>• Anticipate reasons residents get out of bed such as: hunger, thirst, need to go to the bathroom, restlessness and pain, need for skin care and hygiene.</li> <li>• Frequent and scheduled monitoring/rounding of resident.</li> <li>• Use transfer and mobility aids, such as trapeze as indicated.</li> <li>• Keep beds at lowest position with wheels locked, while at same time verifying this lowest position does not have the same effect as a restraint.</li> <li>• Consider use of floor mats for residents who are prone to rolling out of bed.</li> <li>• Use beds that can be raised and lowered to assist in both resident and caregiver needs.</li> <li>• Consider the appropriateness of exercise or other therapeutic/restorative interventions to enhance the residents' ability to stand, transfer, or reposition self safely.</li> </ul>	Caregivers can meet these needs by offering food and fluids, scheduling ample toileting, or providing calming interventions and pain relief.
Evaluate and document the effect of interventions.	
If residents' needs persist, conduct risk-benefit analysis for use of bed rails.	If clinical and environmental interventions have proven to be unsuccessful in meeting the resident's assessed needs, or a determination has been made that the risk of bed rail use is lower than that of other interventions or of not using them, bed rails may indicated.

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### Resident/Legal Representative Education

Resident issues that often result in bed rail use include memory disorders, impaired mobility, risk for injury, nocturia/incontinence, and sleep disturbances.

Residents who are frail or elderly are at risk for entrapment.

A resident with agitation, delirium, confusion, pain, uncontrolled body movement, hypoxia, and elimination issues are at risk for entrapment and/or suffering serious injury from a fall.

A resident may try to climb through, under, or over bed rails or footboard which will greatly increase risk for injury.

Strangling, suffocating, other bodily injury, and death can occur when a resident is caught between bed rails or between bed rails and mattress.

Ill-fitted mattresses and rails increase the risk for injury to a resident.

### Rationale

**Bed rails are known to create a source of morbidity and mortality.** The IDT has the responsibility to discuss the risks involved as well as the benefits of any clinical and/or environmental interventions that may be safer in meeting the resident's assessed need, individual circumstances, and environment.

### Care Plan Check List

Ensure the residents' care plan identify the specific medical symptom/indication for use of the bed rail.

Ensure the residents' care plan have a 'time limit' for the bed rail use.

Ensure the residents' care plan provide an explanation of how the use of a bed rail is intended to treat the specific resident's condition.

Ensure the residents' care plan identify and address any underlying problems causing the medical symptom/indication for use.

Ensure the residents' care plan identify the **specific time periods** for when the bed rail is to be used.

Ensure their care planned interventions identified to mitigate resident specific risks associated with the use of a bed rail, such as, but not limited to:

- Loss of autonomy, dignity, and self-respect
- Withdrawal, depression, or reduced social contact
- Reduced independence, functional capacity, and quality of life

Ensure there is documentation reflecting the plan of care has been consistently implemented.

### Implement Bed Rails When Indicated

### Rationale

Determine that the benefits of bed rail use outweigh the risks:

The use of bed rails should only be utilized

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<ul style="list-style-type: none"> <li>• aiding in turning and positioning in bed,</li> <li>• providing a hand hold to get into and out of bed,</li> <li>• providing a feeling of comfort and safety,</li> <li>• reduce the risk of falling when being transported,</li> <li>• providing easy access to bed controls</li> </ul>	<p>for the purpose(s) intended and when they assist the resident to attain/maintain their highest practicable level of physical or psychological well-being. <b>When being utilized for assistance, resident should be able to demonstrate their use. Assist bars should be utilized only with a hospital type bed.</b></p>
<p>Identify that the resident/legal representative, physician, and the team agree that bed rails are needed as reflected in a benefit/risk analysis, plan of care, and physician orders that are time limited.</p>	<p>Required by law to demonstrate why other interventions were not appropriate or effective.</p>
<p>Ensure resident/legal representative is adequately informed of the risks, benefits, and alternatives for bed rails as an intervention and obtain acknowledgement from resident/family.</p>	<p>The resident or legal representative has the 'right' to receive health-related information. <b>The facility should document what the risks vs. benefits are for that specific resident and have written acknowledgement from the legal representative.</b></p>
<p>Assess the appropriateness of the bed and rails for safety (see assessment/evaluation for conformance to the Food and Drug Administration's (FDA) bed system entrapment zones).</p>	<p>Utilization of consistent evaluators of beds provides less variances in evaluation standards.</p>
<p>Evaluate resident ability to remove bed rails without assistance.</p>	<p>If the resident is not able to remove the bed rail without assistance, then the bed rail meets the definition of a <u>restraint</u>. <b>The resident needs to be re-evaluated whenever there is a change of condition.</b></p>
<p>Document and log for the first four days following initial use or changes to equipment tests to determine appropriate fit and usage of the bedrail.</p>	<p>Use a continuous improvement approach. Over time, and after a change to the bed system is made, reassessment of the system is required to verify the dimensional criteria</p>
<p><u>Document</u> and log monthly compliance with bed and rail specifications, resident outcomes, and attempts to move to lesser restrictive devices and then quarterly thereafter until</p>	

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discontinued.

Take corrective actions for any variances identified and/or update care plan as indicated.

is met. Please refer to the FDA's publication "A Guide to Modifying Bed Systems and Using Accessories of Reduce the Risk of Entrapment".

Re-Evaluation Process

