

**NURSING 5 DAY BED RAIL MONITORING**

Resident \_\_\_\_\_ Medical Record # \_\_\_\_\_  
 Room \_\_\_\_\_ Head Measurement \_\_\_\_\_ Type of Bed Rail \_\_\_\_\_

**\*\*\*Device measurements are taken with the Resident in bed.\*\*\***

*Please see back of form for picture of bed and exact areas to measure.*

**Bed#** \_\_\_\_\_ **Mattress #** \_\_\_\_\_ **Bed Rail #** \_\_\_\_\_

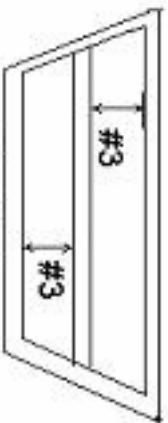
	Day 1:			Day 2:			Day 3:			Day 4:			Day 5:		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
#1-Left Side															
#1-Right Side															
#2-Head															
#2-Foot															
#3-Slats															
#4-Triangle															
Corrective Action, if necessary															
Signature															

**Quarterly Review :** \_\_\_\_\_

**Quarterly Review:** \_\_\_\_\_

**Quarterly Review:** \_\_\_\_\_

## Guidelines-Device Measurements



**Bed Rail**

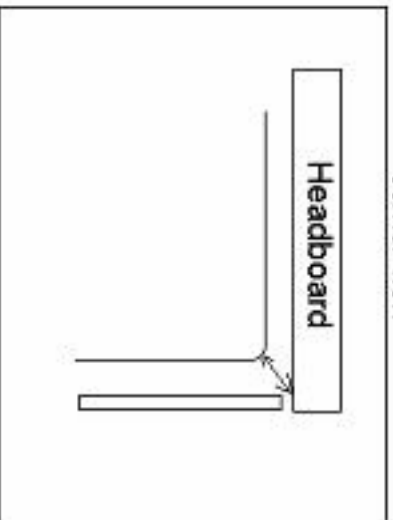
Measurement #3  
Maximum 4.5 inches unless  
resident measurement indicates  
need for a smaller gap

Measurement #4 (when  
bedrail and headboard do  
not meet)  
no greater than 4.5 inches

**Bedrail  
Style #A**

Measurement #1  
no greater than 2.5  
inches

**Example #4**  
Upper right  
corner view



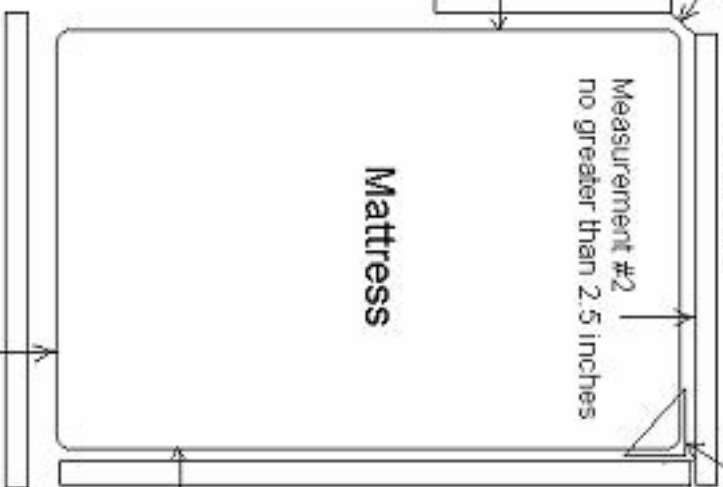
**Bedrail  
Style #B**

Measurement #4 (when  
bedrail and headboard  
do meet) no greater  
than 4.5 inches. (see  
Example #4 for greater  
detail)

Measurement #1  
no greater than 2.5  
inches

Measurement #2  
no greater than 2.5 inches

**Footboard**



**Mattress**

**Headboard**