

Survey Readiness Tools - Bed Rail Restraints



Bed Rail Restraint F-604 and F-700 : If the resident cannot easily and voluntarily release bed rails, the use of the bed rails could be considered a restraint.	Yes	No
Is the bed rail necessary for treatment of medical symptoms?		
Is the bed rail ordered by a physician?		
Have appropriate alternatives been attempted prior to installing the bed rails?		
Has the resident been assessed for risk of entrapment from bed rails prior to installation?		
Have the risks and benefits of bed rails been reviewed with the resident and/or representative? Has informed consent been obtained prior to installation and does it include the medical need being addressed, the benefits and the likelihood of these benefits, the risks and how risks will be mitigated, alternatives attempted that failed, and alternatives considered to be inappropriate?		
Has direct monitoring, supervision, documentation, and evaluation of risks been addressed? This includes how needs will be met, such as re-positioning; hydration, meals, use of the bathroom and hygiene, and how the facility will complete ongoing assessment.		
Has it been determined if the bed dimensions are appropriate for residents' size and weight?		
Has it been identified who may determine when the bed rail will be discontinued and the interventions that may be needed to address any residual effects of the bed rail?		
Is there an assessment of the mattress and bed frame gaps?		
Is there preventative maintenance of bed rails?		
Have manufacturers' recommendations and specification for installing and maintaining bed rails been followed, and have you ensured the bed rails, mattresses and bed frame are compatible?		
Consider other interventions (not limited to the following):		
• Staff frequently monitoring resident at night with periodic toileting.		
• Providing restorative care to enhance ability to stand safely and to walk.		
• Using a trapeze to increase bed mobility.		
• Using a device that monitors attempts to rise.		
• Placing the bed lower to the floor with a surrounding soft mat.		
• Furnish visual and verbal reminders to use the call bell when appropriate.		
Assessments and Plan of Care Include:	Yes	No
What alternatives were tried and why did they fail to meet the resident's assessed needs?		
Does the bedrail make the resident totally immobile and unable to shift without assistance?		
Does the assessment include the following factors: diagnosis, symptoms, conditions, size, weight, sleep habits, medications, acute medical or surgical interventions, delirium, toilet safety, cognition, communication, behavioral symptoms, mobility, transferring, positioning, risk of falls?		
Does the risk of using bed rails reviewed with resident / representative include: accident hazards, physical restraint, negative physical outcomes, decline in resident function, entrapment, skin breakdown, decline in activities of daily living, undignified self-image, altered self-esteem, feelings of isolation, anxiety and agitation?		
Does using a bed rail increase or decrease the resident's ability to complete activities of daily living?		
Is there an individualized assessment of type of rails (halo, half, full)?		
Is restraint reduction being completed in a systematic, individualized, and gradual manner?		
Do the bed rails, especially padded ones, create a barrier and decrease socialization and interaction with others?		
Was an assessment of resident's bed mobility and ability to transfer between positions completed?		
Do the bed rails assist with mobility and transfers?		