

Evaluation of Siderail Usage

Resident: _____ Room: _____

RESIDENT PREFERENCE

- | | | | |
|--------------------------------------------------------------------------------|----|-----|----|
| 1. Is the resident able to voice their choice about side rails? | NA | YES | NO |
| 2. Has the resident signed a preference form indication their informed choice? | NA | YES | NO |
| 3. If #2 is yes, how many rails does the resident prefer? 0 or 1 2 | | | |

NA YES NO

INJURY RISK DETERMINATION

- | | | | |
|-------------------------------------------------------------------------------------------------------|----|-----|----|
| 4. Does the resident have a history of falls in general? | NA | YES | NO |
| 5. Does the resident have a history of falls from the bed? | NA | YES | NO |
| 6. Does the resident make attempts to climb over or around side rails? | NA | YES | NO |
| 7. Has the resident ever become entrapped in the side rail or between the mattress and the side rail? | NA | YES | NO |
| 8. Has the resident sustained bruises, skin tear or laceration from a metal side rail? | NA | YES | NO |

NA YES NO

FALL FROM BED RISK

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 9. Is the resident IMMOBILE (comatose, paralyzed, or no spontaneous movement)? | NA | YES | NO |
| 10. If IMMOBILE, does the resident lean to one side? | NA | YES | NO |
| 11. If IMMOBILE, (lower body) or MOBILE, does resident use rail to adjust position in bed? | NA | YES | NO |
| 12. If MOBILE, does the resident make any attempts to get out of bed at all? | NA | YES | NO |
| 13. If MOBILE, can the resident get in and out of bed SAFELY without any human assistance or assistive device? | NA | YES | NO |
| 14. If MOBILE, does the resident have difficulty with balance, trunk control? | NA | YES | NO |
| 15. If MOBILE, does the resident have decreased safety awareness, due to confusion or judgement problem? | NA | YES | NO |
| 16. INDIVIDUAL CONCERNS. Please describe in detail anything that you think would be helpful in making a decision, especially resident's response to side rails or any alternative side rail. | | | |

ADDITIONAL ASSESSMENT (as needed)

- | | | |
|--------------------------------------------------------------------------------------|-----|----|
| Nursing: Nighttime monitoring of resident's movements with both rails raised | YES | NO |
| Nursing: Nighttime monitoring of resident's movements without or with one rail | YES | NO |
| OT/PT evaluations for transferring and/or ambulation skills | YES | NO |
| OT/PT and/or maintenance for equipment problem (locks, side rail flush to mattress), | YES | NO |

Indicate _____

Evaluation of Siderail Usage

EVALUATION OF ALTERNATIVES (Refer to problem numbers on page 1)

Problem #	Alternative Interventions	Tried?	Works?
	14 15 A. Call bell within reach/or bulb type bell		
6	14 15 B. Scheduled bathroom assistance at night		
5 6	14 15 C. Decrease time in bed		
5 6 7	D. Increased frequency of monitoring		
	13 14 15 E. Placement of assistive devices at bedside		
	13 14 15 F. Restorative care to increase abilities to stand and walk		
	10 13 G. Half / quarter rail for bed mobility or for enabling transfer		
	7 8 10 H. Pillows / cushions as bed boundary marker		
	7 8 10 I. Pad or bolster cushion on side rail. Number 1 or 2		
6 7	J. Bed alarm		
5 6 7	14 15 K. Low Bed		
5 6 7	14 15 L. Mat on floor next to bed. Number 1 or 2		
	M. Other		

Restraint / Side Rail Prevention and Reduction Committee Recommendations:

No side rails are indicated because (circle) resident is able to safely exit / enter bed	YES	NO
Resident is immobile and does not make any attempt to exit or does not lean to one side		
One full side rail indicated to assist in bed mobility. Indicate LEFT or RIGHT	YES	NO
Both full-length side rails are not used as a restraint because immobile	YES	NO
Both full-length side rails are the least restrictive restraint	YES	NO
Alternative to side rails:		

Date _____

Signatures of Participating Restraint Prevention and Reduction Committee Members:

_____	_____
_____	_____
_____	_____
_____	_____

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