

Falls

Decision Guide

Note:



Confused and disorientated

Drowsy

Orientated and alert

Unconscious

Very immobile
Bedfast or hoist

Neither independent nor immobile

Mobilise without help

Bedrails NOT recommended

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May use bedrails with care

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Bedrails recommended

N/A

N/A

This is a guide only and a clinician may make a decision to use bedrails if it is clinically appropriate.

Adapted from National Patient Safety Agency. Using Bedrails Safely and Effectively. London: NPSA 2007

The risk and benefits of bedrail use need to be assessed on an individual basis using a decision matrix.

Risks of bedrail use include bruising, skin tears, entrapment, inducing agitated behaviour when used as a restraint. They may also prevent patients who are able to get out of bed, from performing routine activities eg going to the bathroom or retrieving something from the locker.

Research has shown that bed rails do not stop falls from occurring, rather they just increase the potential severity of injury post fall.

Hospital policy requires that the clinical decision to use bedrails is documented along with the patient/family consent.

Bedrails when used as an enabler e.g. when a patient has requested their use, can be helpful and would not constitute a restraint or deprivation of liberty.