Bedrail Sticker (to be completed when on each shift)	
Evaluation	**Rationale for bedrail use**
Tick for yes ☐ High Visibility Area ☐ Increased Monitoring & Observation ☐ Intentional Rounding ☐ Low Stimulus room ☐ Patient attender ☐ Environmental (security guard at the door) ☐ Patient/family aware of risks & benefits ☐ Bedrails enhance bed mobility	**Tick for yes** ☐ Drowsy immobile (including recovery from anaesthetic or sedation) ☐ Orientated immobile (including stroke neuromuscular and other conditions) ☐ Unconscious ☐ Visual sensory impairment ☐ Cognitive impairment (including dementia, delirium, and other conditions) ☐ Transporting of patient ☐ Safety concerns ☐ Assist with bed mobility ☐ Other: …………………………………………………. ☐ Other: ………………………………………………….
Nurse: ………………………………….. **Date:** ……………………… **Time:** ……………	**Patient consented:** ☐ Yes ☐ No **Family Notified:** ☐ Yes ☐ No **Clinical Decision:** ☐ Yes ☐ No