FLOW CHART FOR THE ASSESSMENT OF THE NEED FOR BED RAILS

Prior to using cot sides observe the patients behaviour e.g. is the patient at risk of falling out of bed?

Does the patient want the cot sides up?

Yes

Obtain reason as per Patient’s request. Document cot sides not a restraint and reason in care plan

No

Is the patient confused, restless whilst in bed is the patient likely to try to get out of bed

Observe patient getting in and out of bed

Unable to get in and out of bed safely unaided

Unable to get in and out of bed unaided

Unable to get in and out of bed at all

Patient has a desire to get out of bed

Yes

No
discuss with family/carers and staff

Discuss alternatives with medical staff and family:

- One to one supervision by family
- One to one supervision by staff (may require booking bank staff if staffing at minimum levels)
- Sedation following pharmacy guidelines

No cotsides required

Patient has a desire to get out of bed

Discuss alternatives with medical staff and family:

- One to one supervision by family
- One to one supervision by staff (may require booking bank staff if staffing at minimum levels)
- Sedation following pharmacy guidelines

Arrange case conference with patient family and MDT to develop plan based on patient

If cotsides are used document non-restrictive cot sides on care plan. Cot sides are not to be used as a restraint.

No

Discuss with family/carers and staff

Agree no cotsides needed

Document no cotsides needed in care plan

Alternatives have potential to create more problems than cotsides

Document on care plan. Evaluation should be ongoing

Yes

Cotsides to be used. Document restrictive cot sides in use on care plan. Include rationale and decision making process. Medical staff to document the need for cot sides in medical notes

No

If cotsides are used document non-restrictive cot sides on care plan. Cot sides are not to be used as a restraint.