Bed Rails

Important Please Read:

GHNHSFT staff can complete their Bed Rails Training by reading this booklet and completing the declaration form.

Objectives

By reading this booklet you will learn about:

- the purpose of bed rails
- how to use bed rails safely and effectively
- when bed rails should be used and when they should not
- the risks of using bed rails and how these risks can be reduced
- how to fit bed rails safely
- when bumpers should be used and when they should not
- how to fit bumpers correctly.

There are other ways to complete this topic.

Contact Learning and Development on 08454 22 5111 for details.
Using bed rails safely and effectively

Bed rails should **not be used to restrict a patient who wants to get out of bed** (even if the patient would be unsteady and at risk of falling once they are out of bed).

Bed rails are **safety devices used to reduce the risk of patients accidentally slipping, sliding or rolling out of bed**.

Around **25% of all falls in hospitals** are falls from beds.

**Throughout 1 year** in hospitals and mental health units in England and Wales:

- around **44,000 patients** fell out of bed
- this is equivalent to around **1 in every 200 patients** admitted to hospitals and mental health units
- around **90 patients** fractured their hip in falls from bed
- **11 patients died**, mainly from head injuries.
What is the evidence?

- Research suggests that if bed rails are used for the right patients, in the right way, they can reduce the risk of falls and injury.
- Trying to restrict or reduce bed rail use too much can increase falls.
- Using bed rails for everyone would not be safe.
- Decisions about bed rails need to be based on the risks and benefits for each individual patient.
- If you are interested in finding out more about the evidence, you can read a literature review at www.npsa.nhs.uk

Who decides about bed rails?

- If the patient is well enough to understand the risks and benefits explained by staff, the patient decides.
- If the patient is too ill to decide, the nurse responsible for their care needs to decide if bed rails are in the patient’s best interests.
- Staff should discuss bed rails with relatives whenever possible, but relatives cannot make a decision for the patient.
Some decisions about bed rails are straightforward:

- bed rails should not be used if a patient is confused and mobile enough to climb over them
- bed rails should not be used if a patient wants to get out of bed without help from staff.

But for most patients, decisions about bed rails need to be based on the risks and benefits for them as an individual.

Deciding whether to use bed rails: The benefits

How likely is it that the patient will fall out of bed?

Patients at higher risk of falling from bed include:

- patients who have fallen from bed before
- drowsy or semi-conscious patients
- patients who are blind or have poor eyesight
- patients on special mattresses
- patients with seizures or spasms
- patients operating profiling beds themselves.
How likely is it that the patient will be injured if they fall out of bed?

Injury from falls from bed may be more likely and more serious for some patients than others.

Will it cause the patient to be anxious if bed rails are not used?

Some patients may be afraid of falling out of bed even though their actual risk is low.

Look at the picture of the bed below:
Deciding whether to use bed rails: The risks

Would bed rails stop the patient from being independent?

Is the patient likely to climb over their bed rails?
Very confused patients with enough strength and mobility to climb are most at risk.

Will using the bed rails cause the patient distress?
Although most patients are positive or neutral about bed rails, they may distress some patients who feel trapped by them.

Could the patient injure themselves on their bed rails?
Bed rails can cause injury if the patient knocks themselves on them or traps their legs or arms between them.

Even when correctly fitted, bed rails carry a very rare risk of postural asphyxiation. Patients who are very confused, frail and restless are most likely to be at risk. The risk is lower than 1 in 10 million hospital admissions.

Postural asphyxiation is a form of asphyxia which occurs when someone’s position prevents them from breathing adequately.
# Bed Rails’ Core Care Plan

Use this matrix to decide whether or not to use bed rails.

<table>
<thead>
<tr>
<th>Gloucestershire NHS</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Care Plan</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>FOR THE USE OF BED RAILS-PILOT</td>
<td>Hospital Number</td>
</tr>
</tbody>
</table>

(Affix hospital label here)

## Problem:
Following the risk assessment, the patient has been identified as requiring bed rails for the following reason: Please circle
- In use to minimise the risk of rolling out of bed
- In use as a manual handling aid
- In use as an aid to spatial awareness e.g. stroke patient
- Other (please specify) ……………………………………………………..

## Goal:
To ensure safe and appropriate use of bed rails following assessment of the patient needs including the risk of falling and entrapment.

## Action:

a) Identify and document the serial (asset) numbers of the bed rails …………………………………………………………………………………..

b) The use of the bedrails must be documented in the patient’s health records, together with the rationale for use and how consent has been obtained.

c) Discuss the use of bed rails with relatives/ carers.

d) Ensure that the bedrails are fit for use and the rails operate smoothly when being raised and lowered and that the dimensions between the bedrails and mattress do not compromise patient safety.

e) Check that the rails are secure, rigid and close to the mattress.

f) Ensure that bed rails are positioned in the correct position; use only the correct bed rails for that bed type.

g) When not attending to the patient’s care needs, ensure that the bed is left in the lowest possible height position.

h) Ensure that the call bell is always within reach together with other aids, appliances or drinks that may be needed.

i) If the bed rails are no longer required this must be communicated, documented, and the bed rails left in the down position, or removed from the bed and stored appropriately.

j) If the patient has an overlay pressure relieving mattress on a base mattress and bed rails are required, obtain a replacement mattress to ensure the height from the top of the mattress to the top of the bed rail is equal to or greater than 22cm.

k) Ensure that the space between the bars on bedrails is equal to or less than 12cm, to prevent entrapment between the bars.

l) Ensure that both rails are in use and avoid the use of rails on one side of the bed, even if one side of the bed is against a wall

m) When the Ultra Lo or floor level bed is in use – transit sides rails must remain in the down position when the patient is unattended by nursing staff.

n) Bedrail bumpers must be use if there is a risk of injury due to contact with the bedsides. The reason for use must be documented.

Nurse’s Signature ………..Print Name …………………Designation …………..

## References
- GHNHSFT Policy for Consent to Examination or Treatment (April 2009)
- GHNHSFT Bed rails policy (2011)
- GHNHSFT Manual Handling Policy (February 2010); NPSA Alert 2007/17

File in nursing documentation section of the health record X805.06.11
Bed Rails’ Core Care Plan (continued)

<table>
<thead>
<tr>
<th>Patient Mental State</th>
<th>Patient Mobility</th>
<th>Mobile (no support required)</th>
<th>Partially mobile (assistance required)</th>
<th>Very immobile (hoist reliant or bedbound)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unconscious</td>
<td>Bedrails recommended</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>Confused and disorientated</td>
<td>Use bedrails with care plan</td>
<td>Bedrails not recommended*</td>
<td>Bedrails not recommended*</td>
<td></td>
</tr>
<tr>
<td>Drowsy (e.g. post-op, condition-related, sleepy)</td>
<td>Bedrails recommended</td>
<td>Use bedrails with care plan</td>
<td>Bedrails not recommended*</td>
<td></td>
</tr>
<tr>
<td>Orientated and alert</td>
<td>Bedrails recommended</td>
<td>Bedrails recommended</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

*consider alternative, e.g. ultra-lo bed

If patient requires pressure-relieving mattress and bedrails, **DO NOT** use overlay mattress.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Evaluation / Progress</th>
<th>Instruction to Next Shift</th>
<th>Signature &amp; Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This Bed Rails’ Core Care Plan can be found in the **GHNHSFT Policy Library** in **A2032.aspx Bedrails – Safe & Effective Use**, under **Care Plans & Competencies**.
Do you know how to fit bed rails safely?

- Check the bed rails are in good repair, with no cracks or missing parts.
- If you are using detachable bed rails, always ‘mind the gap!’
- The head / end of a bed rail gap must be less than 6cms or more than 25cms to avoid head or neck entrapment.

How can the risks be reduced?

- Take special care before using standard bedrails with patients of unusual body size.

Do NOT use Nesbit Evans beds and bed rails with children or adults under 1.5m (4ft11) in height.

- Split rails in certain positions could have entrapment gaps. If you are leaving a patient unobserved, make sure you mind the gap between the split rails!
• To avoid head and neck entrapment, the gaps **must be less than 6cms or between 25cms and 40cms.**

• **Do not use** bed rails with an overlay mattress as this reduces the height safety gap.

• **Following a risk assessment,** bumpers (bed rail covers - see picture below) can be used to reduce the risk of patients knocking their legs and arms on bed rails, or trapping them between the bars.
Documenting Decisions

Bed rails (or trolley rails) **should be used** when:

- the patient is being transported on their bed or trolley
- the patient is recovering from anaesthetic or sedation and is under constant observation
- the patient is at risk of falling from their bed.

(The Bed Rails’ Core Care Plan contains the risk assessment required).

Bed rails **can also be used**:  
- if a patient requests the use of bed rails because they would feel more comfortable and secure  
- to help a patient understand their environment  
- to support a patient when they are repositioning or turning themselves in bed.

Bed rails **must not be used**:

- if the patient is agile enough, and/or confused enough to climb over them. Other solutions such as Ultra-Lo beds should be put into practice
- if the patient is independent (the use of bed rails would hinder their independence)
- as a method of preventing babies from falling when mothers are feeding them. See the Mother and Baby Bed-Sharing Guideline.
Balancing the risks

- Staff should continue to take care to avoid bed rail entrapment.

- Staff should also be aware that in hospital settings there is a higher risk of injury and death to patients who fall from their bed.

Key Documents

- **The Gloucestershire Patient Profile (GPP) or, the Paediatric Patient Profile.** This should be used to point out if bed rails are in use and trigger a regular review.

- **The Bed Rails’ Core Care Plan and Integral Risk Assessment**
  This document should be used to assess the patient and record any change in condition or re-assessment.

- **Technical Guidance on different beds**
  This should be used if staff are unsure of how to use the bed rails on each bed.
Bumpers

Bumpers (bed rail covers) should only be used following an individual risk assessment outweighing the benefits for the patient against the risk of using the bumpers.

This picture shows the bumper has been made to fit the bed rail securely when horizontal.

Correct Use of Bumpers

Look at picture 1 below. The zip has a cover over it and should be placed on the outer side of the bedrail.

Picture 1:
Correct Use of Bumpers continued

Picture 2:

Look at picture 2 (to the left). The depth of the sides of the bumper must go to the bottom of the mattress to reduce the risk of entrapment.

Incorrect Use of Bumpers

Look at picture 3 below. Hill-Rom beds should not be profiled when bumpers are in use.

Picture 3:
Incorrect Use of Bumpers continued

Look at picture 4 below. Our bumpers do not fit the Bariatric Nightingale bed.

*Picture 4:

Please discuss any concerns and queries with your manager.
Further Information

- The ‘Bed Rails – Safe and Effective Use’ policy can be found on GHNHSFT Intranet A-Z under ‘P’ Policies, Procedures and Guidelines.

- Staff can get advice from the Ward Matron, Duty Lead Nurse and the Equipment Library.

Useful websites

- [www.npsa.nhs.uk](http://www.npsa.nhs.uk) type in the search box ‘bed rails’.
- [www.mhra.gov.uk](http://www.mhra.gov.uk) type in the search box ‘bed rails’.

Please read and complete the declaration form on page 19. Detach page 19 from this booklet and return to Learning and Development, Redwood Education Centre, GRH.
Bed Rails

<table>
<thead>
<tr>
<th>Name of Staff Member:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(As per payroll and IN CAPITALS please)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Job Title:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Declaration:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I declare I have read the Bed Rails booklet and I have discussed any concerns or queries that I may have with my Line Manager. I fully understand the contents of this booklet.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Staff Member:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
</table>

Please **detach this declaration page** from the booklet and return to:

Learning and Development

Redwood Education Centre

Great Western Road

Gloucester, GL1 3NN

It is advisable to make a copy of this declaration page for your own records

We only need this declaration page – not the booklet