

Bed Rails Risk Assessment Form

Name:

Location: Own home/care home/community hospital

D.O.B:

Case note/NHS No:

Section 1 - Overview

Is the person likely to fall from the bed?	Yes	No	Comments
Have all bed safety management methods been considered?	Yes	No	
Have all falls management strategies been considered?	Yes	No	
Have the risks and benefits of bed rails been explained to person/carer?	Yes	No	

"No" answers indicate that the person is not appropriate for provision of bed rails until all above have been considered

Section 2 – Bed Occupant Factors

Does the bed occupant have any of the following:–	Yes	No	Comments
• Restlessness which could result in injury?	Yes	No	
• Confusion?	Yes	No	
• Difficulty communicating?	Yes	No	
• Impaired/restricted mobility?	Yes	No	
• Involuntary or repetitive movements?	Yes	No	
• Tissue viability impairment?	Yes	No	
• Is the person likely to get out of bed unsupervised for any reason?	Yes	No	
• Is the person likely to climb over the bed rails?	Yes	No	
• Could the person's physical build increase the risk of entrapment?	Yes	No	
• Could the use of bed rails increase agitation or confusion?	Yes	No	
• Could the bed rails increase the risk of injury?	Yes	No	
• Could bed rails be used as a method of restraint?	Yes	No	

"Yes" answers may indicate that alternative bed management methods are more appropriate e.g. bed wedges (if person still at risk from falls from bed)

Section 3 – Equipment Factors

Have environmental factors been considered?	Yes	No	N/A	Comments
Has interaction with other equipment been considered?	Yes	No	N/A	
Is the bed to which the bed rails are to be fitted in good condition?	Yes	No	N/A	
Is the mattress the correct size to fit the bed?	Yes	No	N/A	

"No" answers may indicate that a review of equipment is appropriate.

Section 4 – Assessment Recommendations

Are bed rails recommended?	Yes	No	Comments
Has person agreed to their use?	Yes	No	

If person unable to consent due to lack of mental capacity please discuss with MDT and family to decide what is in the patient's best interests and record outcomes

Assessor Name	Signature	Date
Designation	Contact number	

NB Complete Bed Rails Fitting Check List on installation and review (minimum 3 months)