Restraints: Side Rail Utilization Assessment

Complete this form as you go through the decision-making process of determining whether a side rail is appropriate for a particular resident. Save it with the resident's chart to document your decisions.

Resident Preference:	***Yes***	**No**	**Comments**
Is resident able to state preference about side rails?	☐	☐	
Has resident/legal surrogate requested side rails?	☐	☐	
What type of side rail does resident/legal surrogate prefer? (circle choices)	Full Half Quarter ☐	1 rail -or- 2 rails ☐	
Has resident/legal surrogate been informed about side rail risks and signed statement of understanding?	☐	☐	

Fall/Injury Risk Determination:	***Yes***	**No**	**Comments**
Does resident have history of falls? — Any cause?	☐	☐	
Does resident have a history of falls from the bed?	☐	☐	
Does resident attempt to get out of bed by climbing over/around side rails?	☐	☐	
Has resident ever sustained bruises, skin tears, lacerations or fractures from a side rail?	☐	☐	
Has resident ever become entangled in the side rail or entrapped between the mattress and the side rail?	☐	☐	
Is OT/PT and/or Maintenance assessment needed for equipment problems (locks, side rail flush to mattress, other positioning aids)?	☐	☐	

Mobility Assessment:	***Yes***	**No**	**Comments**
Is resident *immobile* (comatose, paralyzed, no spontaneous movement)?	☐	☐	
If primarily *immobile*, does the resident have enough *mobility* to turn or slide to one side?	☐	☐	
If *mobile*, does resident make any attempt to get out of bed?	☐	☐	
If *mobile*, can resident get in/out of bed safely without any human assistance or assistive device?	☐	☐	
If *mobile*, is the resident at risk for orthostatic hypotension or does resident have difficulty with balance/trunk control?	☐	☐	
If *mobile*, does resident have decreased safety awareness due to confusion or judgement problems?	☐	☐	
Is OT/PT evaluation needed for transferring and/or ambulation skills?	☐	☐	

Evaluation of Alternatives:	**Tried?**	**Works?**
Call bell (or bulb-type bell) in reach		
Scheduled bathroom assistance at night		
Decrease time in bed		

Adapted from: Capezuti, E. (2000). Preventing falls and injuries while reducing side rail use. *Annals of Long-Term Care*, 8(6), 57-63.

continued >>

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Evaluation of Alternatives (continued):	Tried?	Works?
Increased frequency of monitoring		
Placement of assistive devices at bedside		
Restorative care to increase abilities to stand/walk		
Half or quarter rail for bed mobility/positioning or to enable transfer		
Pillows/cushions as bed boundary marker or curved mattress		
Bed alarm		
Low bed (top of mattress = 100-120% of lower leg length)		
High impact mat on floor beside bed		
Other (explain):		

Other Individual Concerns: Use the following space to provide a detailed description of any other factors that would be helpful in making a decision, especially regarding the resident's response to side rails, feelings about removal of side rails, or other possible alternatives to side rail.

Side Rail Prevention/Reduction Committee Recommendations: Check boxes to indicate team's decision.

	No side rail is indicated because: (check one of the following options)
☐	Resident is immobile and makes no attempt to exit or shift in bed.
☐	Resident is able to safely enter and exit bed.
☐	Other interventions to prevent and/or reduce falls/injuries are currently in place: *(list)*
☐	One full side rail is indicated to assist in bed mobility. *(Circle one):* *Right* ◯ *Left* ◯
☐	Both full side rails are used, but are not a restraint, because resident is immobile.
☐	Both full side rails are used at resident/legal surrogate insistence. A waiver of responsibility has been signed.
☐	Both full side rails are the least restrictive device, based on resident physical and/or emotional needs.
☐	Half or quarter rail *(circle one)* will be used to assist in positioning and/or transfer.

Evaluator (signature/title): _____ Date: _____

Resident/Legal Surrogate (signature): _____ Date: _____

Comments:

Resident: _____ Room: _____ Physician: _____

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