SIDE RAIL ASSESSMENT SCREEN

Resident Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident’s Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Assessment Criteria**  **(with MDS 2.0 sections indicated)** | **YES** | **NO** |
| Is the resident non-ambulatory? (G-1 c & d) |  |  |
| Is the resident comatose/semi-comatose/obtunded/ fluctuating in level of consciousness? (B-1) |  |  |
| Does the resident have alteration in safety awareness due to cognitive decline? (B-4,B-5,B-6) |  |  |
| Does the resident have a history of falls? (J-4) |  |  |
| Has the resident demonstrated poor bed mobility or difficulty in moving to a sitting position on the side of the bed? ((G-1 a & b) |  |  |
| Is the resident immobile and is dependent for bed mobility? (G-1 a) |  |  |
| Does the resident have difficulty with balance or poor truck control? (G-3) |  |  |
| Does the resident have difficulty with postural hypotension? (I-1 I, J-1 m) |  |  |
| Is the resident on any medications that would require increased safety precaution? )O-4) |  |  |
| Is the resident currently using side rails to enable positioning/support during transfer? (G-6 b) |  |  |
| Has the resident attempted to climb over or through side rails? |  |  |
| Does the resident have a diagnosis of seizure activity? |  |  |
| Does the resident exhibit or have history of extreme agitation? |  |  |
|  |  |  |
| **Assessment Conclusions** | **YES** | **NO** |
| Side rails are indicated to provide safety related to these medical conditions. |  |  |
| Side rails are indicated and serve as an enabler to promote independence. |  |  |
| The resident has expressed a desire to have side rails raised while in bed. |  |  |
| Side rails do not appear to be indicated at this time. |  |  |
| Further evaluation is needed to determine appropriateness of side rails |  |  |
|  |  |  |
| **Intervention for Care Plan** | **Date**  **Initiated** | **Outcomes** |
| Low bed |  |  |
| Padded floor mats next to bed |  |  |
| Personal alarm |  |  |
| Pool “noodles” or pillows to establish boundary on mattress |  |  |
| Bed rail protective barriers (netting or clear padding) |  |  |
| Padded bed rail covers if resident is prone to seizures |  |  |
| Extremely agitated (soft enough to prevent trauma, rigid enough to prevent entrapment) |  |  |
| Replacement of bed rails with assistive devices |  |  |
| Restorative Nursing Program |  |  |
| Physical/Occupational Therapy |  |  |
| Other |  |  |

Signature/Date Signature/Date

Interdisciplinary Team Interdisciplinary Team

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