

Using bedrails safely and effectively in hospitals – children and small adults

Patient Information

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Introduction

Wrightington, Wigan and Leigh NHS Foundation Trust want its patients to stay safe while in our hospitals. This information regarding bedrails has been taken from the advice provided by the National Patient Safety Agency (NPSA) to the NHS to ensure bedrails are used safely and effectively in hospitals.

Bedrails are equipment that attach to both sides of the bed/trolley to help you stay safe while you are in bed or on a trolley. The pictures below are examples of the type of bed/trolley and bedrail you may see while you are in hospital.

Bedrails attached to beds can be very effective when used with the right bed, in the right way and for the right person, and will reduce the risk of patients' accidentally slipping, sliding, falling or rolling out of bed and are widely used for this purpose but they are not suitable for everyone and can introduce other risks.



Aims

Some patients in hospital are at risk of falling out of bed. This can be because of their age and/or complex medical needs etc. or because anaesthetics or painkillers have made them drowsy.

National research has found that around one in 200 hospital patients fall out of bed. Most patients who fall receive only small bumps or bruises, but some patients are seriously injured. Rarely, injuries can be fatal.

Risks

Here are some examples of when it is safer not to use bedrails:

- For an independent, fully mobile patient, bedrails would get in their way, or if there is a possibility that a patient will try to climb over a bedrail, it is safer not to use them.
- If a patient is likely to be, or becomes, very restless in bed they can injure their legs on standard bedrails. Very rarely (less than one in 10 million patients admitted to hospital), patients have died after becoming trapped in their bedrails.

- If a patient becomes distressed they may shake the bedrails and dislodge them which can increase the risk of entrapment – poorly fitting bedrails have caused deaths where a person’s neck, chest or limbs have become trapped in gaps between the bedrail and the bed, headboard or mattress.

Benefits

To help to mitigate the risks staff will undertake a Bedrails Assessment upon admission to establish the suitability of bedrails for individual patients. Where possible the Bedrails Assessment will be completed in consultation with the patient, however, in the event that the patient is unconscious or lacks capacity, staff will act in the best interests of the patient and will discuss the findings of the assessment with an appropriate member of the family or their carer, at the earliest opportunity.

The Bedrails Assessment will explore the patient’s mobility and mood/tolerance and this allows staff to make an informed decision on whether bedrails would be safe and effective to use in the circumstances. For your information a copy of the Bedrails Risk Assessment Tool can be found below.

		MOBILITY			
		RISK ASSESSMENT Follow the arrows across and down and choose the most relevant box relating to mobility and the most relevant box relevant to mood/tolerance.	1. IMMOBILE Patient requires full assistance i.e. bedfast, hoist dependent or needs assistance to turn etc.	2. LIMITED MOBILITY Patient requires some assistance i.e. 1-2 nurses and uses a mobility aid etc.	3. INDEPENDENT Patient can mobilise without the help of staff and are likely to attempt to get out of bed alone.
MOOD / TOLERANCE	1. Patient is agitated / confused / disorientated, or displays unpredictable behaviour.	Bedrails to be used with care, review if condition changes	Bedrails not recommended but review if condition changes	Bedrails not recommended but review if condition changes	
	2. Patient is disorientated or has fluctuating moods e.g. anxious or fluctuating conscious levels / is drowsy.	Bedrails recommended but review if condition changes	Bedrails to be used with care, review if condition changes	Bedrails not recommended but review if condition changes	
	3. Patient is orientated, alert and able to summon help if required, or at the patient’s request.	Bedrails recommended but review if condition changes	Bedrails recommended but review if condition changes	Bedrails not recommended but review if condition changes	
	4. Patient is unconscious but likely to experience involuntary movement.	Bedrails recommended but review if condition changes	N/A	N/A	

For paediatric patients your admitting nurse will explain how the above tool will be used to determine whether a cot or a bed with or without bedrails will be most appropriate and why.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Personal Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use personal information” leaflet which can be found on the Trust website: www.wwl.nhs.uk/patient_information/Leaflets/default.aspx

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information call 01942 773105.

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