Birmingham City Council

NHS

ACF0681
December 2008

Integrated Community Equipment Service

BED RAILS RISK ASSESSMENT AND REFERRAL

This form is used to assess a service user's need for bed rails and to refer bed rail orders to the Equipment Loan Service.

IF COMPLETING BY HAND, PLEASE USE CAPITAL LETTERS

Section 1 – Details of the service user

Last name:

Gender: M: ☐ F: ☐

First name:

Date of birth:

Address and postcode:

Telephone 1:

Telephone 2 / Mobile:

Care First ID: IF KNOWN

NHS No: IF KNOWN

Section 2 – Worker making Assessment and Referral

Name:

Telephone 2 / Mobile:

Job title:

Telephone:

E-mail address:

Section 3 – Health and consent of the service user

What is the service user's medical condition?

Are there any concerns about the service user's mental capacity that would affect the safe use of bed rails?

Data Protection Act 1998

The personal information on this form is to be kept safe and is protected by law. This means that:

- we only use it for the purpose given on the form
- we only share it with people who need to know it
- we only keep it for as long as we have to
- people have the right to see the information we hold about them.

The return address and contact details are on the back page.

adults and communities

Section 3 – Health and consent of the service user CONTINUED

What is the service user's view on having bed rails?

Section 4 – Bed Rails Risk Assessment and Referral

Please refer to the Bed Rails sections in the Community Beds Brochure when completing the Assessment.

Is the bed already fitted with rails? Yes: ☐ If Yes, go to **Part 1**
No: ☐ If No, go to **Part 2**

Part 1: where bed rails have been fitted

Were the bed rails provided by the Equipment Loans Service? Yes: ☐ No: ☐ Not Known: ☐

Are they fitted to the bed according to the manufacturer's instructions? Yes: ☐ No: ☐ Not Known: ☐

If No or Not known, please explain what action you will take to make sure they are as safe as is reasonably practicable:

Is the person under 5 feet in height? Yes: ☐ No: ☐

Is there a risk of entrapment (that is to body, head or limbs)? Yes: ☐ No: ☐ Not Known: ☐

Does the patient try to get in or out of bed without assistance? Yes: ☐ No: ☐ Not Known: ☐

Does the patient try to climb over the bed rails? Yes: ☐ No: ☐ Not Known: ☐

Do you consider that the bed rails already fitted are safe for the patient to use? Yes: ☐ If Yes, go to **Part 3**
No: ☐
Not Known: ☐

If No or Not Known, are alternative bed rails needed? Yes: ☐ No: ☐ Not Known: ☐

If Yes or Not Known, please go to **Part 2;** If No, go to **Part 3**

Section 4 – Bed Rails Risk Assessment and Referral CONTINUED

Part 2: where bed rails have not yet been fitted

Is it likely that the patient will try to get in or out of bed without assistance?

Yes: ☐
No: ☐
Not Known: ☐

Is it likely that the patient will try to climb over the bed rails?

Yes: ☐
No: ☐
Not Known: ☐

Does the patient have a specialist mattress system?

Yes: ☐
No: ☐

If Yes what is the advice from the tissue viability team about fitting bed rails?

Do you consider it safe for the patient to have bed rails fitted?

Yes: ☐
No: ☐
Not Known: ☐

Please give the reasons for your decision:

If Not Known, what advice has a professional colleague given?

Part 3: outcome of the Assessment

Are bed rails to be fitted?

Yes: ☐ If Yes, go to **Part 4**
No: ☐ If No, go to **Part 5**

Part 4: Referral for bed rails

Please refer to the Bed Rails sections in the Community Beds Brochure before completing the Referral.

Bed rails to be ordered:

Description of item	Catalogue No.	Quantity

Section 4 – Bed Rails Risk Assessment and Referral
CONTINUED

Part 5: Worker's signature and date of Reassessment

Worker's signature | Date

Date of Reassessment

Section 5 – (OPTIONAL) Acceptance of responsibility where the use of bed rails is assessed as unsafe

Please note: this section needs to be completed only if the service user or their representative decides to use bed rails against the advice of the Worker making the Assessment and Referral.

Declaration

As the service user or the service user's representative, I understand that a bed rails Assessment has been completed and that:

1. the Worker making the Assessment and Referral has advised me that the use of bed rails is dangerous and that there is a potential risk of injury to the service user and others.
2. I accept responsibility for the use of bed rails against the advice of the Worker making the Assessment and Referral.

Signatures

Service user | Date

Service user's representative | Date

Representative's name

Please note that signing this Declaration will not affect the service user's right to receive nursing care based on accepted and recognised medical needs.

Return address and contact details:

Equipment Loans Service
Units 12 and 15
Mainstream 47
Devon Street
Nechells
Birmingham
B7 4SL

Telephone:
0121 465 1750

Fax:
0121 465 1751

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