

## Bed Rail Alternative Strategies Chart

Type of Risk or Problem Identified	Who and When is Risk Greatest?	Alternative/Supplemental Strategies
Rolling off or falling from bed	Intentional (e.g. when leaning or reaching)	<ul style="list-style-type: none"> <li>• Ensure that personal items (e.g. phone, handheld urinal) and bed controls (if applicable) are within reach. Consider use of rolling bedside table.</li> <li>• Implement call for help system.</li> <li>• Adequate lighting (e.g. night light).</li> </ul>
	Unintentional (e.g. involuntary movements such as seizures)	<ul style="list-style-type: none"> <li>• Bed alarm or motion sensor to alert caregivers when movement occurs.</li> <li>• Increase level of caregiver observation or visual monitoring system.</li> <li>• Use of safety devices such as helmets, positioning devices or mattresses with bolstered edges.</li> <li>• Lower bed height to lowest setting and use a fall mat instead of bed rails.</li> </ul>
Falling when attempting to enter or exit the bed	Clients with acute conditions (e.g., infection, Guillian-Barre Syndrome, orthostatic hypotension) or chronic conditions (e.g., rheumatoid arthritis, Parkinson's Disease, muscular dystrophy) affecting strength, balance and ability to safely complete independent transfers.	<ul style="list-style-type: none"> <li>• Complete a full mobility and transfer assessment to determine the client's specific mobility needs.</li> <li>• Ensure that bed height and location are set up to optimize client's functional needs. May need to rearrange furniture and mark locations on floor.</li> <li>• Practice safe transfers and encourage client to move slowly.</li> <li>• Consider implementing exercise program to maintain or build strength, balance and independence.</li> <li>• Remove clutter, keep walkways clear and avoid the use of throw rugs.</li> <li>• Adequate lighting (e.g., night light).</li> <li>• Implement call for help system.</li> <li>• Ensure that commonly used personal items (e.g. phone, pain medication) and bed controls (if applicable) are within reach.</li> <li>• Consider regular toileting or care schedule. Ensure that toileting</li> </ul>

## Bed Rail Alternative Strategies Chart

		<p>(e.g., bedside commode, handheld urinal) and mobility items (e.g., shoes, walker, wheelchair) are set up to optimize the client's functional needs.</p> <ul style="list-style-type: none"> <li>• Bed alarm or motion sensor to alert caregivers when movement occurs.</li> <li>• Increase level of caregiver observation of visual monitoring system.</li> <li>• Consider using alternative mobility devices (e.g., transfer pole, sliding board) or safety equipment (e.g., non-slip socks, helmet, hip protectors) to minimize risk of injury.</li> <li>• Refer to Fall Prevention and Management (CLI.5413.PL.001) for additional information.</li> </ul>
<p>Strangulation or entrapment of head, chest or limbs</p>	<p>Clients with acute or chronic conditions that affect a variety of factors, such as cognition, perception, level of consciousness, behavior communication, and mobility.</p> <p>Clients with a history of injury or near injury from entrapment using a bed rail.</p>	<ul style="list-style-type: none"> <li>• Complete Bed Rail Safety Risk Assessment (CLI.4110.PL.029.SD.06) to identify risk of entrapment. Discuss clinical reasoning with a second colleague to review all possible alternatives.</li> <li>• Ensure that the weight and size rating of the equipment is congruent with client's physical size.</li> <li>• Provide Safe Bed Rail Use Client Handout (CLI.4110.PL.029.SD.05) and discuss risk of entrapment and importance of equipment maintenance (as per equipment manufacturer) with client/ADM/caregiver.</li> <li>• Ensure that the individual installing the bed rail(s) is aware of the manufacturer's guidelines for installation.</li> <li>• Consider using safety equipment such as positioning devices, gap fillers, or rail covers. If you have limited knowledge of available options, consider troubleshooting with another colleague or medical equipment supplier.</li> <li>• Consider the additional risk that may occur when using therapeutic sleep surfaces (e.g., air mattress/overlay) and minimize risk whenever possible (e.g., increase firmness setting on air mattress or consider firm edging on air mattress or use no rails at all with air mattresses).</li> </ul>

## Bed Rail Alternative Strategies Chart

		<ul style="list-style-type: none"> <li>• Rather than bed rails, lower bed height to lowest setting and use a fall mat.</li> </ul>
Difficulty with independent bed mobility (i.e., turning and repositioning in bed)	Clients with limited mobility or strength.	<ul style="list-style-type: none"> <li>• Implement call for help system.</li> <li>• Implement regular turning and positioning schedule.</li> <li>• Use of alternative devices such as trapeze.</li> <li>• Consider implementing exercise program to maintain or build strength.</li> </ul>
Impaired cognition or judgement	Clients with acute or chronic conditions affecting memory, problem solving, and orientation (e.g., infections, dementia, brain injury).	<ul style="list-style-type: none"> <li>• Communicate rapid changes in cognition to the treating physician to rule out acute conditions such as urinary tract infections.</li> <li>• Bed alarm or motion sensor to alert caregivers when movement occurs.</li> <li>• Increase level of caregiver observation or visual monitoring system.</li> <li>• Consider regular care schedules (e.g., toileting, turning and positioning) and bed time schedule.</li> <li>• Consider implementing activity or exercise program to maintain or build functional independence.</li> <li>• Minimize clutter and ensure important personal items are within reach and consistently in the same location.</li> <li>• Adequate lighting (e.g., night light).</li> <li>• Rather than bed rails, lower bed height to lowest setting and use a fall mat.</li> </ul>
Impulsive or challenging behaviors	Clients with acute or chronic conditions (e.g., brain injury, dementia, mood disorders) that contribute to behaviors such as restlessness, physical agitation, wandering, self stimulation and self-harm.	<ul style="list-style-type: none"> <li>• Communicate rapid changes in behavior to the treating physician to rule out acute conditions such as constipation or infection.</li> <li>• Discuss pain management effectiveness and refer to treating physician if a medication review is needed.</li> <li>• Increase level of caregiver observation or visual monitoring system.</li> <li>• Implement call for help system or bed alarm/motion sensor to alert caregivers when movement occurs.</li> </ul>

## Bed Rail Alternative Strategies Chart

		<ul style="list-style-type: none"> <li>• Consider regular care schedule (e.g., toileting, turning and positioning) and bed time schedule.</li> <li>• Minimize clutter and ensure important personal items (e.g., phone, stuffed animal) are within reach and consistently in the same location.</li> <li>• Consider implementing activity or exercise program to keep client engaged during the day and contribute to more restful sleep at night.</li> <li>• Assess sensory needs and implement strategies that promote regulation (e.g., visual sensory input, white noise, room temperature, blanket/pillow preference).</li> <li>• Consider the use of equipment such as helmets, gap fillers, or trapeze.</li> <li>• Rather than bed rails, lowering bed height to lowest setting and use of a fall mat.</li> </ul>
Sedation or drowsiness due to medication effects	Clients taking sedatives or other medications affecting level of consciousness (e.g., antidepressants, antihistamines).	<ul style="list-style-type: none"> <li>• Request a medication review from the treating physician.</li> <li>• Implement call for help system or bed alarm/motion sensor to alert caregivers when movement occurs.</li> <li>• Increase level of caregiver observation or visual monitoring system.</li> <li>• Consider regular care schedule (e.g. toileting, turning and positioning).</li> <li>• Minimize clutter and ensure important personal items are within reach and consistently in the same location.</li> <li>• Adequate lighting (e.g. night light).</li> </ul>
Small physical stature or limb circumference	<p>Pediatric clients or adult clients with small head/chest/limb measurements.</p> <p>Standard adult equipment has been rated for gap size based on adult norms to</p>	<ul style="list-style-type: none"> <li>• Consider alternative equipment sizes or designs if the client's head/chest/limbs are able to fit through or become entrapped in the bed rail spaces. Ensure that equipment weight and height ratings are consistent with client's stature and mobility needs.</li> <li>• Implement call for help system or bed alarm/motion sensor to alert caregivers when movement occurs.</li> </ul>

## Bed Rail Alternative Strategies Chart

	<p>prevent entrapment. Clients with head/chest/limb measurements smaller than these norms are able to fit into more problematic spaces and the risk for injury increases.</p>	<ul style="list-style-type: none"> <li>• Increase level of caregiver observation or visual monitoring system.</li> <li>• Ensure that personal items (e.g., phone, handheld urinal) and bed controls (if applicable) are within reach.</li> <li>• Consider the use of equipment such as positioning devices, gap fillers, or trapeze.</li> <li>• Rather than bed rails, lower bed height to lowest setting and use a fall mat.</li> <li>• Low beds, roll guards, bed soft rails, defined perimeter mattress.</li> </ul>
Impaired ability to communicate needs	<p>Clients with communication disorders (e.g., aphasia) or difficulty vocalizing/speaking.</p>	<ul style="list-style-type: none"> <li>• Implement call for help system.</li> <li>• Ensure that personal items (e.g., communication device) and bed controls (if applicable) are within reach.</li> <li>• Consider regular care schedule (e.g., toileting, turning and positioning).</li> <li>• Increase level of caregiver observation or visual monitoring system.</li> </ul>
Incontinence or frequent need to void during the night	<p>Clients with acute or chronic conditions (e.g., urinary tract infection, spinal cord injury) affecting urinary or bowel urgency, frequency and control.</p>	<ul style="list-style-type: none"> <li>• Implement call for help system.</li> <li>• Ensure that toileting items (e.g., handheld urinal, bedside commode) and bed controls (if applicable) are within reach and consistently in the same location.</li> <li>• Consider regular care toileting schedule.</li> </ul>
Impaired vision	<p>Clients with acute or chronic conditions affecting visual acuity and perception (e.g., macular degeneration, cataracts, visual field deficit)</p>	<ul style="list-style-type: none"> <li>• Implement call for help system.</li> <li>• Increase level of caregiver observation or visual monitoring system.</li> <li>• Minimize clutter and ensure important personal items (e.g., glasses) are within reach and consistently in the same location.</li> <li>• Consider using brightly colored sheets, floor markers, or items to indicate bed perimeters and locations of furniture and mobility aids.</li> <li>• Adequate lighting (e.g. night light).</li> </ul>

### Bed Rail Alternative Strategies Chart

<p>Equipment Failure</p>	<p>Clients using any type of bed rail or therapeutic sleep surface.</p>	<ul style="list-style-type: none"> <li>• Provide client/caregiver/ADM with Safe Bed Rail Use Client Handout (CLI.4110.PL.029.SD.05) and discuss their responsibility to monitor the condition of the equipment and have regular maintenance completed as per the manufacturer’s guidelines.</li> <li>• Ensure clear instructions are provided to the client/caregiver/ADM, medical supply vendor/equipment provider or other health care providers regarding the placement and use of the bed rail(s) prior to installation.</li> <li>• Consider the additional risk that may occur when using therapeutic sleep surfaces (e.g., air mattress/overlay) and minimize risk whenever possible.</li> </ul>
--------------------------	---	--