

Side Rail Assessment Q&A 10-08-09

Q. We continue to see facilities being cited for problems with the side rail assessment. Could you provide some more guidance about this?

A. The most common problem surveyors are finding with side rail assessments in 2009 is the failure to include any evidence that the side rails in use were determined to be *safe for this particular resident*. The assessor needs to consider whether the resident's unique mental and physical condition puts him/her at increased risk of injuries with the use of side rails. These individual factors must be considered, in addition to the physical configuration of the mattress, bed frame and side rails.

Here are some examples of issues to consider when making this determination:

1. residents with cognitive impairment are at increased risk for entrapment/entanglement.
2. residents with a history of entrapment episodes are not safe with side rails.
3. residents who have uncontrolled movements are at increased risk of injury from limbs hitting side rails.
4. residents who have a history of climbing out of bed with the side rails raised are not safe with side rails.
5. residents with a history of injuries that were determined to have been caused by the side rail are usually not safe with continuing side rail use.

This list is not all-inclusive, as every resident presents a unique clinical picture. If the assessor determines that the side rails do pose an increased safety risk for the resident, the facility needs to consider utilizing a safer alternative.

An excellent resource for assessment of any device is the four-page "Device Decision Guide: Restraint, Enabler, and Safety Hazard." This tool is from Primaris Healthcare Business Solutions. We have attached this form for your convenience. Qualis Healthcare is another excellent resource.

For full information on side rail assessment, including review of how the rails fit the bed, what gaps are present, etc, please see the Hospital Bed Safety Workgroup's "Clinical Guidance for the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities and Home Care Settings."



DEVICE DECISION GUIDE: Restraint, Enabler, and Safety Hazard

Complete all 3 STEPS in order given to determine if device is a restraint and/or enabler as well as potential hazards. After completing these initial 3 steps any device must be care planned in STEPS 4-8. If device is not used, document rationale and care plan for alternatives.

STEP 1: Determine Restraining Effect

A device may be a restraint for one resident, but not for another.
At this point **do NOT** consider intent or reason (enabling/safety) for device use.

Does resident have functional ability to alter position?

NO

YES

Device is not a restraint.
If device is used:
- Do not code MDS P4
Proceed to Step 2
- Care plan for use/
impact, even if not a
restraint.

Does resident have cognitive AND functional ability to remove device?
Resident removes device purposefully.

YES

NO

Does device/situation restrict movement or access to one's body?
- Determine if device prevents resident from performing
movement otherwise capable.
- Does device restrict resident's ability to reach their legs or toes
(if capable)?

NO

YES

Device is a restraint.
If device is used:
- Code MDS P4
- Record the medical
symptom that
warrants use
Proceed to Step 2
- Care plan for use/
impact.

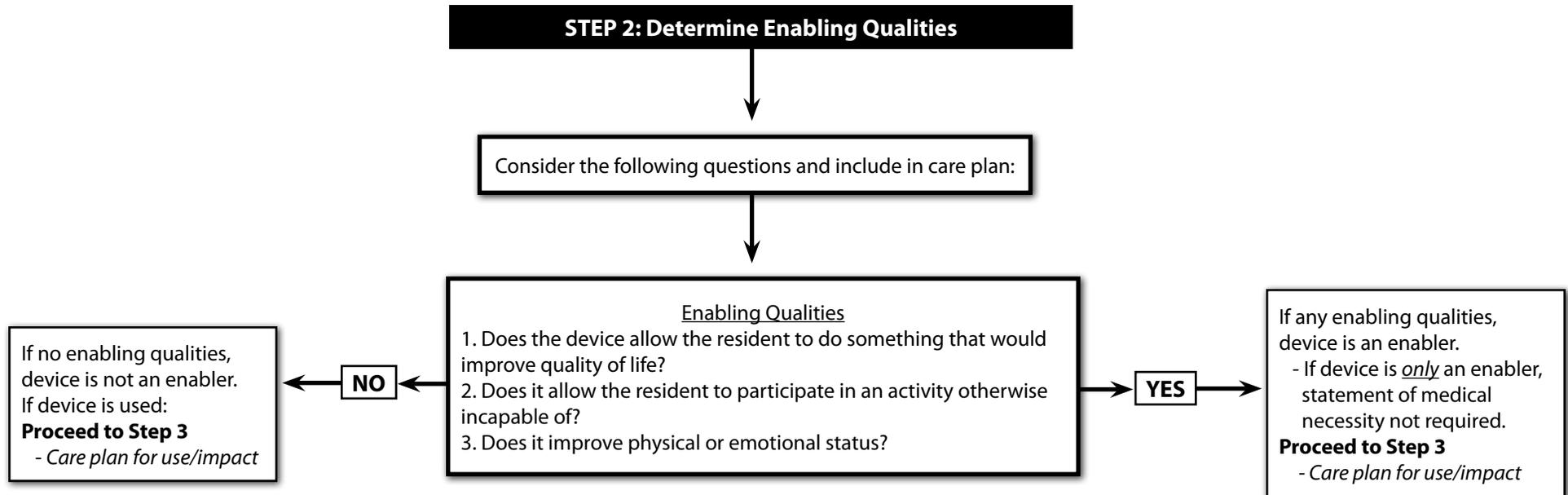
Resident Name/Room Number: _____ Date: _____

Completed By: _____

DEVICE DECISION GUIDE: Restraint, Enabler, and Safety Hazard



Complete only after STEP 1. A device may have both restraining and enabling qualities or it may have qualities of one, but not the other. Consider all possible effects.



Resident Name/Room Number: _____ Date: _____



DEVICE DECISION GUIDE: Restraint, Enabler, and Safety Hazard

Consider all possible negative effects and safety hazards of the device. Devices can be therapeutic and beneficial; but may not be risk free. If resident found in an at risk position with device, discontinue use and reevaluate with team.

STEP 3: Determine Safety Hazards

1. Is resident vulnerable to hazard?
Vulnerability changes. Risk factors: resident's function, medical condition, cognition, mood, and treatments (e.g., medications), etc.

NO

There are no safety risks.
If device is used:
Proceed to Step 4
- Care plan for use/impact

NO

2. Does the device place the resident at risk for:

- Depression
- Loss of Dignity
- Agitation
- UTIs
- Decreased mobility
- Injury from devices not adapted or fitted to resident
- Injury from defective or improperly used devices
- Loss of muscle tone
- Strangulation
- Incontinence
- Constipation
- Pressure Ulcers
- Asphyxiation
- Entanglement
- Pain from lack of movement
- Skin tears/scrapes/bruises
- Decreased bone density/increased fractures

YES

Evaluate each hazard. Weigh against benefit.
If device is used:
Proceed to Step 4
- Care plan for use/impact, hazard avoidance

YES

3. Is resident at risk for entrapment?

- Residents most at risk:
 - Elderly or frail residents with:
 - Agitation
 - Pain
 - Confusion
 - Fecal Impaction
 - Delirium
 - Uncontrolled body movements
- *These conditions may cause resident to move about and exit from a device or bed.
- Residents using Speciality Mattress: Compression of mattress widens gap between mattress and rail. As resident changes position, mattress may inflate and trap head, chest, neck, or limbs between mattress and side rail resulting in fractures, asphyxiation and death.
- Follow manufacturer recommendation for inflation based on resident's weight.

NO

There are no safety risks.
If device is used:
Proceed to Step 4
- Care plan for use/impact

YES

Evaluate each hazard. Weigh against benefit.
If device is used:
Proceed to Step 4
- Care plan for use/impact, hazard avoidance

Resident Name/Room Number: _____ Date: _____



Device Care Planning Process

Now that you've determined whether the device is a restraint, enabler and/or safety hazard, proceed to STEP 4 of the planning process. The use of **any** device requires a care plan. The following information should be included in the resident's individual care plan.

STEP 4: Assessment and Problem Recognition

- a. Document a detailed history of the symptom for using a device. CMS states that "falls do NOT constitute self-injurious behavior or a medical symptom that warrants the use of a restraint." (S&C Letter-07-22: Restraint Clarification, June 2007)
- b. I.D triggers for restraint use from MDS and review appropriate RAPs based on medical symptom.
- c. Notify practitioner about symptoms requiring device.
- d. I.D if problem is chronic/irreversible or acute /reversible.
- e. Attempt alternatives to manage the problem. Communicate risk/benefits to resident and family.
- f. Document ability to purposefully remove device and perform activity of choosing.

STEP 5: Diagnosis and Identify Cause

- a. Identify likely causes (medication side effects or environmental factors) of falling, problematic behavior, or other problem for using a device.
 - b. Did practitioner help identify specific medical symptoms to use restraint?
 - c. If the resident was not evaluated for the medical symptom(s) prior to using restraint, document why.
 - d. For any device that is a restraint, obtain practitioner's order. Orders must reflect presence of medical symptom; however, the order alone is not sufficient to warrant use.
- *If Resident/Family/Responsible party requests device and if not required to treat a medical symptom, the facility must evaluate reason for request and impact on resident. Facility may not use if violates the regulation based on legal surrogate / representative's request /approval.*

STEP 7: Monitoring

- a. Monitor impact of device on resident and problems or risks for which it was used.
- b. Monitor for complications related to device and stop or adjust use.
- c. Explain why continued use was needed despite complications.
- d. Maintain ongoing monitoring for safety hazard, stop use immediately and reassess if hazard detected.
- e. Periodically (at least quarterly) reassess the resident for continued need for device and document in care plan.

STEP 6: Care Plan - Treatment and Management

- a. Document attempted alternatives and outcomes.
 - b. **Document rationale for use.** *Identify reasons for selecting device. Base use on risks/benefits for resident.
 - c. Document how you manage causes of falling, problematic behavior, or another condition for which a device is used and record medical symptoms that warrant use OR explain why causes could not or should not be managed. Care plan.
 - d. Use device correctly: Apply it correctly, release it at right time, provide for exercise. Identify risk factors and care plan how to minimize.
 - e. Identify goal with time frames for device use, including least restrictive and reduction (i.e., correction of underlying causes).
 - f. Implement care plan.
- *Be specific! e.g. "Seat belt for positioning" is inadequate. Include cause of positioning problem.*

**For additional explanations refer to guidance for 42 CFR 483.13(a), F221 Restraints; 483.25(h)(2), F323 Accidents; 483.20, F272 Resident Assessment; 483.20(k), F280 Comprehensive Care Plan.*

Resident Name/Room Number: _____ Date: _____
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