POLICY
It is the policy of this facility to ensure that initial and periodic evaluations are made prior to the use of supportive devices with restraining qualities including bed side rails in order to determine the necessity of such devices, identify possible alternatives, create awareness of potential risks and to promote independence.

PROCEDURES
The initial evaluation with include the following:

- **Proposed Device**-specify type of device
- **Purpose**-describe the purpose for the specified device i.e. *to increase independence in mobility, to decrease instances of falling, to decrease skin tears*
- **Condition of the Resident**-include related diagnosis or conditions that precipitate need for interventions (device or other alternatives) i.e. *terminal end stage Alzheimer’s Disease, severe chronic pain, frequent skin tears, non-ambulatory or non-weight bearing status.*
- **Potential Risks Reviewed**-either specify risks discussed or indicate handout (such as FDA Bed Rails Handout) given and reviewed with resident/family. *Be sure to review whole spectrum of risks from minimal injury to fatality.*
- **Ability to understand use and accept risk**-this section speaks to the cognitive ability of the resident to understand why the device is being used and ability to accept the risks that the device poses. *(Refer to Bed Side Rails Policy and Procedure for further clarification on this section)*
- **Alternatives Considered/Attempted**-specify any and all alternatives/interventions that have been attempted or considered to address the issue of concern i.e. *music therapy, aroma therapy, routine and PRN pain medications, reading, repositioning frequently etc.*
- **Determination**-specify the outcome of the evaluation i.e. *bed rails were removed.*

Initial evaluations will be made using the *Bed Side Rails or Supportive Devices with Restraining Qualities Initial Evaluation form.* All others will be documented using the resident’s individual service plan.

RELATED POLICIES/REFERENCES
Bedside Rails and Use of Supportive Devices with Possible Restraining Qualities

FORMS
Bedside Rails or Supportive Devices with Restraining Qualities Initial Evaluation Form