Standard of Practice: Endoscopy Suite and Bedrail Use

Document Type	Guideline
Function	Clinical Practice, Patient Care
Directorate(s)	Patient Management Services
Department(s) affected	Gastroenterology Department within the Auckland DHB
Applicable for which patients, clients or residents?	All patients within the Gastroenterology Department Auckland DHB
Applicable for which staff members?	All staff within the Gastroenterology Department Auckland DHB
Key words (not part of title)	n/a
Author - role only	Restraint Coordinator Lead and CN
Owner (see ownership structure)	Nurse Director
Edited by	TBA - office use only - Clinical Policy Advisor or Document Controller
Date first published	TBA - office use only
Date this version published	TBA - office use only
Review frequency	Annually
Unique Identifier	TBA - office use only

Contents

1. Purpose of guideline

The aim of this guideline is to support patients and staff to make collaborative decisions around the use of bedrails including using bedrail use when sedation is administered.

Patients in Endoscopy Suite may be at risk of falling from a bed/trolley for many reasons including poor mobility, cognitive impairment (including dementia), delirium, visual sensory impairment, and the effects of their treatment, sedatives and/or analgesics.

This guideline describes Auckland DHB's expectations for the use of bedrails only and outlines the approved steps, documentation and follow up.

2. Scope of guideline

This guideline applies to all patients at the Endoscopy Suite Auckland DHB where a clinical decision has been made by the nursing staff to use bedrails or the patient has requested and consented to the use of bedrails.

3. Guideline statements

Auckland DHB takes patient safety very seriously; bedrails should only be used to reduce the risk of a patient accidentally injuring, falling or rolling out of a bed. Bedrails used for this purpose are not a form of restraint.

The use of bedrails can be harmful both physically and psychologically to patients. Therefore, a full risk assessment should be performed if the use of bedrails is considered suitable for patient use.

4. Exclusions

Bedrails in the raised position are not classified as an enabler or restraint when the use of bedrails or cot sides are in use for young children as a normal response to their developmental age, or for a patient who is supervised, in transit, or on a narrow trolley, or recovering from general anaesthesia, or sedation and are under constant observation (until the patient is deemed as fully alert, and safe by the nursing team).

5. Definitions

Bedrails	Hinged or pivoted safety bars attached to or forming part of the bed frame and used in such a way that they can prevent falls from bed. They generally extend along the length of the bed although not always the entire length from the headboard to the footboard. Bedrails maybe referred to as cot sides, safety bars, sidebars, grab bars.
Conscious Sedation	Conscious sedation means the sedation of a patient for diagnostic, interventional, medical or surgical procedures, with or without local anaesthesia, for the purpose of producing a degree of sedation without loss of consciousness. Conscious sedation includes the administration by the parenteral route of all forms of drugs which result in depression of the central nervous system.
Restraint	Restraint is the use of a any intervention by a service provider that limits a patients' normal freedom of movement.
Entrapment	The accidental trapping of a limb or other body part between the framework of the bed, the rail or between the rail and the bed frame or any other structural member including bed rails.
Enabler	The use of enablers at Auckland DHB is a voluntary option, which requires consent, and must be the least restrictive option to meet the needs of the consumer. "*Equipment, devices or furniture, voluntarily used by a consumer following appropriate assessment, that limits normal freedom of movement, with the intent of promoting independence, comfort and/or safety. The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer.*" NZS 8134.0:2008. An enabler can become a restraint if it is not removed when the patient requests.

	Examples of enablers are : 1. *Example: A patient voluntarily uses a fixed tray in front of their chair to assist them to independently have a meal.* 2. *Example: Equipment devices or furniture is used, following appropriate assessment, to assist in the physical positioning of a consumer without limiting their normal freedom of movement. These interventions are not considered a form of restraint, but rather are a normal component of the consumer's day-to-day life."* NZS 8134.0:2021 Specific considerations for children: "*Where children and young people receive care and treatment, there is an ethos of caring and respect for the child's rights where the use of restrictive physical interventions or therapeutic holding without the child/young person's consent are used as a last resort and are not the first line of intervention…Therapeutic holding for a particular clinical procedure also requires nurses to: comfort the child or young person where it hasn't been possible to obtain their consent, and explain clearly to them why immobilisation is necessary*."

6. Key principles that underpin bedrail use:

- The decision to use bedrails must be based on an individualised assessment.
- Bedrails are not designed or intended to limit the freedom of patients by preventing them from leaving their beds voluntarily nor are then intended to restrain patients whose condition disposes them to have erratic movements. Bedrails will not prevent a patient leaving their bed and falling elsewhere, and should not be used for this purpose.
- Bedrails should only be used to reduce the risk of a patient accidently slipping sliding or rolling out of bed.
- Patient's ability to stay safely in the middle of the bed can be affected by stroke, neuromuscular conditions, paralysis, epilepsy, muscle spasms or other conditions. This puts them at greater risk of falling from bed. Patients who are confused can climb over the rail and fall from a greater height.
- All hospital beds in Auckland DHB have bedrails attached. These are routinely kept in a down position but can be raised to reduce the risk to patients from rolling, slipping, sliding or falling from bed, which could potentially result in an injury.

7. Ethical and legal considerations

Bedrails are not suitable for every patient and can only be used if the benefits outweigh the risks. The use of bedrails should be reviewed frequently, and clearly documented in the Endoscopy assessment outpatient (CR4092) and A-D planner. The monitoring of the patient during enabler use is to be determined at i.e. Point of contact (pre, intra and post procedure) and documented in CR4092.Staff are responsible for the assessment of risk, safety, and the appropriateness of enablers use at the each point of contact.

8. Bedrails should be used when

- If the patient is transported in their bed from one department to another or to a different area within the hospital.
- In areas where patients are recovering from anaesthetic or conscious sedation and are under constant observation, (until deemed as fully alert, and safe by the nursing team).
- On a narrow trolley and supervised.
- The height of the trolley is raised during procedure.
- For young children as a normal response to their developmental age.
- If the patient has a lack of awareness or sensory loss (e.g. stroke).

9. Patient Safety

- Bedrails must not be used as a form of restraint.
- When bedrails are in use in the pre and post procedure area, the patient's ability to communicate may be compromised. Steps must be taken to ensure the nurse call bell is within reach.

- The bed must be lowered to the lowest position.
- Nursing staff must be responsible for decision making in the safe and effective use of bedrails.

10. Alternatives to bedrails

- Use of lower hospital beds to the floor.
- The use of a Patient Attender/family to observe patient at risk.

11. Potential Benefits of using Bed Rails

- Aiding in turning and reposition within the bed.
- Providing a hand-hold for getting into or out of bed.
- Providing a feeling of comfort and security.
- Reducing the risks of patients falling out of bed when being transported.

12. Potential Hazards/Dangers

The potential risks of using bedrails are detailed below and require careful consideration

- Patients climbing over the bedrails especially if cognition is impaired, or with confused and agitated patients.
- Patients with uncontrollable involuntary movements.
- Patients fear of confinement by bedrails.
- Entrapment of a body part – especially the head and limbs.
- Patients lacking insight regarding the dangers of bedrails.
- Patients with communication and language barriers.

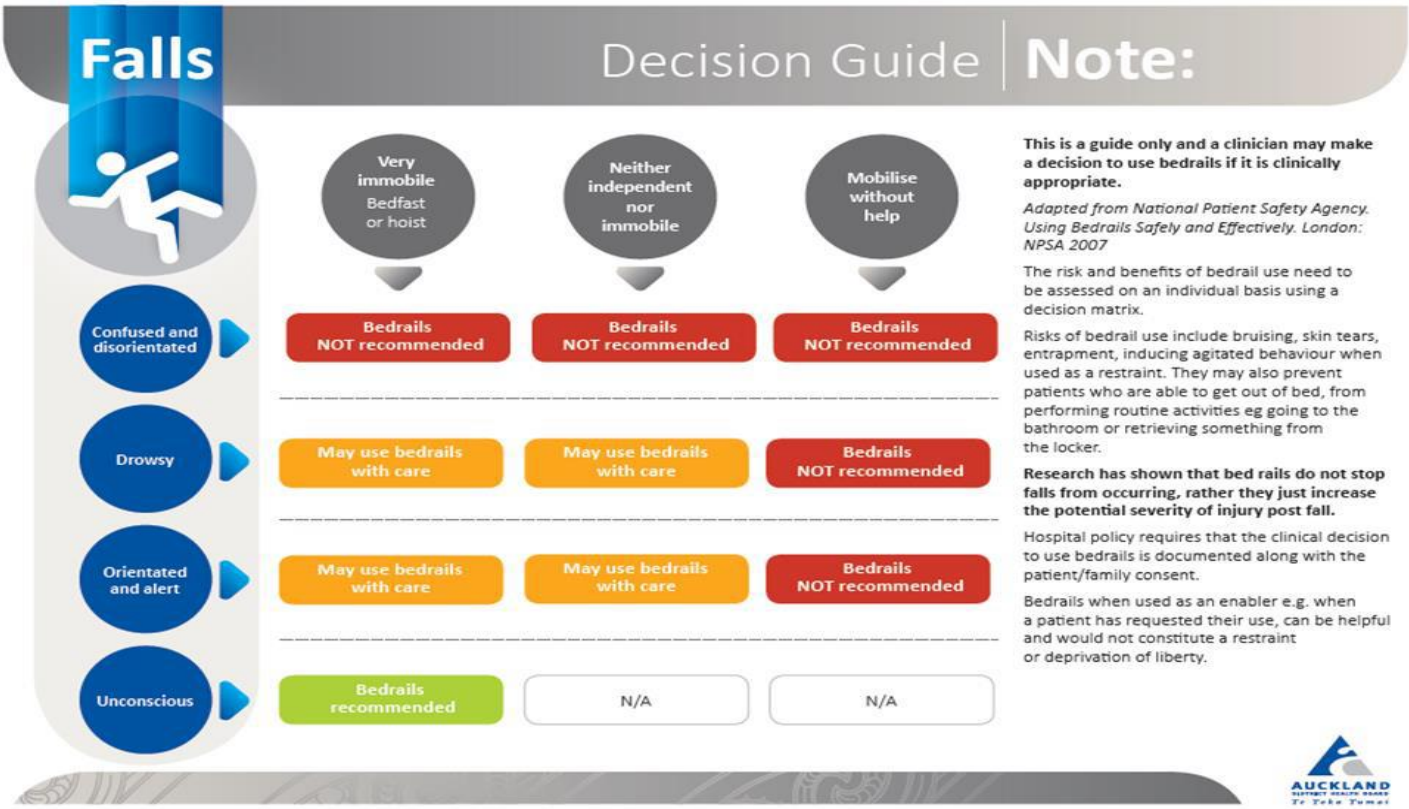
13. Who decides when to use bedrails

- The use of bedrails can be a clinical decision made by the nursing team caring for the patient. The decision will be discussed with the patient and family (if the patient is unable to consent) however at times it is not possible to have these conversations and a decision will be made on your behalf of the patient "Duty of Care".
- The patient can request and consent to the use of bedrails.

14. Decision guide for bedrail use

- The risk and benefits of bedrail use need to be assessed on an individual basis using the Decision Guide (refer to chart below).
- Hospital policy requires that the clinical decision to use bedrails is documented in CR4092 along with the patient and family consent when possible.
- All staff that make decisions about bedrail use or advise patients on bedrail use have the appropriate knowledge to do so.

Falls Decision Guide



Note:

This is a guide only and a clinician may make a decision to use bedrails if it is clinically appropriate.

Adapted from National Patient Safety Agency. Using Bedrails Safely and Effectively. London: NPSA 2007

The risk and benefits of bedrail use need to be assessed on an individual basis using a decision matrix.

Risks of bedrail use include bruising, skin tears, entrapment, inducing agitated behaviour when used as a restraint. They may also prevent patients who are able to get out of bed, from performing routine activities eg going to the bathroom or retrieving something from the locker.

Research has shown that bed rails do not stop falls from occurring, rather they just increase the potential severity of injury post fall.

Hospital policy requires that the clinical decision to use bedrails is documented along with the patient/family consent.

Bedrails when used as an enabler e.g. when a patient has requested their use, can be helpful and would not constitute a restraint or deprivation of liberty.