Appendix Q: Example: Siderail and Alternative Equipment Intervention Decision Tree

1. **Is resident able to make decisions?**
   - No
   - Yes

2. **Does resident prefer two full or ¾, or four ½ SRs?**
   - No
   - Yes

3. **Is resident willing to change to ½ or ¼ SRs or use a transfer bar?**
   - No
   - Yes

4. **Is resident able to make decisions?**
   - No
   - Yes

5. **Does resident have the potential to improve transferring skills?**
   - No
   - Yes

6. **Can resident get in and out of bed without human assistance?**
   - Yes
   - No

7. **Does resident attempt to get out of bed unsafely (climbs over or around SR or foot of bed)?**
   - Yes
   - No

8. **Has the resident rolled out of bed?**
   - Yes
   - No

9. **Is the resident at high risk for injury due to severe osteoporosis or history of fracture?**
   - Yes
   - No

10. **Refer to team for one or more interventions:**
    - mattress with raised edges
    - boundary reminders (body-length pillows, rolled blankets, or “swimming noodles” under mattress edges
    - ½, ¾, of full-length SRs with narrowly spaced inner bars, fitted flush to mattress with SR pad or pillows

11. **Refer to team for one or more interventions:**
    - low (14”-20” above floor) or very low-height (7”-13” above floor)
    - mat(s) at side of bed
    - body-length or other pillows
    - motion-sensor light
    - bed alarm

12. **Refer to physical or occupational therapist and consider trial of ½ or ¼ SRs or transfer bar**

13. **Refer to team for removal of SRs**

14. **Refer to team for one or more interventions:**
    - mattress with raised edges
    - boundary reminders (body-length pillows, rolled blankets, or “swimming noodles” under mattress edges
    - ½, ¾, of full-length SRs with narrowly spaced inner bars, fitted flush to mattress with SR pad or pillows

15. **Refer to team for bed that allows resident to self-adjust head of bed**

16. **Refer to team for bed that allows resident to self-adjust head of bed**

*SR=side rail. “Team” refers to a decision-making person/group as specified by the institution: a multi-disciplinary restraint-reduction team, geriatric-consultation team, rehabilitation department, nurse manager or supervisor, or a gerontologic APN.


**Source:** Talerico, K. & Capezuti, E. Myths and facts about side rails: Despite ongoing debates about safety and efficacy, side rails are still a standard component of care in many hospital. So how do you determine their safe use? AJN: American Journal of Nursing, Volume 101, Issue 7, pp. 43-48. Reprinted with permission from Wolters Kluwer Health