

## Resident Bed Rail Acknowledgement

Resident name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Operator name: \_\_\_\_\_

Adult care home address: \_\_\_\_\_

By signing this acknowledgment, my adult care home provider and I, the resident, agree that I have requested the use of either quarter bed rails or half bed rails. I requested bed rails so I can have freedom of movement and greater mobility by using them for one or both reasons:

- Readjusting my position in bed
- Transferring in and out of bed

I know it is possible for bed rails to become restraining devices. I understand careful monitoring is needed to make sure the use of bed rail does not have an unintended result, like restraining me in my bed.

Different options to bed rails include use of a foam bolster or an adjustable bed. I may choose to discuss different options with my physician or PT/OT.

I know I have the right to have the bed rails removed at any time at my request.

The adult care home operator will add my use of bed rails to my care plan. Changes to my medical condition may require additional documentation. I understand that I may not be able to continue using bed rails if this happens.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operator/Resident Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is recommended when a resident has requested bed rails. It documents the decision and ensures the resident can make an informed decision. This decision should be reviewed annually or if the resident has a change of condition.