**Side Rails Informed Consent and Release**

**I have been informed of the benefits and risks of the use of side rails on my bed. The risks of side rails include entrapment in the following ways:**

1. **Through the bars of an individual side rail;**
2. **Through the space between split side rails;**
3. **Between the side rail and the mattress;**
4. **Between the headboard or footboard, side rails and the mattress.**

**Side rails may also be associated with accidental skin bruising, cuts or scrapes.**

**The benefits to me of using side rails are:**

1. **Improved mobility in bed: I will be able to reposition myself or assist my caregivers to reposition me.**
2. **Improved mobility getting in and out of bed. I will be able to transfer myself into and out of bed or to assist my caregivers with transferring me into and out of bed.**

**I understand that the side rails are to be used as a mobility aid and not as a physical restraint. I can withdraw this consent at any time. If I become unable to use the side rails, the side rails will be removed from my bed so they are not an unintended physical restraint. My physician is aware that I wish to use side rails and agrees they are appropriate as a mobility aid.**

**Resident Name/DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ResidentSignature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nurse Assessor/RPT Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**