**Assessment to identify resident's need and ability to safely use the medical device(s)**

**WAC 388-76-10650**

The Resident, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_was assessed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) for use of the following medical devices: (Check below to all devices that apply)

**BED HANDRAIL**  **LEFT [ ] RIGHT [ ]**  **Properly Installed (?) [ ] By whom: \_\_\_\_\_\_\_\_**

**HALF LENGTH HOSPITAL SIDE RAIL**  **LEFT [ ] RIGHT [ ]**

* The resident has demonstrated his/her ability for using the side rail for repositioning while in bed, and as a mobility aid during the transfer from/to the bed from/to the wheelchair.
* The half bed side rail/ bed handrail device is used to promote resident’s independence and mobility while in bed and NOT as a restraining device.
* The facility will ensure the use of the handrail/bed rail(s) is added to the assessment and negotiated care plan.
* There is a benefits and risk of form for bedrails to be signed.

***NOTE: you should be given handout “A Guide to Bed Safety”.***

 **Resident/rep. please initial that you received this document: *Resident [ ] Representative [ ]***

**HOYER LIFT [ ]** **SIT TO STAND LIFT [ ]**

* The resident is unable to safely transition from a sitting position to a standing position without assistance, the use of a sit to stand lift is recommended.
* Because the resident's abilities may fluctuate, they are unable to fully bear weight/bear weight and needs assistance for mobility, transfers and/or positioning, the use of a Hoyer lift is recommended.
* The facility will ensure the use of the lift is added to the assessment and negotiated care plan.
* There is a benefits and risk of form for each the sit-to-stand lift or the Hoyer lift to be signed.

**Resident/rep. please initial that you read/understand/received the risks and benefits:**

**AFH Benefits and Risk of a Sit-to-stand Lift** ***Resident [ ] Representative [ ]***

**AFH Benefits and Risk of a Hoyer Lift**   ***Resident [ ] Representative [ ]***

Name of Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Doctor/ARNP/RN/Therapist)

Signature of Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {for Bed rails and Hoyer/Sit-to-stand lift}

**FALL PREVENTION, SENSORS AND ALARMS**

**WHEELCHAIR ALARM [ ] BODY ALARM [ ]**

**BED ALARM [ ]**  **FLOOR MAT ALARM [ ]**

The resident is a high fall risk – recommend the use of wheelchair alarm.

Because the resident has the tendency to stand up without assistance, the use of an alarm is highly recommended as fall prevention without limiting or restricting the resident’s needs and freedom.

The resident has been provided with a call button as means of communicating the need for assistance at any given time.

However, since the resident affected by short- term memory (forgetfulness) and confusion, he/she often forgets to use the call button/bell.

The wheelchair alarm will monitor the resident and alert the caregiver when the resident attempts to stand up, and as such, potentially preventing a fall and assisting the resident with his needs.

***NOTE: The alarm, medical device checked above does not prevent a fall. The device alerts the caregiver of the resident’s intention to stand up/ get up.***

 **MOTION SENSOR [ ]**

The resident is a high fall risk – recommend the use of motion sensor while in bed.

Because the resident has the tendency to stand up without assistance, the use of motion sensor is highly recommended.

The resident is up during the night, and unable to safely go to the bathroom without assistance.

The resident has been provided with a call button as a means of communicating his/her needs at any given time. However, since the resident affected by short- term memory and/or forgetfulness/confusion at times, he/she often forgets to use the call button/bell.

The motion sensor will notify the caregiver when the resident attempts to get out of bed and prompt the caregiver to attend to the resident without startling the resident.

***NOTE: The motion sensor does not prevent a fall. The device alerts the caregiver of the resident’s intention to stand up.***

***By signing this you are giving informed consent to use this device(s) to aid in your care at this AFH:***

Resident/representative signature:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_