

## Mobility Assessment Policy and procedure

### Purpose / Scope

The purpose of this assessment is to identify and assess the residents in Weston Assisted Living that may benefit from use of a side rail/mobility device as an enabler.

### Policy

Nursing staff will complete this Mobility Assessment prior to the implementation of any side rail/mobility device for a resident in Assisted Living.

Side rails/mobility device will be assessed for safety and appropriateness of use based on the resident's needs.

### Procedure

1. Resident assessment
  - a. Each resident being considered for the use of a side rail/mobility device as an enabler will be assessed by the nurse using the Mobility Assessment form. The assessment is completed:
    - i. Prior to the implementation of a side rail as an enabler
    - ii. Annually for residents with a side rail as an enabler
    - iii. Upon Readmission for any resident previously utilizing a side rail as an enabler
    - iv. When there is a significant change in bed mobility or transfer status for any resident currently utilizing a side rail as an enabler (to determine whether or not the use of a side rail as an enabler is still appropriate for the resident).
  - b. Assessment will determine if the resident's mobility would be enhanced by an enabler side rail/mobility device and if the rail would be a safe and appropriate.
    - i. If a side rail/mobility device is deemed safe and appropriate, a member of the Nursing staff will communicate with the resident and/or POA the risks and benefits of the side rail utilization using the **Bed Rail Information Sheet**.
    - ii. The staff member and the person who has received the risk/benefit education will be entered onto the Mobility Assessment Form.
2. Service Plan
  - a. Each resident's service plan will address the intervention of mobility assistance if the need is identified, to include side rails/mobility device if deemed safe and appropriate.
  - b. The Service Plan will be reviewed and evaluated in accordance with state specific regulations and updated as appropriate based on the resident individual care needs.
3. Implementation
  - a. Type and level of assistance required for a resident's transfer / mobility will be communicated to staff. Information will include:
    - i. Device to be utilized
      1. Side Rail, if deemed safe and appropriate
      2. Ubar, if deemed safe and appropriate
      3. Other mobility device, if deemed safe and appropriate

## **Training & Education**

All nursing staff will be trained in the use of side rails/mobility devices as enablers. This training and instruction will occur prior to the initial implementation of the program and during new employee clinical orientation. Review of knowledge and skills will occur annually. Ongoing training and instruction will be provided on an as needed basis, as determined by the employee's direct supervisor / manager.

# MOBILITY ASSESSMENT

Resident Label

***Instructions:***

- Check all that apply.
- Complete this assessment for Assisted Living residents ***prior to implementation*** of a Side Rail as an enabler. For residents with a side rail as an enabler this assessment should be completed on Readmission, annually and with a significant change in function or cognition.
- ***If a resident does not have a side rail as an enabler and this device is being considered for the resident, this assessment must be completed prior to the initiation of the device.***

	Resident Abilities	YES	NO
SIDE RAIL / ENABLER	• Resident is able to exit the bed without staff assistance.	<input type="checkbox"/>	<input type="checkbox"/>
	• Resident uses side rails for positioning or support when staff is not actively assisting in care.	<input type="checkbox"/>	<input type="checkbox"/>
	• Resident uses the side rail to rise from a supine position to a sitting position while in bed.	<input type="checkbox"/>	<input type="checkbox"/>
	• Resident can follow simple commands.	<input type="checkbox"/>	<input type="checkbox"/>
	<p><b><i>If more than one area was checked as "yes", then consider the safety and appropriateness for use of side rail.</i></b></p> <p><input type="checkbox"/> Side Rail Not Indicated At This Time</p> <p>-----</p> <p><input type="checkbox"/> Enabler Indicated At This Time</p> <p><input type="checkbox"/> Side Rail as an Enabler Indicated - <b><i>If a side rail will be used as an enabler (based on the assessment) educate the resident and/or POA (if applicable) regarding the risks and benefits of the side rail use.</i></b></p> <p><input type="checkbox"/> The risk and benefits of side rail use were explained to the resident / (POA, if applicable).</p> <p><b>Include the name of the individual receiving the education and date of the conversation below:</b></p>		
<p>Name of Resident / POA _____</p> <p>Name of Staff Person _____</p> <p style="text-align: right;">Date of Conversation _____</p>			

**Assessment Completed by:**  
(Signature) \_\_\_\_\_

**Date** \_\_\_\_\_