

***VALLEYCARE***  
**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS**  
**POLICY & PROCEDURE**

**NUMBER: 230**  
**VERSION: 2**

**SUBJECT/TITLE:** ENTRAPMENT

**POLICY:** To institute entrapment precautions to prevent entrapment.

**PURPOSE:** To provide guidelines to identify patients at risk, develop a plan of recommended interventions for patients at risk and identify opportunities to improve patient outcomes and prevent injuries.

Patients at high risk for entrapment include those with pre-existing conditions such as confusion, restlessness, lack of muscle control, patient size, or a combination of these factors.

A. Risk reduction strategies include:

1. Orientation and retraining of staff.
2. Communication to the health care team that a patient is at high risk for entrapment.
3. Use of bed rail protector pads and/or modifying rails
4. Placing beds in the lowest position or placing the mattress on the floor
5. Ensure that the gap between the mattress and the side rail is at a minimum
6. Ensure that the patient is not at risk for entrapment between upper and lower bed rails.

B. Risk reduction interventions include:

1. Close observation of patient, specifically noting position in bed
2. Ensure range of motion and physical therapy, if indicated
3. Encourage family to stay with high risk patients
4. Move “at-risk patient” to a room that allows for closer observation by caregivers
5. Schedule timely toileting and position change monitoring
6. Minimize use of medications that alter mental status and patient movement
7. Treat pain and provide a quite relaxing environment
8. Place call bells, urinal, tissues, and water within reach
9. Communicate with the patient to notify staff of any unmet need
10. Re-evaluate plan of care if an episode of entrapment or near-entrapment

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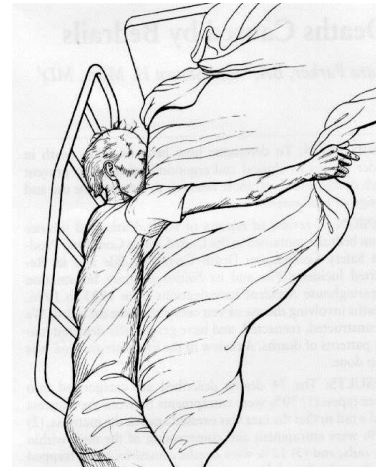
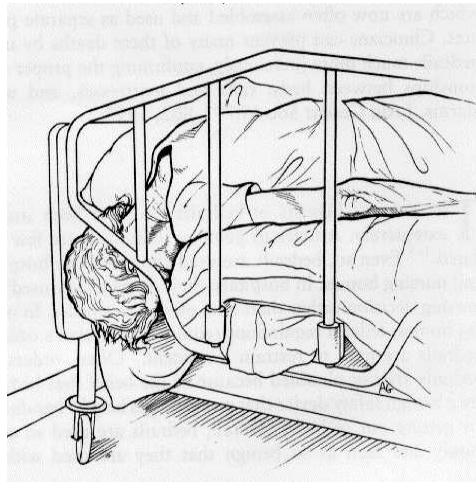
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occurs with or without serious injury

**DEPARTMENTS:** All

**DEFINITIONS:** **Entrapment** is defined as asphyxiation, near asphyxiation, or serious physical harm caused by one of the following:

1. being caught between the mattress and the bed rail
2. being caught between the headboard and the bed rail
3. getting ones head stuck in the bed rail
4. being strangulated by a vest restraint between the rails



**PROCEDURE:** I. **Assessment**

- A. Assess the patient at admission and daily whether a patient is at risk for entrapment.
- B. Communicate to the health care team and carefully document on the Kardex and in the patient record that the patient may be at risk for entrapment.
- C. Follow fall precaution policy and procedure.
- D. Decrease the risk for entrapment by implementing the appropriate strategies and interventions.

II. **Equipment**

- A. Rail bumper wedges-elongated pads that address gaps between mattress and side rail and cover the openings in side rails. These may

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be obtained through Central Supply.

- B. If rail bumper wedges are not available, Use pillows to pack firmly between the bed mattress and the side rails

**III. Documentation**

- A. The initial assessment shall be documented in the Electronic Health Record
- B. If patient is assessed during admission to be at risk for entrapment document reassessment in the Electronic Health Record
- C. The plan of care shall be documented in the Electronic Health Record
- D. Patient/family teaching shall be documented in the Electronic Health Record.

References:	
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