



## Adelaide Quality Care FALL RISK ASSESSMENT

**Working together to prevent falls**

### **FALLS RISK ASSESSMENT TOOL (FRAT)**

UR NUMBER .....

SURNAME .....

GIVEN NAMES .....

DATE OF BIRTH .....

*Please fill in if no patient/resident label available*

*(see instructions for completion of FRAT in the FRAT PACK-Falls Resource Manual)*

### **PART 1: FALL RISK STATUS**

RISK FACTOR	LEVEL	RISK SCORE
<b>RECENT FALLS</b> <i>(To score this, complete history of falls, overleaf)</i>	none in last 12 months.....	2
	one or more between 3 and 12 months ago.....	4
	one or more in last 3 months.....	6
	one or more in last 3 months whilst inpatient / resident....	8
<b>MEDICATIONS</b> <i>(Sedatives, Anti-Depressants Anti-Parkinson's, Diuretics Anti-hypertensives, hypnotics)</i>	not taking any of these.....	1
	taking one .....	2
	taking two .....	3
	taking more than two.....	4
<b>PSYCHOLOGICAL</b> <i>(Anxiety, Depression ↓Cooperation, ↓Insight or ↓Judgement esp. re mobility)</i>	does not appear to have any of these.....	1
	appears mildly affected by one or more.....	2
	appears moderately affected by one or more.....	3
	appears severely affected by one or more.....	4
<b>COGNITIVE STATUS</b> <i>(AMTS: Hodkinson Abbreviated Mental Test Score)</i>	AMTS 9 or 10 / 10 <b>OR</b> intact.....	1
	AMTS 7-8 mildly impaired.....	2
	AMTS 5-6 mod impaired.....	3
	AMTS 4 or less severely impaired .....	4
(Low Risk: 5-11 Medium: Risk: 12-15 High Risk: 16-20)		
<b>RISK SCORE</b>		<b>/20</b>

**Automatic High Risk Status:** *(if ticked then circle HIGH risk below)*

- ☐ Recent change in functional status and / or medications affecting safe mobility (or anticipated)
- ☐ Dizziness / postural hypotension

**FALL RISK STATUS: (Circle):** LOW / MEDIUM / HIGH  
*IMPORTANT: IF HIGH, COMMENCE FALL ALERT*

**List Fall Status on Care  
Plan/ Flow Chart**

### **PART 2: RISK FACTOR CHECKLIST**

		Y/N
<b>Vision</b>	Reports / observed difficulty seeing - objects / signs / finding way around	
<b>Mobility</b>	Mobility status unknown or appears unsafe / impulsive / forgets gait aid	
<b>Transfers</b>	Transfer status unknown or appears unsafe ie. over-reaches, impulsive	
<b>Behaviours</b>	Observed or reported agitation, confusion, disorientation	
	Difficulty following instructions or non-compliant (observed or known)	
<b>Activities of Daily Living (A.D.L's)</b>	Observed risk-taking behaviours, or reported from referrer / previous facility	
	Observed unsafe use of equipment	
	Unsafe footwear / inappropriate clothing	
<b>Environment</b>	Difficulties with orientation to environment i.e. areas between bed / bathroom / dining room	
<b>Nutrition</b>	Underweight / low appetite	
<b>Continence</b>	Reported or known urgency / nocturia / accidents	
<b>Other</b>		



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### Part 2 Continued

#### **HISTORY OF FALLS** *Note: For an accurate history, consult patient/resident / family / medical records.*

Falls prior to this admission (home or referring facility) and/or during current stay ☐

*If ticked, detail most recent below)*

**CIRCUMSTANCES OF RECENT FALLS:** Information obtained from \_\_\_\_\_

				(Circle below)				(Where? / Comments)
Last fall:	Time ago _____	Trip	Slip	Lost balance	Collapse	Leg/s gave way	Dizziness	_____
Previous:	Time ago _____	Trip	Slip	Lost balance	Collapse	Leg/s gave way	Dizziness	_____
Previous:	Time ago _____	Trip	Slip	Lost balance	Collapse	Leg/s gave way	Dizziness	_____



**List History of Falls on Alert Sheet in Patient/Resident Record**

### PART 3: ACTION PLAN

*(for Risk factors identified in Part 1 & 2, list strategies below to manage falls risk. See tips in FRAT PACK)*

PROBLEM LIST	INTERVENTION STRATEGIES / REFERRALS



**Transfer care strategies to Care Plan / Flow Chart**

PLANNED REVIEW \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

INITIAL ASSESSMENT COMPLETED BY:

PRINT NAME \_\_\_\_\_ Signed: \_\_\_\_\_

### REVIEW

*(Falls Review should occur at scheduled Patient/Resident Review meetings or at intervals set by the Initial assessor)*

Review Date	Risk Status	Revised Care plan (Y or N)	Signed	Review Date	Risk Status	Revised Care plan (Y or N)	Signed