



# FALL RISK ASSESSMENT TOOL (FRAT)

A3 – C

REVIEWED ON: OCT 22  
REVIEWED BY: S PALTRIDGE

FULL NAME

DATE OF BIRTH

## PART 1: FALL RISK STATUS

RISK FACTOR	LEVEL	RISK SCORE
<b>RECENT FALLS</b> (To score this, complete history of falls, overleaf)	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> (Sedatives, Anti-Depressants Anti-Parkinson's, Diuretics Anti-hypertensives, hypnotics)	not taking any of these.....	1
	taking one .....	2
	taking two .....	3
	taking more than two.....	4
<b>PSYCHOLOGICAL</b> (Anxiety, Depression ↓Cooperation, ↓Insight or ↓Judgement esp. re mobility )	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> (AMTS: Hodkinson Abbreviated Mental Test Score)	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

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

IMPORTANT: IF HIGH, COMMENCE FALL ALERT

## 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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REVIEWED BY: S PALTRIDGE**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**

FULL NAME OF RN		DATE	
SIGNATURE OF RN			

## 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