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
RECENT FALLS *(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
MEDICATIONS *(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
PSYCHOLOGICAL *(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
COGNITIVE STATUS *(AMTS: Hodkinson Abbreviated Mental Test Score)*	AMTS 9 or 10 / 10 **OR** 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)	**RISK SCORE**	/20

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