

Working together to prevent falls

FALLS RISK ASSESSMENT TOOL (FRAT)	UR NUMBER
	SURNAME
	GIVEN NAMES.....
	DATE OF BIRTH
<i>Please fill in if no patient/resident label available</i>	

(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 <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
MEDICATIONS <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
PSYCHOLOGICAL <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
COGNITIVE STATUS <i>(AMTS: Hodkinson Abbreviated Mental Test Score)</i>	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		