



# FRAT — Falls Risk Assessment Tool

## PART 1: FALL RISK STATUS

All residents admitted to BCNU will have a falls risk assessment completed within 24–48 hours of admission and when the falls RAP (Resident Assessment Protocol) is triggered with an MDS (Minimum Data Set) assessment. See instructions for completion of FRAT.

RISK FACTOR	LEVEL	RISK SCORE
<b>RECENT FALLS</b> <i>Review history of falls</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 while a resident / inpatient...	8
<b>MEDICATIONS</b> <i>e.g. Sedatives, Antidepressants, Parkinson's medications, Diuretics, Antihypertensives, Antipsychotics, Hypnotics, Narcotics</i>	<b>Categories of medications:</b>	
	not taking any of these.....	1
	taking one.....	2
	taking two.....	3
	taking more than two.....	4
<b>PSYCHOLOGICAL</b> <i>e.g. Anxiety, Depression, ↓Cooperation, ↓Insight or ↓Judgement esp. re mobility</i>	does not have any of these.....	1
	mildly affected by one or more.....	2
	moderately affected by one or more.....	3
	severely affected by one or more.....	4
<b>COGNITIVE STATUS</b> <i>MMSE (Mini Mental Status Exam) CPS (Cognitive Performance Scale)</i>	<b>MMSE 25 Or CPS 0 Or intact</b>	1
	<b>MMSE 19 Or CPS 2 Or mildly impaired</b>	2
	<b>MMSE 15 Or CPS 3 Or mod. impaired</b>	3
	<b>MMSE 5 Or CPS 6 Or severely impaired</b>	4

**Orthostatic Hypotension: Vital signs at time of assessment:** Date \_\_\_\_\_ Time \_\_\_\_\_  
 BP lying \_\_\_\_\_ BP sitting/standing \_\_\_\_\_  
 Pulse \_\_\_\_\_ Pulse \_\_\_\_\_

**Automatic High Risk Status:** *If one of the following applies, circle HIGH risk in the score box below.*

- Recent change in functional status affecting safe mobility
- Dizziness / light-headedness / orthostatic hypotension
- Fell within past 30 days

<b>LOW RISK</b> 5 – 11	<b>MEDIUM RISK</b> 12 – 15	<b>HIGH RISK</b> 16 – 20	<b>RISK SCORE</b>	<b>/ 20</b>
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**NOTE — This is page 1 of a 2-page assessment. Please complete Part 2 overleaf.**



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## PART 2: RISK FACTOR CHECKLIST

Refer to BCNU Falls Assessment and Management Clinical Practice Guideline for recommended interventions for all risk factors marked Y (Yes). Review after any fall and at minimum quarterly. All identified risk factors must be addressed in an individualised care plan.

Risk Factor / Observation	Y	N
<b>Vision</b>		
Reports / observed difficulty seeing objects, signs, or navigating environment	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mobility</b>		
Mobility status unknown, or appears unsafe / impulsive / forgets gait aid	<input type="checkbox"/>	<input type="checkbox"/>
<b>Behaviours</b>		
Observed or reported agitation, confusion, disorientation	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty following instructions or unaware of limitations	<input type="checkbox"/>	<input type="checkbox"/>
<b>Activities of Daily Living (ADLs)</b>		
Observed risk-taking behaviours, or reported from previous facility	<input type="checkbox"/>	<input type="checkbox"/>
Observed unsafe use of equipment	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe footwear / inappropriate clothing	<input type="checkbox"/>	<input type="checkbox"/>
<b>Environment</b>		
Difficulties with orientation to environment i.e. areas between bed / bathroom / dining room	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nutrition</b>		
Underweight	<input type="checkbox"/>	<input type="checkbox"/>
Low appetite / inadequate oral intake	<input type="checkbox"/>	<input type="checkbox"/>
Not taking recommended Vitamin D supplement	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hydration</b>		
Shows signs/symptoms of dehydration: dry skin/mouth, decreased urine output, amber urine, poor skin turgor, thirst, dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate fluid intake	<input type="checkbox"/>	<input type="checkbox"/>
<b>Continence</b>		
Reported or known urgency / nocturia / incontinent episodes	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medications</b>		
Taking one or more medication categories known to increase fall risk	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Diagnoses</b>		
Existing diagnoses increase risk for falls	<input type="checkbox"/>	<input type="checkbox"/>
If YES — indicate diagnoses: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>		
Other risk factors identified	<input type="checkbox"/>	<input type="checkbox"/>

Assessment completed by (print name)  
\_\_\_\_\_

Date (dd mmm yyyy) / Signature  
\_\_\_\_\_