



Clinical Practice Procedures: Assessment/Falls Risk Assessment Tool (FRAT)

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Date	July, 2021
Purpose	To ensure a consistent procedural approach to the Falls Risk Assessment Tool.
Scope	Applies to all Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Falls Risk Assessment Tool

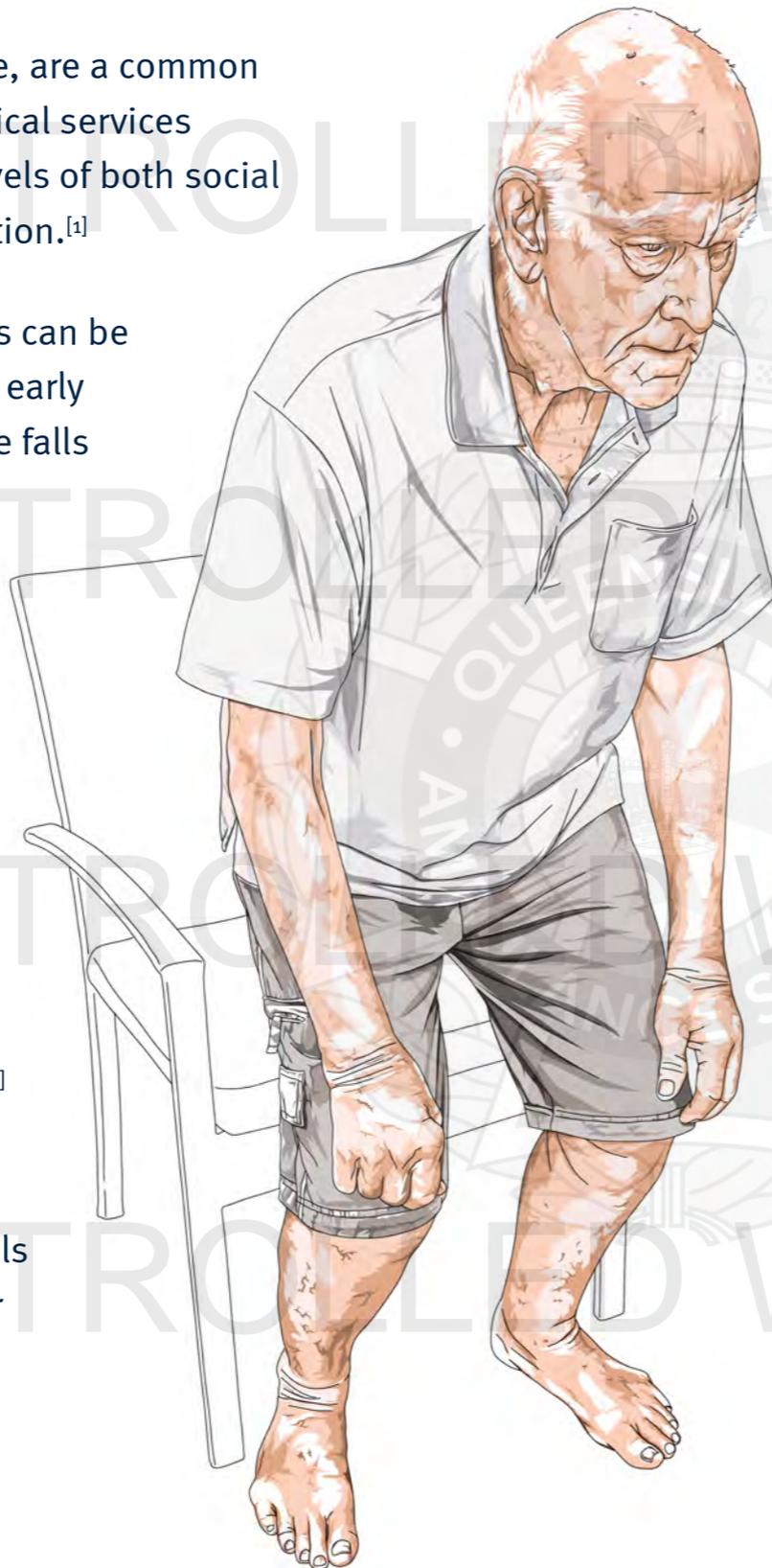
July, 2021

Falls, particularly in older people, are a common presentation to emergency medical services and are associated with high levels of both social isolation and physical deterioration.^[1]

Repeated slips, trips or stumbles can be warning signs of future falls and early intervention could prevent future falls from occurring.^[2]

The prevention of falls in older people is a priority for health services as planning and proactive management through community based services can noticeably reduce the incidence of falls and associated injury.^[2]

The Falls Risk Assessment Tool^[3] was developed to provide a quick assessment of falls risk for older people outside hospitals for use by paramedics and other health care workers.



Indications



- Patients who have fallen **OR** to assess the risk of future falls.

Contraindications



- Altered level of consciousness
- Patients with injuries requiring further assessment or treatment

Complications



- Nil in this setting

Procedure – Falls Risk Assessment Tool (FRAT)

Allocate the appropriate FRAT score (0–5) by determining the value and score associated with each of the five variables.

FALLS RISK ASSESSMENT TOOL			
Assessment Criteria		Value	Score
1	Fall History		
	Is there a history of any fall within the previous 12 months?	Yes No	1 0
2	Medications		
	Does the patient take four or more prescribed medications per day?	Yes No	1 0
3	Medical History		
	Does the patient have a diagnosis of Stroke or Parkinson's disease?	Yes No	1 0
4	Stability		
	Does the patient report any problems with their balance?	Yes No	1 0
5	Core Strength		
	Does the patient need to use their arms to stand from a chair of knee height?	Yes No	1 0
TOTAL score out of five			

+ Additional information

- The total score is used to predict the risk of the patient having a fall as follows:
 - Score of 3–5 = Higher falls risk
 - Score of 0–2 = Lower falls risk
- All clinicians must ensure the patient's FRAT score is documented and handed over to receiving clinical staff.
- Regions that have established local referral pathways appropriate for specific patients must complete the Falls Referral procedure on the eARF which can be accessed in *Procedure/Consult/Refer/Falls Referral*.
- Definitions:**
 - Fall:** an event which results in a person coming to rest inadvertently on the ground or floor.
 - Slip:** to slide involuntarily and lose one's balance or foothold.
 - Trip:** an accidental misstep threatening (or causing) a fall.
 - Stumble:** to step awkwardly while walking and begin to fall.