

# Family Readiness Assessment Tool (FRAT)

**F**

## Family/contact information

Who is legal next of kin? Are they at the hospital? Any unique dynamics to keep in mind?

**R**

## Responsiveness of family toward grave prognosis

Is the family showing signs that they may be accepting that this is a non-survivable injury? Examples:

- “They wouldn’t want to live this way.”
- “We can’t see them suffer anymore.”
- Decision not to attempt resuscitation
- Decision not to escalate interventions
- Asking about what happens next

**A**

## Assess actions/comments that lead toward end-of-life decisions from family/healthcare team

Has the family made comments that would lead you to think they may elect comfort care in the next day or two? Examples:

- Physician’s care plan is being exhausted and comfort care is presented to family as an option
- Discussion related to possibly ending life-supporting treatment without a specific time identified
- Discussing funeral arrangements
- Asking for permission for, or awaiting, others to come say “goodbye”
- Asking what it would look like if patient was taken off the ventilator

**T**

## Time: Is it an appropriate moment for family interaction? Does the attending physician approve of MTN engaging with the family?

Exploratory Conversation

- Building rapport
- Emotional support
- Exploration of family plan/expectation for patient’s care — does family understand this is a non-survivable injury?
- Assessment of family needs for next steps — has family made decision for comfort care to be implemented at some time in the future?
- Conclusion
  - Pause, family is not ready for donation discussion
  - Share FPA information with family
  - Share patient’s opportunity to donate with family
  - Full donation discussion



## RED FLAGS

- Distrust
- Blame or anger
- Ethics consult
- Family members clearly not aligned
- Physician not supportive of timing of MTN/family conversation
- Family avoiding hospital communication