FRAILTY PATHWAY

FRAILTY ASSESSMENT
Patients >75 years old - do Rockwood Clinical Frailty Scale

If score ≥ 5 follow frailty pathway:

Usual ED clinical assessment

Patient is unwell and needs admission

Admit under Medics
- AAU (Mary Seacoles’ wards)
- Jku (care of older people wards)
Higher frailty score and predicted LOS>48h - bed managers to prioritise to Jku

Possible discharge same day
Patient needs short term treatment; awaiting results; therapy assessment; frailty review/ comprehensive geriatric assessment (CGA)

Out of hours
Pre 5pm

AMBULATORY FRAILTY PATHWAY

- Referral to ambulatory care (AEC)*: ED doctor to AEC consultant – bleep #2622
- Move patient to AEC
- START #2833
- Frailty nurse #2621

* If patient medically cleared, able to stand (if previously able to) and needs therapy assessment only - referral can be done to AEC nurse (bleep #2731)

End of treatment - Patient can go home
Consider supporting the discharge in the community

‘Never admit to CDU’ for patients > 75s with score ≥5
More than 50% of patients with frailty in CDU get admitted.
Evidence shows that each ward transfer increases length of stay and risk of delirium.
**Clinical Frailty Scale (Rockwood)**

1. **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2. **Well** – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3. **Managing Well** – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4. **Vulnerable** – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up” and/or being tired during the day.

5. **Mildly Frail** – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. **Moderately Frail** – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7. **Severely Frail** – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8. **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

**Scoring aid:**
- This is about the patient’s baseline
- How were you 2 weeks ago?
  1. Do you live alone?
  2. Do you need assistance to wash and dress?
  3. Do you leave your house by yourself?

**K. Rockwood et al (2005)**

**Results:**
- **Non-frail**  
  CFS 1–3
- **Mild frailty**  
  CFS 4–5
- **Moderate frailty**  
  CFS 6
- **Severe frailty**  
  CFS ≥7

*NHS England (2017) - Toolkit for general practice in supporting older people living with frailty*

**Scoring frailty in people with dementia**

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.