

GUH Frailty @ the Front Door Service

'Think Frailty' ED Referral Tool	YES	NO
≥75 years		
Rockwood Clinical Frailty Scale 3-6		
Presenting with a fall or fall in last 3 months		
≥ 10 Medications/concern re medications (sedatives, anti-depressants, anti-hypertensives, hypnotics)		
Reduced mobility/functional impairment		
Predicted date of discharge ≤24 hours		
If YES to ≥ 3, consider early referral to Frailty at the Front Door service		

Operational hours Monday – Friday 8am – 4pm

0874691833 – FFD Team

Exclusion criteria	Consider
Medically/surgically unstable	Could your patient benefit from some assistive devices at home?
Patients requiring hospital admission	Does your patient need a walking stick or frame?
Acute Abdominal pain	Is your patient isolated and in need of extra supports?
Suspected acute coronary syndrome	Would your patient benefit from advice on how to be more active at home?
Active diarrhea/vomiting	Is your patient on multiple medications that could cause a fall risk?
Trauma with suspected fracture / unstable fracture	Is incontinence a problem for your patient?
Alcohol detoxification	Would your patient like some tips on how to reduce their falls risk?
	Could your patient benefit from an outpatient falls /memory work up?

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Clinical Frailty Scale*

-  **1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
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-  **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.
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-  **3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.
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-  **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.
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-  **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.
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-  **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 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.

* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

Educational Resources

Frailty Assessment and Management in Older Ed Patients - GEDC

<https://gedcollaborative.com/>

This e-learning series is designed primarily for clinicians working in ED who want to provide optimal care to their older patients

CFS Guidance & Training - Geriatric Medicine Research - Dalhousie University

<https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html>

4AT –delirium screen

<https://www.the4at.com/>

Frailty in the ED – Dr Jay Banjeree

www.em3.org.uk/foamed/11/12/2020/lightning-learning-clinical-frailty-score-in-the-ed

Silver book II

The Silver Book II describes best practice in the urgent care of older people, drawing upon international experts and consensus, supported by evidence

<https://www.bgs.org.uk/resources/resource-series/silver-book-ii>