

# LRI Emergency Department

## Standard Operating Procedure for: Clinical Frailty Scoring

Staff groups SOP applies to:	All Emergency Department Staff
Issue date:	6 October 2024
Version number:	1.4
Supersedes:	V1.3
Approved By:	ESM Q&S Board
Date of Approval:	
Next Review date:	October 2027
Trust Ref:	C11/2018
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### Operationalising Clinical Frailty Score within the Emergency Department Scope

This SOP covers responsibilities and daily routine tasks of the Emergency Department (ED) Clinical Teams in normal working practice.

This SOP does not cover clinical procedures. For these and all other clinical policies, guidelines and procedures refer to the Trust intranet <http://insitetogether.xuhl-tr.nhs.uk/pag/Pages/default.aspx>

This SOP outlines the procedure for scoring clinical frailty within the ED and to ensure that the effective and consistent procedures are adopted.

This SOP should be seen as an addendum to the ED SOP for the Assessment Zone, Emergency Room (ER), Majors, and Blue Zone.

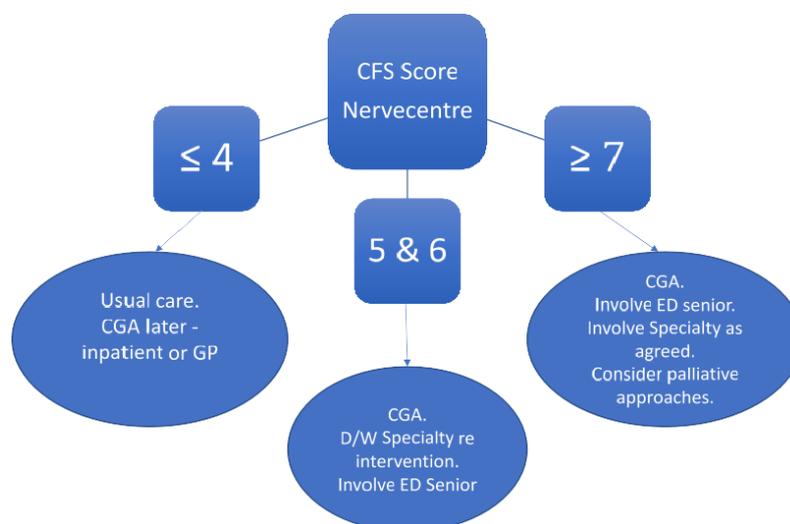
### Absolute Underlying Principles

- The Clinical Frailty Score (CFS) score will be inserted into Nervecentre as a mandatory field on all attendees >65 and by utilising the CFS App
- Every attempt will be made and evidenced to include older people, their careers/ families and their GPs in the care management decisions. This can be done face-to-face, on the phone or in writing (GP and Care Homes).
- The CFS score is not a tool to decide to withhold care. See **Appendix 1**.
- The CFS score is a tool to help decide on the ideal treatment and care that addresses the older persons goals and avoids further harm through iatrogenic means.

## Using the Clinical Frailty Score (CFS)

- 1) Use the CFS App installed on UHL iPads/iPhones to calculate CFS. Alternatively, use your smartphone to view the adobe document from Google search "Rockwood frailty scale" or print Appendix 1 [Appendix 1 CFS or https://docs.wixstatic.com/ugd/2a1cfa\\_e5e2c60f3d3d4449bbdd5e85aeb915f3.pdf](https://docs.wixstatic.com/ugd/2a1cfa_e5e2c60f3d3d4449bbdd5e85aeb915f3.pdf) to identify the CFS score – do not use the photos from the CFS flashcard but ask the patient or seek corroborative information from family, neighbor, GP or care home
- 2) The CFS to act on is based on what the person was like **2 weeks ago** (so takes out the effect of acute reversible illness, such as acute heart failure, on functional state)
- 3) Involve the FES MDT (Geriatrician, ACP, EFDP, OT, PT) to carry out a comprehensive holistic assessment of the older person and document in NC
- 4) Refer to Palliative Care CNS if an assessment is required in the ED

## Suggested Pathway



When you are selecting your frailty score to also remember your Clinical Frailty Outcomes and complete the required referrals:				
Clinical Frailty Score	Care required and Plan			
1 to 4	follow usual care (“condition based care”)			
5 to 6	discuss with specialist, discuss care with patient and family			
	<table border="1"> <tr> <td>Score 5</td> <td>Consider Frailty SDEC if available. Think about EFDP involvement to reduce readmission risk</td> </tr> <tr> <td>Score 6</td> <td>Think about referral to FES/ Frailty SDEC if available, if patient is not acutely unwell. This is particularly important for care home residents.</td> </tr> </table>	Score 5	Consider Frailty SDEC if available. Think about EFDP involvement to reduce readmission risk	Score 6
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Score 6	Think about referral to FES/ Frailty SDEC if available, if patient is not acutely unwell. This is particularly important for care home residents.			
7 to 9	Consider referral to FES, discuss with specialist, and discuss care with patient and family Is a ReSPECT form in place – check if advance care plan documented under primary care.			
	<table border="1"> <tr> <td>Score &gt;7</td> <td>Approaching end of life? Review SWAN Model <a href="https://simplr.link/d/e/uhlconnect.uhl-tr.nhs.uk/site/701c86c2-3b2d-48d0-b6a6-3c81be4558d9/page/fd864ce6-78f8-4327-9e28-9ac065475fac?f=ohysue">https://simplr.link/d/e/uhlconnect.uhl-tr.nhs.uk/site/701c86c2-3b2d-48d0-b6a6-3c81be4558d9/page/fd864ce6-78f8-4327-9e28-9ac065475fac?f=ohysue</a></td> </tr> </table>	Score >7	Approaching end of life? Review SWAN Model <a href="https://simplr.link/d/e/uhlconnect.uhl-tr.nhs.uk/site/701c86c2-3b2d-48d0-b6a6-3c81be4558d9/page/fd864ce6-78f8-4327-9e28-9ac065475fac?f=ohysue">https://simplr.link/d/e/uhlconnect.uhl-tr.nhs.uk/site/701c86c2-3b2d-48d0-b6a6-3c81be4558d9/page/fd864ce6-78f8-4327-9e28-9ac065475fac?f=ohysue</a>	
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#### REFERENCE:

1. British Geriatrics Society “Silver Book II” [Silver Book II | British Geriatrics Society \(bgs.org.uk\)](https://www.bgs.org.uk)
2. Frailty in elderly people Clegg, Andrew et al. The Lancet, Volume 381, Issue 9868, 752 – 762
3. Amy Elliott, Nick Taub, Jay Banerjee, Faisal Aijaz, Will Jones, Lucy Teece, James van Oppen, Simon Conroy. Does the Clinical Frailty Scale at Triage Predict Outcomes From Emergency Care for Older People? Annals of Emergency Medicine, Volume 77, Issue 6, 2021, Pages 620-627. ISSN 0196-0644  
<https://doi.org/10.1016/j.annemergmed.2020.09.006>.

## CONSULTATION UNDERTAKEN:

Name	Title/Responsibility	Ratify (R) Consulted (C)	Issue Date	Version
ESM Q&S	Prof Jay Banerjee	Consulted	September 2024	FINAL 1.4

## APPROVALS REQUIRED:

This document has been approved by.

Name	Issue Date	Version
Emergency Floor Guidelines Committee		

**Review dates and owners**

<b>Reviewers</b>	Prof Jay Banerjee
<b>Review Date</b>	6 October 2027

## APPENDIX 1. Clinical Frailty Scale, Dalhousie University

CLINICAL FRAILTY SCALE			
	1	<b>VERY FIT</b>	People who are robust, active, energetic and motivated. They tend to exercise regularly and are among the fittest for their age.
	2	<b>FIT</b>	People who have <b>no active disease symptoms</b> but are less fit than category 1. Often, they exercise or are very <b>active occasionally</b> , e.g., seasonally.
	3	<b>MANAGING WELL</b>	<b>People whose medical problems are well controlled, even if occasionally symptomatic, but often are not regularly active beyond routine walking.</b>
	4	<b>LIVING WITH VERY MILD FRAILTY</b>	Previously "vulnerable," this category marks early transition from complete independence. While <b>not dependent</b> on others for daily help, often <b>symptoms limit activities</b> . A common complaint is being "slowed up" and/or being tired during the day.
	5	<b>LIVING WITH MILD FRAILTY</b>	People who often have <b>more evident slowing</b> , and need help with <b>high order instrumental activities of daily living</b> (finances, transportation, heavy housework). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation, medications and begins to restrict light housework.
	6	<b>LIVING WITH MODERATE FRAILTY</b>	People who need help with <b>all outside activities</b> and with <b>keeping house</b> . Inside, they often have problems with stairs and need <b>help with bathing</b> and might need minimal assistance (cuing, standby) with dressing.
	7	<b>LIVING WITH SEVERE FRAILTY</b>	<b>Completely dependent for personal care</b> , from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
	8	<b>LIVING WITH VERY SEVERE FRAILTY</b>	Completely dependent for personal care and approaching end of life. Typically, they could not recover even from a minor illness.
	9	<b>TERMINALLY ILL</b>	Approaching the end of life. This category applies to people with a <b>life expectancy &lt;6 months</b> , who are <b>not otherwise living with severe frailty</b> . (Many terminally ill people can still exercise until very close to death.)
<p><b>SCORING FRAILTY IN PEOPLE WITH DEMENTIA</b></p> <p>The degree of frailty generally corresponds to the degree of dementia. Common <b>symptoms in mild dementia</b> include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.</p> <p>In <b>moderate dementia</b>, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.</p> <p>In <b>severe dementia</b>, they cannot do personal care without help.</p> <p>In <b>very severe dementia</b> they are often bedfast. Many are virtually mute.</p>			