GUIDELINES & PROTOCOLS
ADVISORY COMMITTEE
SUMMARY OF GUIDELINE
Effective Date: October 1, 2008

Frailty in Older Adults – Early Identification and Management

For full Guideline please go to website: http://www.BCGuidelines.ca

IDENTIFY FRAIL PATIENTS AND THOSE AT RISK FOR FRAILTY

- Office visits are opportunities to engage in care planning and to identify a patient's follow-up needs.
- Suspect frailty with non-specific concerns such as: difficulty managing activities of daily living (ADL), unintentional weight loss, gradual onset of fatigue or loss of energy, recent falls or fear of falling, memory loss, and/or concerns expressed by the family/caregiver(s).

CSHA Clinical Frailty Scale

1 **Very fit:** Robust, active, energetic, well motivated and fit; exercise regularly; most fit group for their age.
2 **Well:** No active disease but less fit than category 1.
3 **Well, with treated comorbid disease:** Disease symptoms well controlled compared with category 4.
4 **Apparently vulnerable:** Not frankly dependent but commonly complain of being "slowed up" or have disease symptoms.
5 **Mildly frail:** Limited dependence on others for instrumental ADL (IADL).
6 **Moderately frail:** Help needed with both IADL and non-IADL.
7 **Severely frail:** Completely dependent on others for ADL or terminally ill.

A global clinical measure of fitness and frailty in elderly people – Reprinted from, CMAJ 30-Aug-05; 173(5), Page(s) 489-495 by permission of the publisher. © 2005 Canadian Medical Association

IADL
(Required to live in the community)
- Meal preparation
- Ordinary housework
- Managing finances
- Managing medications
- Phone use
- Shopping
- Transportation

ADL (Personal Care)
- Mobility in bed
- Transfers
- Locomotion in & outside the home
- Dressing upper and lower body
- Eating
- Toilet use
- Personal hygiene & bathing

FURTHER ASSESSMENT

- Early signs of frailty, or risk of frailty, may occur with changes in one or more of:

Weight	Alcohol consumption	Social isolation
Activity levels/endurance	Driving competency	Living circumstances
Balance/mobility & falls	Continence	Family/caregiver support & stress
Functional status	Sleep pattern	Fears/concerns
Polypharmacy/psychoactive meds	Pain pattern	Mental status
Vision & hearing	Behaviour	Delirium, Depression, Dementia

- If identified as frail (CSHA levels 5-7) or at risk for frailty (CSHA level 4), develop or refine a Care Plan

DEVELOP & IMPLEMENT A CARE PLAN

- Identify goals for care collaboratively with the patient (i.e. compare physician concerns with patient/family/caregiver concerns, priorities, and preferences for medical treatment).
- Generate Care Plan – note patient's most bothersome complaint first; proceed with consideration for rehabilitation potential, appropriate prevention activities, and self-management support.
- The Care Plan plus Medication Review could be given to the patient (and/or family/caregivers) to carry when they receive care from other providers.

A Care Plan should include:
- Contact information for other involved providers
- Management plan for co-morbidities
- Medication review
- Goals for significant health & safety risks
- Expected outcomes
- Advance care planning
- Self-management support for the patient/ caregivers
- Plans for referrals and follow-up

MONITOR, FOLLOW-UP& RE-EVALUATE

A scheduled Care Plan review should occur either at the request of the patient or when there is a transition: significant change in health status; transition across care locations; or change in caregiver support

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SAMPLE CARE PLAN TEMPLATE

This Care Plan pertains to the Guideline:

Frailty in Older Adults – Early Identification and Management

www.BCGuidelines.ca

Guidelines & Protocols Advisory Committee

BRITISH COLUMBIA MEDICAL ASSOCIATION

PATIENT PERSONAL HEALTH NUMBER		
NAME OF PATIENT	TELEPHONE NUMBER	DATE
NAME OF CAREGIVER	TELEPHONE NUMBER(S) DAY: EVENING:	
NAME OF ALTERNATE DECISION MAKER	ROLE OR RESPONSIBILITY	TELEPHONE NUMBER

NAME(S) OF SUPPORTING HEALTH CARE PROVIDER(S)	ROLE OR RESPONSIBILITY	TELEPHONE NUMBER
1.		
2.		
3.		

MEDICATION REVIEW COMPLETED? ☐ NO ☐ YES, DATE: YY MM DD

ADVANCE CARE PLANNING DISCUSSION HELD? ☐ NO ☐ YES. MOST RECENT DISCUSSION DATE: YY MM DD

"NO CPR" ORDER SIGNED? ☐ NO ☐ YES, DATE: YY MM DD

ADDITIONAL NOTES (IF ANY)

HEALTH CARE GOALS Prioritized based on patient preferences	**STRATEGIES** Include rererrals made	**CAREGIVER RESPONSIBILE**	**EXPECTED OUTCOMES**	**STATUS**

NEXT CARE PLAN REVIEW DATE ➡ YY MM DD