

Frailty scoring and escalation of treatment

Decisions regarding escalation of treatment and advance care planning should always be individualised and may be complex. The following information is aimed to assist clinicians in making such decisions, and to guide discussions with patients where appropriate. Please also see the Advance Care Planning pages in the Kirkwood Toolkit.

Clinical Frailty Scale (CFS)

Rapid NICE guidance produced in response to the COVID-19 pandemic gives information to guide critical care treatment decisions for patients arriving in hospital. The full guidance is available on the NICE website and a link is provided on the Sources of Information page in the Kirkwood Toolkit.

In some patient groups, frailty scoring using the Clinical Frailty Scale (CFS) is recommended to guide decision making and identify patients who may not benefit from escalation of treatment to a critical care level. This information can therefore support advance care planning discussions in the context of the COVID-19 pandemic. It should not be the sole deciding factor however and should be used as **part of a holistic assessment**.

The Clinical Frailty Scale can be found here <https://www.scfn.org.uk/clinical-frailty-scale>. Please note that CFS use has not been validated in (and it therefore should not be used to assess) the following groups:

- Those under 65 years of age
- Those with learning disability
- Those with stable long-term disability

The CFS ranges from a score of 1 (very fit) to 9 (terminally ill). Any assessment should be based on the person's capability TWO WEEKS prior to assessment, not based on the acute presentation.

NICE rapid guidance suggests that those people with a score of 5 (mildly frail) or above should have a discussion about the potential benefits, risks and likely outcomes of critical care treatment. The CFS definition of mildly frail is as follows:

"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"

The suggested algorithm once a score has been determined is available at <https://www.nice.org.uk/guidance/ng159/resources/critical-care-admission-algorithm-pdf-8708948893>

We are aware that decisions regarding escalation of care may be complex, and often need an MDT approach. Please contact the team at Kirkwood Hospice for further advice to support decision making if needed.