# Frailty screening tool

**Date**:

**Zero time:**

/ / /

:

## Name:

**Date of birth: CHI number:**

**Practitioner name: Practitioner signature:**

**Designation:**

 **Step 1 Is their NEWS ≤2? YES □ NO** $□$ **Record NEWS score \_\_\_\_ If YES, proceed to Step 2**

 **Step 2**W**ould this person benefit from Comprehensive Geriatric Assessment?**

*Aged 75 and over/age 65+ from nursing or residential care or admitted from community hospital*

|  |  |  |
| --- | --- | --- |
|  | ***YES*** | ***NO*** |
| **F** | Functional impairment in context of significant multiple conditions (new or pre-existing) |  |  |
| **R** | Resident in a care home |  |  |
| **A** | Acute confusion (Think Delirium), for example the 4AT screening tool - is there a diagnosis of dementia or a history of chronic confusion? |  |  |
| **I** | Immobility or falls in last 3 months |  |  |
| **L** | Likely to require support on discharge |  |  |

### Are any of the above criteria met?

If **YES** to any of the above, move to Step 3

 **Step 3For those potentially being referred for Comprehensive Geriatric Assessment:**

**Would this person be better managed by another specialty team at present?**

*Indicator for care by another acute specialty regardless of age*

|  |  |  |
| --- | --- | --- |
|  | ***YES*** | ***NO*** |
| Need for HDU / ITU (including non-invasive ventilation) |  |  |
| Suspected new stroke or TIA, consider thrombolysis and care in stroke unit |  |  |
| Trauma with suspected fracture |  |  |
| Head injury with loss of consciousness |  |  |
| Acute abdominal pain with collapse |  |  |
| Chest pain with suspected MI |  |  |
| Clear need for other specialty input, for example flare-up of known chronic condition |  |  |

### Are any of the above criteria met?

If **YES** to anything in Step 3:

* please ask for specialist multidisciplinary review during their admission, but do not transfer directly to the Older Adults Assessment Unit

If **NO** to the list in Step 3:

* prioritise for transfer of care to the **Older Adults Assessment Unit** – **phone referral to Ext: 06336 page ECAN on #56672**