

Physiological scoring

NEWS 2.0 =
 CURB 65 =
 Age =

Other (e.g. p-POSSUM)

Patient Details

Organ dysfunction

CVS		Infection			Tick if present
Refractory ↓BP	√ X	WCC		In last 3 years, cardiac arrest from any cause	
BP?		Lymphocytes			
New arrhythmia	√ X	Temp		Chronic condition causing: • ≥3 hospital admissions in the last year • ≥4 weeks continuous admission for current inpatients	
Rate/ rhythm?					
Resp		Haem		Congestive heart failure with symptoms at rest or on minimal exertion	
Lactate		INR			
Troponin		APTT		Chronic lung disease with symptoms at rest or on minimal exertion	
Neurological		Renal			Hypertension
SpO2		Plat		Severe and irreversible neurological condition including dementia	
FiO2		D-dimer		Chronic Liver Disease with Child-Pugh score ≥ 7	
CXR changes (No. of quadrants)		Oligo/anuria	√ X	End stage chronic renal failure requiring renal replacement therapy	
		Urea		Diabetes mellitus requiring medication	
		<u>Creat</u>		Uncontrolled or active malignancy	
		eGFR			
		pH/BE			
		K			

Past Medical History

Frailty Score (CFS) 1 2 3 4 5 6 7 8 9

Performance status:

Manages a full flight of stairs without stopping: Yes / No

Exercise tolerance: distance in metres =

ADLs: fully independent some help dependent on others

Leaves the house independently: Yes / No

Walking aids

DECISION REGARDING SUITABILITY FOR CRITICAL CARE ADMISSION

Clinicians making assessment (Name, Grade, Signature, GMC No.)

1.
2.
3.

Time & Date:

CURB-65	Clinical Feature	Points
C	Confusion	1
U	Urea > 7 mmol/L	1
R	RR ≥ 30	1
B	SBP ≤ 90 mm Hg OR DBP ≤ 60 mm Hg	1
65	Age > 65	1

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.



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.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



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.



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.



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.