

Affix Patient Label here or record:

Name:

NHS No:

Hosp No:

D.O.B: / / Male Female










ROCKWOOD CLINICAL FRAILTY SCREENING TOOL



**Worcestershire
Acute Hospitals**
NHS Trust

Acute Frailty Specialty

- Identifying frailty must be an embedded part of the acute assessment of people aged over 65
- A qualified clinical professional should screen the patient within 30 minutes of attendance
- This relates to the condition of the patient two weeks prior to screening taking place

| Step One: Assess Clinical Frailty Scale (please enter ✓ in the relevant box) | | |
|---|--|--|
|  | 1. Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are amongst 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. | |
| Remember Scoring Frailty In People With Dementia – degree of frailty corresponds to degree of dementia | | |
|  | 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. Forgetting the details of a recent event, though still remembering the event itself, repeating the same question / story and social withdrawal. | |
|  | 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 with dressing. Recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. | |
|  | 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) They cannot do personal care without help. | |
|  | 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. | |

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Acute Frailty Specialty Criteria

Frailty Assessment Unit – 07525 922215

Patients aged 65 and over will be screened for frailty using the Rockwood Clinical Frailty Score. The Acute Frailty specialty will review patients who are referred and consider all patients identified with frailty and acute conditions which do not require another speciality to manage.

Exclusions are:

- Stroke Pathway
- Gastroenterology Pathway
- Cardiology – PCI Pathway
- Surgical Emergency pathway

The “front door” Acute Frailty Team (FAU) will review referred patients and navigate accepted patients to any part of the Acute Frailty Unit (Frailty Assessment Unit, Frailty Decisions Unit, Ward 11 or 12), depending the patients individual clinical need.

Please discard any previous inclusion/exclusion criteria which you may hold for Frailty Services at the Alexandra Hospital.

