

# Clinical Frailty

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# Aim of Session



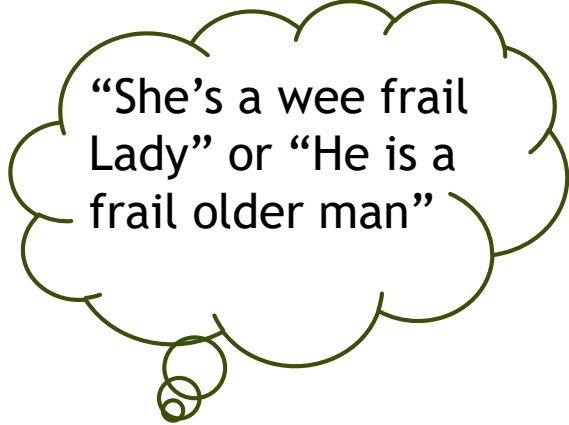
# Frailty

The term “Frail” is used regularly in nursing and commonly viewed as an inevitable part of ageing.

Is this nursing intuition experience?

OR

Gut feeling?



“She’s a wee frail Lady” or “He is a frail older man”

# What is Frailty



- Frailty is not an inevitable part of aging
- Frailty is not static; it can be made better or worse
- Frailty can be seen to be a person's ability to bounce back from illness or injury
- Frailty varies in severity

# Who can be considered Frail?

- ▶ People over 65
- ▶ 2 or more chronic conditions
- ▶ Those living with dementia or cognitive impairment
- ▶ People living in Care Homes
- ▶ People with polypharmacy
- ▶ Those living with complex condition's

# Rockwood Clinical Frailty Scale

## Identifying Frailty

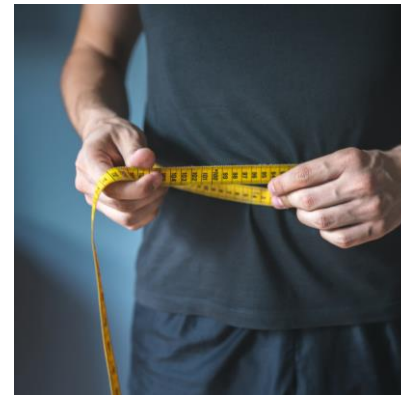
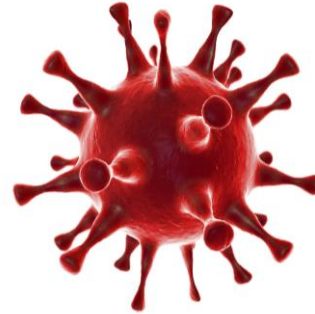
It is important to identify frailty early as we can offer:

- ▶ **Person Centred Care**
- ▶ **Support Carer's and families**
- ▶ **Better Health Outcomes for the individual**
- ▶ **Identify Illness earlier**
- ▶ **Plan for the future**
- ▶ **Prevent at times hospital admissions & long stays**

# Rockwood Clinical Frailty Scale

## Aggravators

- ▶ Hospital Admission
- ▶ Falls
- ▶ Functionality
- ▶ Delerium
- ▶ Infection
- ▶ Continence
- ▶ Weight loss



# Rockwood Clinical Frailty Scale

## 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.



# Rockwood Clinical Frailty Scale

Rockwood Clinical Frailty Scale: [rockwood-clinical-frailty-scale.pdf \(ihub.scot\)](#)

Frailty learning System: [Frailty identification - Frailty identification \(ihub.scot\)](#)



**Frailty is not a label for all elderly people. Frailty can be categorised across a spectrum which can get better or worse.**

## Level 1-3

**1 Very Fit**

**2 Well**

**3 Managing Well**

## Level 4-6

**4 Vulnerable**

**5 Mildly Frail**

**6 Moderately Frail**

## Level 7-9

**7 Severely Frail**

**8 Very Severely Frail**

**9 Terminally Ill**

# Rockwood Clinical Frailty Scale

## Level 1-3



**Level 1 Very Fit** Usually very aware of their health, very active, energetic and exercise regularly



**Level 2 Well** Those who are not incumbered by disease symptoms but not as fit as level 1 however still very active



**Level 3 Managing Well** Those whose medical issues are managed well, walk regular but no serious exercise

# Rockwood Clinical Frailty Scale

## Level 4-6



**Level 4 Vulnerable – Symptoms may limit activities, though remains independent**



**Level 5 Mildly Frail – Evidence of slowing down and need help with higher order ADLs ( finance, housework, medication)**



**Level 6 Moderately Frail – Needing help with outside activities, housework and bathing. Minimal assistance with dressing**

# Rockwood Clinical Frailty Scale

## Level 7-9



**Level 7 Severely Frail – Completely dependent on personal care whether from physical or cognitive issues. Though stable and likely to live longer than 6 months.**



**Level 8 Very Severely Frail – Completely dependent on all care and likely to die within 6 months.**



**Level 9 Terminally Ill – Approaching end of life. Those with a life expectancy of less than 6 months.**

# Care Home Role in Rockwood Clinical Frailty Scale

Think about how frailty is  
assessed in your Care  
Home?



# References

- ▶ Rockwood Clinical Frailty Scale: [rockwood-clinical-frailty-scale.pdf \(ihub.scot\)](#)
- ▶ Frailty learning System: [Frailty identification - Frailty identification \(ihub.scot\)](#)