

Frailty Assessment Tool

Date: _____

Time: ____:____

Name: _____

Date of birth: _____

CHI Number: _____

This tool supports screening for frailty as an adjunct to clinical judgment.
It can be used to screen all people over 75 and people resident in care home over 65.
For younger people, local guidelines should be consulted.

Practitioner Name: _____

Signature: _____

Step 1 Would this person benefit from Comprehensive Geriatric Assessment (CGA)?

		YES	NO
F	Functional impairment (New or worsening) eg difficulty with self care		
R	Resident in a care home		
A	Altered mental state such as delirium or dementia (use the 4AT)		
I	Immobility/instability. New decline in mobility, difficulty mobilising without help or fall leading up to presentation		
L	Living at home with support on a daily basis (homecare, one visit or more per day)		

Has the agreed criteria been met? If **YES** to _____ or more of the above move to step 2

Step 2 Would this person be better managed by another specialty team at present?

	YES	NO
Clear need for other specialty input eg exacerbation of known long term condition such as COPD		
Need for HDU/ITU (including non-invasive ventilation)		
Suspected new stroke or TIA, consider thrombolysis and care in stroke unit		
Head injury with loss of consciousness		
Acute abdominal pain/ surgical presentation		
Upper GI Bleed		
Chest pain with suspected acute coronary syndrome		
Trauma with suspected fracture		

Are any of the above criteria met?

If **YES** to any criteria in step 2:

- Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward

If **No** to the list in Step 2:

- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.