



Decision Support Tool for Escalation of Care

COVID 19 Pandemic

- All adults, likely to deteriorate after admission, should have an **EARLY** assessment of Frailty (if older), co-morbidities, functional ADLs (Activities of Daily Living), cognitive status and where known, their self-reported quality of life and personal preferences for care, in order to optimise Medical and Intensive Care.
- This support tool is to help clinicians make important decisions about a person's care during the Covid-19 pandemic. The circumstances surrounding care provided for each person is entirely unique, and decisions need to be made on a case by case basis.
- Best medical practice should always explore and consider the person's wishes, goals of care and preferences, whilst ensuring the patient has reasonable insight into the likely benefit and burden these treatments may ensue.
- As outlined by the Irish Medical Council in the Guide to Professional Conduct & Ethics for Registered Medical Practitioners (Amended) 8th Edition 20 Section 16.3, we are not obliged to provide treatment that is not clinically indicated for a patient.
- The outcomes of such discussions, including decisions on escalations of care should be well documented and communicated to all relevant staff.

This tool describes the person's baseline status BEFORE their current illness or injury.

DO NOT base your assessment on how the person appears before you today.

If this information is not immediately available from the patient, seek it from a person who knows the patient well. Defer assessment with Clinical Frailty Scale if this is not possible.


Please Circle	Independent (Clinical Frailty Scale 1-4)	Mild-Moderate Frailty (Clinical Frailty Scale 5, 6)	Severely Frail (Clinical Frailty Scale 7,8,9)
Functional Status (Activities of Daily Living) Higher (Instrumental) ADLs (shopping, cooking, managing medications) Basic ADLs (dressing, showering)	DOES NOT NEED HELP with any ADLs	NEEDS HELP with some/most higher ADLs but not all basic ADLs	COMPLETELY DEPENDENT FOR CARE ; needs help with all higher and basic ADLs Limited life expectancy BEFORE admission Would you be surprised if this person died in the next 12 months?
Cognitive Status Degree of Frailty usually approximates degree of Dementia	No significant impairment in cognition i.e. cognition NOT impacting on ADLs	Cognition impaired but still managing SOME ADLs	If dementia present it is advanced and cognition is impacting on ALL ADLs
Co-morbidities and QoL	Stable, controlled co-morbidities NOT impacting on ADLs and/or quality of life	Co-morbidities may be impacting on ADLs but self-reported quality of life is good	Poorly controlled co-morbidities impacting on all ADLs and reducing quality of life
Medical Care	Medical Care	Medical Care	Medical Care
		For Geriatrician or Senior Clinician Multidimensional Assessment , to plan Medical & Intensive Care	NOT for referral to Intensive Care
Intensive Care	If clinically indicated, REFER to Intensive Care		


Prepared by Dr. Emer Ahern, Dr. Paul Gallagher, Dr. Liam Healy, Dr Elizabeth Moloney, Dr. Rónán O’Caoimh, Dr. Ivan Hayes, Dr. Rob Plant, and Dr. Mary Jane O’Leary on behalf of Geriatric, Intensive Care and Palliative Medicine. 30/03/2020.


Useful tools to aid decision making:


1. Clinical Frailty Scale (CFS):


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.

© 2007-2009, Version 1.2. All rights reserved. Geriatric Medicine Research, Dalhousie University, Halifax, Canada. Permission granted to copy for research and educational purposes only.



DALHOUSIE UNIVERSITY
Inspiring Ability

2. Quality of life:

(Global Self-Rated Health Status (GSRH) item from the SF36)

Ask the patient: In general, would you say your health is?	Excellent	Very Good	Good	Fair	Poor
		Good			

Escalation of Medical Care Plan During COVID 19 Pandemic

- The need to review the plan will depend on the explanation and rationale for the decision and should be considered within the context of the person's condition and overall care.

Clinical Frailty Score: 1-4

5/6

7-9

Intervention	Date	Date	Date	Date	Date
CPR	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Intensive Care	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Non-Invasive Ventilation	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
AIRVO	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Oxygen	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Antibiotics	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
IV Fluids	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Diagnostics	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Phlebotomy	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
EWS	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Other eg surgery, dialysis etc	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
<i>Signature of most senior Clinician</i>					

References:

- HSE National Consent Policy, V.1.3
- Informing Use of Frailty Criteria as Prognostic Indicators for Older People During COVID-19 Pandemic, Position Paper, Clinical Advisory Group for Geriatric Medicine, RCPI
- Ethical Framework for Decision-Making in a Pandemic, Department of Health
- Regulation and the Medical Council during Covid-19 pandemic
- Guide to Professional Conduct and Ethics for Registered Medical Practitioners (Amended) 8th Edition 2019