Major Trauma and the Clinical Frailty Score

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What is Frailty?

A multidimensional loss of reserves - energy, physical ability, cognition and health (Rockwood et al)
Frailty screening and a frailty pathway decrease length of stay, loss of independence, and 30-day readmission rates in frail geriatric trauma and emergency general surgery patients

Engelhardt, Kathryn E., MD; Reuter, Quentin, MD; Liu, Jessica, MD; Bean, Jonathan F., MD; Barnum, Joliette, MD; Shapiro, Michael B., MD; Ambre, Allison, DPT; Dunbar, Amanda; Markzon, Mara; Reddy, Tara N., MD; Schilling, Christine, MFS; Poslusny, Joseph A. Jr., MD


Superiority of frailty over age in predicting outcomes among geriatric trauma patients: a prospective analysis.

Joseph B¹, Pandit V¹, Zangbar B¹, Kulvatunyou N¹, Hashmi A¹, Green DJ¹, O'Keeffe T¹, Tang A¹, Vercruysse G¹, Fain MJ¹, Friese RS¹, Rhee P¹.
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 "slow up," 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 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, standing by) 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.

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**Where dementia is present, the degree of frailty usually corresponds to the degree of dementia:**

- **Mild dementia** – Includes forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

- **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.

- **Severe dementia** – They cannot do personal care without help.

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How do we use CFS?

Clinical Frailty Scale

1. Very frail – People who are robust, active, energetic and motivated. They perform daily tasks regularly. They are among the fittest for their age.

2. Well – People who have no major disease symptoms or are less frail than Category 1. Often they exhibit active or less active occasional up and down.

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

4. Vulnerable – When no longer capable of daily activities, often simple tasks, activities. A common complaint is being “tired of” or “fed up” being held onto

5. Mildly frail – People often have more moderate symptoms and need help in high risk, ADLs (activities of daily living), ADLs (activities of daily living), which require some assistance, vomiting and minor assistance living, standing with walking.

6. Moderately frail – People need help with all activities of daily life and keep going housing. They often have problems with skin care and need some or all the time care for dressing, bathing, toileting, and eating.

Serious frail – Complete dependency for personal care, from whatever cause (physical or cognitive). Even so, they remain stable and not at high risk of dying within 1 month.

Very Severe frail – Complete dependence, approaching the end of life. Typically, they would not recover even from minor illness.

Terminally ill – Approaches the end of life. This category applies to people with a life expectancy of months, who are not otherwise end of life.

When dementia is present, the degree of frailty usually corresponds to the degree of dementia.

- Mild dementia – Includes forgetting the details of a recent event, though still recognizing the person involved.
- Moderate dementia – recent memory is very impaired, even though they can remember past life events well. They can do personal care with prompting.
- Severe dementia – They cannot do personal care without help.
FEATURES INDICATING A HIGH RISK OF SIGNIFICANT INJURY

- Severe Pain
- Acute SOB
- >=2 Central Body areas affected
- Anticoagulated
- NEWS >3 in single domain
- Sats <94% or new oxygen requirement
- GCS <15
- Cognitive impairment (through alcohol/ drugs/ dementia etc)
- Seizure
- Neurological deficit
- Clinical Frailty Score >=4
Future Work

- CFS PREDICTING MAJOR TRAUMA
- USE OF CFS IN TRIAGE TOOLS
- USING CFS TO DECIDE WHEN TO PALLIATE
- CFS TO DECIDE ADMISSION TO MDT TRAUMA WARD?