PATIENTS WITH FRAILTY REQUIRING MEDICAL CARE NEWTON ABBOT ISU

	The risks and benefits of any intervention or treatment will be different in the context of a frail patient- Identifying frailty is key
	Think about frailty in your patients who attend frequently, or present acutely with: Falls
	Sudden Change in mobility
	New or worsening delirium New or worsening incontinence
Think frailty!	Susceptibility to medication side effects
	Use the <u>Rockwood frailty score</u> as a quick and easy identification tool
	You can use the Clinical Frailty Score <u>app</u> to calculate this quickly when with a patient
	If patient medically safe to be at home but needs support or clinical monitoring
	Refer via Single Point of Access for Intermediate Care/Community Matron/Social Care 0300 500 4042
Patient needs acute	Email patient summary and reason for referral to
help at home	tsdft.nahealthandwellbeingteam@nhs.net
~	Frailty guidance and resources available on the formulary
	Unsure if admission or urgent investigations needed?
Clinical advice needed	Phone the Healthcare of Older People (HOP) Consultant Advice Line Mon- Fri 9-5pm 07900 343 439
	Frequent attender to GP surgery/urgent care or recent admissions due to frailty Escalating attendances or complex presentation
	Refer for clinical advice from HOP team either via 07900 343 439,
Frequent attender or at risk of admission	tsdft.hop@nhs.net or E-referral which will be reviewed within 3 days.
	Any appointment offered will be within 7 days via telephone, video or face-to-face
	All care home residents have a weekly clinician home round and MDT access as part of
IML	the Enhanced Health in Care Homes Network DES within Primary Care Networks. Refer to the MDT for non-urgent complex care, medical review or medication advice:
6	Newton West PCN: <u>carehomemdt.newtonwestpcn@nhs.net</u> (MDT Thurs 1pm)
Living in a Care Home	Templer PCN: templer.carehomemdt@nhs.net (MDT Thurs 2pm)
	Consider capacity, next of kin and Power of Attorney Your PCN's Care Coordinators may be able to help with personalised care plans
	Complete a Treatment Escalation Plan (TEP) form if appropriate
Advance Care Planning	
0	Code the Rockwood Score in patient's medical record
	Inform SWASFT and DDOC of any advance care plans via Special Notes and by coding TEP and Advance Care Plan in the electronic Shared Care Record
Information Sharing	
	If clinically indicated, consistent with patient's wishes and above options not feasible
	Admit to hospital via the Medical Receiving Unit (MRU) 01803 654 030
Hospital Admission	Email summary with frailty score and ACP to tsdft.edadmin@nhs.net
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