

The Clinical Frailty Scale (CFS)

A Quick Reference Guide

Background

The Clinical Frailty Scale (CFS) was developed in 2005 and is now used in more than 20 countries. It is employed both in routine clinical care and in research. The key idea behind the CFS is that as people age they are more likely to have things wrong with them. Those things they have wrong with them begin to impact on their function.

The CFS is derived from the Canadian Study of Health and Aging Frailty Index. Following assessment of a patient, a clinician can grade the degree of frailty present using the brief descriptions given on the tool (in addition to what they have ascertained from their overall assessment). The CFS is a nine-point scale based on clinical evaluation of mobility, energy, physical activity, and function. It is a quick and easy way to assess a person's level of frailty.

This fact sheet is designed as a 'quick reference' guide, to help staff calculate CFS scores and identify the level of frailty present.

Using CFS in practice

DO remember that the CFS has only been validated in older people; it has not been widely validated in younger populations (below 65 year of age), or in those with learning disability. It may not perform as well in people with stable long term disability such as cerebral palsy, whose outcomes might be very different compared to older people with progressive disability. We would advise that the CFS is not used in these groups.

However, the guidance on holistic assessment to determine the likely risks and benefits of critical care support, and seeking critical care advice where there is uncertainty, is still relevant.

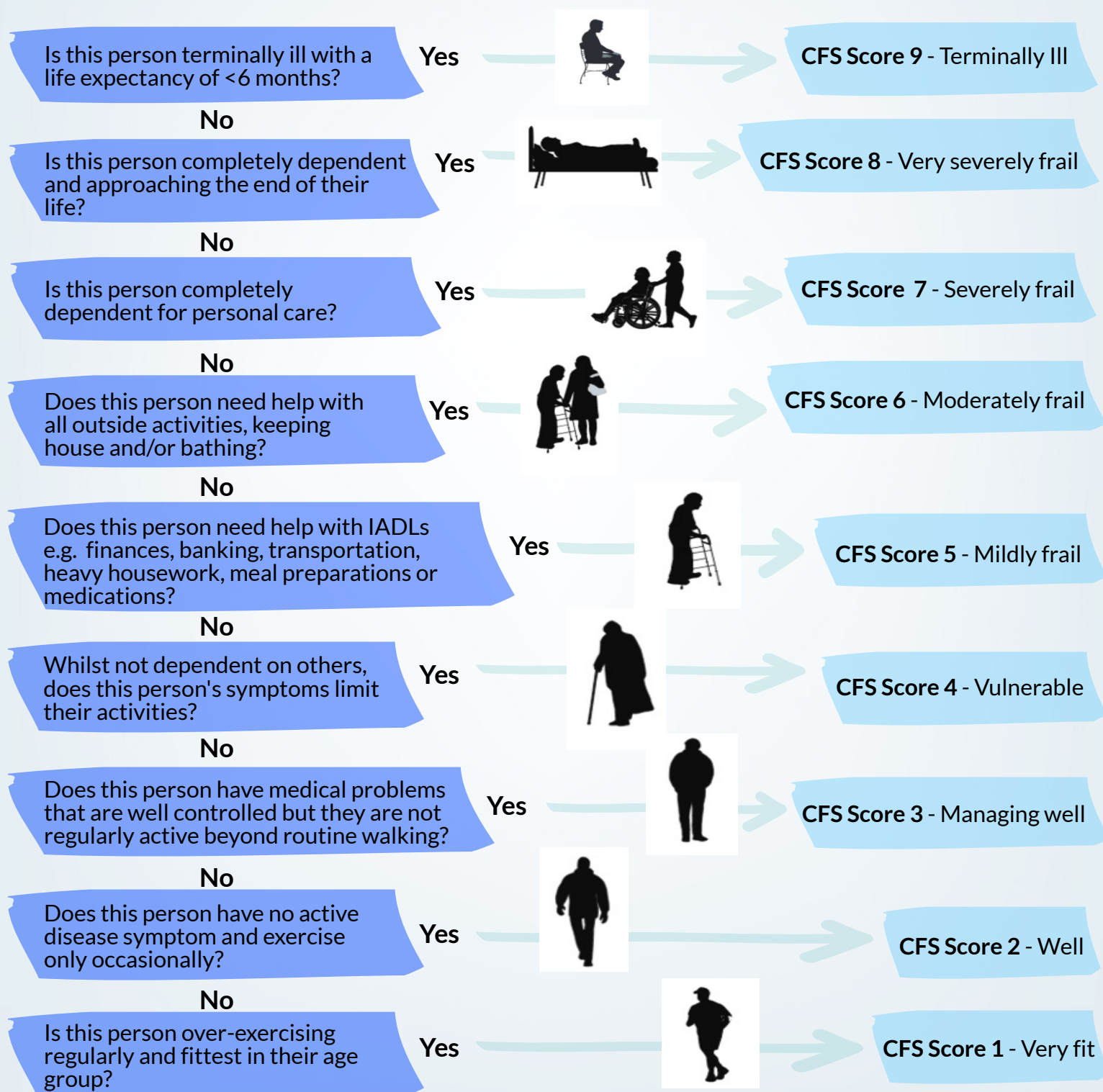
Ask the patient, their carer/next of kin/paramedics/care home staff what the patient's capability was **TWO** weeks ago. The assessment should **NOT** be based on how the patient appears before you today - it is intended to describe their baseline, which in turn informs treatment goals. Decision makers using the CFS to inform clinical management **MUST** check the score to ensure that it is accurate. Please note the CFS score is an *aide memoir* for clinicians and does not replace clinical judgment.

The questions below have been devised to help staff calculate a CFS score with patients/carers, and the page has been designed to be printed for use as a poster.

For more information on frailty and application of the CFS go to
www.acutefrailtynetwork.org.uk

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Severe Frailty CFS 7-9 Think about supportive care versus cure, advance care planning, recognition that enhanced supportive care is an active intervention in itself offering improved quality of life and, sometimes quantity of life. Comprehensive Geriatric Assessment must be completed.

Moderate Frailty CFS 6 Actively seek out and manage frailty syndromes e.g. falls, fragility fractures, cognitive impairment, continence and/or polypharmacy issues. Use the 4AT to screen for delirium in patients with dementia and/or delirium. The presence of one or more frailty syndromes should trigger Comprehensive Geriatric Assessment (CGA).

Fit/Mild Frailty CFS 1-5 Plan care as usual but address reversible issues such as sarcopenia and nutrition. Consider social prescribing and where relevant, e.g. elective care, make a plan for "prehabilitation".

Align this with guidance on management of Acute Frailty at www.acutefrailty.org.uk

A version of the CFS is now available on the App Store, designed to help frontline staff calculate a clinical frailty score.