

Top Tips to help you use the Clinical Frailty Scale

The Clinical Frailty Scale (CFS) was designed to summarise the results of a Comprehensive Geriatric Assessment. It's now commonly being used as a triage tool to make important clinical decisions, so it is imperative that it is used correctly.

- It's all about the baseline
 If the person you are assessing is acutely unwell, score how they were 2 weeks ago, not how they are today.
- **You must take a proper history**The CFS is an objective clinical assessment tool. Frailty must be sensed, described, and measured not guessed.
- Trust, but verify
 What the person you are assessing says is important, but should be cross-referenced with family/carers. The CFS is a judgement-based tool, so you must integrate what you are told, what you observe, and what your professional clinical experience tells you from dealing with older adults
- The CFS is not validated in people under 65 years of age, or those with stable single-system disabilities. However, documenting how the person moves, functions, and has felt about their health may help to create an individualised frailty assessment.
- For people who appear very close to death, the current state (i.e. that they are dying) trumps the baseline state.

- Having medical problems does not automatically increase the score to CFS 3. A person who isn't bothered by symptoms and whose condition(s) doesn't limit their lives can be CFS I or 2 if they're active and independent.
- People in this category are not dependent (though they may need assistance with heavy housework), but often complain of "slowing down". They're becoming sedentary, with poor symptom control.
- Dementia doesn't limit use of the CFS
 Decline in function in people living with
 dementia follows a pattern similar to frailty:
 mild, moderate and severe dementia
 generally map to CFS 5, 6 and 7 respectively.
 If you don't know the stage of dementia,
 follow the standard CFS scoring.
 - Drill down into changes in function
 When considering more complex activities of daily living (such as cooking, managing finances, and running the home) the focus is on *change* in function. A person who has always relied on someone else to perform a particular activity should not be considered dependent for that activity if they've never had to do it before and may not know how.

Kenneth Rockwood, Sherri Fay, Olga Theou & Linda Dykes v2.0 5 June 2020

