

The frailty assessment and interventions tool is designed to support community health and social care teams to identify and assess people living with frailty and those at risk of falling. It contains interventions to consider, depending on an individual's needs. The tool can be used to help signpost individuals to the right care and support within the community. It can also be used as a checklist to aid assessment of risk factors and prompts for interventions that can reduce risk and improve wellbeing.

Frailty and falls	Social circumstances	Mental health	Environment	Nutrition
Frailty and falls screening	Support to live well at home or homely setting	Cognition, mood, fears and anxiety	Is the environment safe and suitable?	Evidence of weight loss or poor oral intake
Check	Check	Check	Check	Check
General health status and skin care	Informal support being provided	Changes in memory or mood	Transfers (bed, toilet and chair)	Weight and body mass index (BMI)
Recent decline in function or performance	Opportunity for social activities or access	Cognitive assessment	Safety on internal and external stairs	Dentition
History of recent falls	Current care package	<u>Delirium</u> (sudden confusion)	Lighting	Ability to make meals and functional ability to feed self
Increased hospital admissions or interaction with community services	Community connections	Fear of falling	Home hazards	Food and drink normally consumed
	Willingness to consider lifestyle changes	Signs of infection	Pathways around home are clear	Ability to swallow
		Recent medication changes	Person's interaction with environment (risk taking and balance)	
		Loneliness and isolation	Whether housing meets needs	
Consider	Consider	Consider	Consider	Consider
Comprehensive geriatric assessment	Welfare assessment and income maximisation	Referral to community mental health teams or GP	Occupational therapy, social work and housing	Carer support for preparing meals
Multidisciplinary team case review	Carer's assessment	Dementia services	Scottish Fire and Rescue Service home safety visit	Encourage hydration
Health and wellbeing interventions (smoking cessation, alcohol, healthy eating, exercise)	Community assets (befriending and active health classes)	Assistive technology assessment	Referral to advice and support around home adaptations and repairs from <u>Care and Repair</u>	Referral to dietitian for nutritional assessment, Malnutrition Universal Screening Tool (MUST) and supplementation if needed
Pressure ulcer assessment	Technology to support health and wellbeing	Locality support (leisure and day services)	Fuel poverty check	Referral to dentist for issues relating to dentition
Future care plan	Referral to social work for home assessment	Advocacy	Telecare	Vitamin D levels
Key worker	Key worker	Counselling and wellbeing services	Housing support	Referral to a speech and language therapist if swallowing difficulty identified
Adult support and protection	Risk enablement	A Local Information System for Scotland (ALISS)		
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Dizziness or blackout	Medications	Mobility	Continece	Vision and hearing
Complaints of dizziness, light-headedness or “just went down”	Polypharmacy, high-risk drugs	Unsteady gait, balance, muscle weakness and fear of falling	Incontinent of urine and/or faeces	Visual or hearing impairment
Check	Check	Check	Check	Check
Recent medication changes	Any side effects, particularly dizziness, light-headedness, visual disturbance or hallucinations Recent medication changes Compliance with medication Use of over-the-counter medication	Mobility and gait	Urinalysis	Symptoms of vertigo
Manual heart rate		Walking aid use and condition	Clothing easy loosened	Hearing aids fitted correctly and working
Blood glucose		<u>Splints, prosthesis fitting and compliance</u>	Catheter bags secured to leg	Wearing current prescription glasses
Lying and standing blood pressure		Foot pain, skin colour, sensation and movement	Changes to elimination habits	Good lighting
		Footwear and trip hazards	Taking diuretic medication	
Consider	Consider	Consider	Consider	Consider
Referral to practice or community nurse	<u>Seven steps to appropriate polypharmacy</u>	Community physiotherapy	Referral to community or practice nurse for continence assessment	Optometrist for eye check
Refer to GP if someone has experienced a loss of consciousness recently	Referral for compliance aids and telecare	Reablement	Provision of commode	Any domiciliary optometry service
Medication review	medication prompts	Occupational therapy	Fluid intake	<u>Advice from optician on use of multifocal glasses</u>
Discussing with specialist falls service	Influenza and Pneumococcal Pneumonia vaccine	NHS strength and balance class or leisure class	Medication review	Referral to sensory impairment team
Telehealth and telecare		Community connections		Practice nurse for ear assessment
		Assessment of balance		
		Podiatry and orthotics		
		Footwear and foot care advice		
		Encourage physical activity		

Focus on frailty

The number of people aged 65 and over in Scotland is projected to grow by nearly a third by 2045.¹

Frailty is a clinically recognised state of increased vulnerability that results from ageing associated with a decline in the body’s physical and psychological reserves. Falls are often the first sign of frailty. Recognising frailty at an early stage and offering personalised interventions can support an individual to live well at home. Multi-professional working is key to ensure that people access the right services at the right time.

1. National Records of Scotland. Projected Population of Scotland (2020-based) [online]. 2023 [cited 2024 Sept 4].