

# Tips for Nurses: Frailty



**What it is:** Frailty describes a condition which includes unintentional weight loss, self-reported exhaustion, slow gait, weakness and low physical activity.

**Why it matters:** The risk of frailty increases as people age and is most common in people aged over 80 years, and in people with multiple comorbidities and disability. This includes people with a life-limiting illness.

Frailty affects a person's function, resilience, and ability to recover from an episode of ill health. It often indicates that they are approaching death and palliative care may be appropriate. Nurses can plan care with the person and their family.

**What I need to know:** It is important to identify when a person with a life-limiting illness is frail or is at risk of becoming frail, as their outcomes are poorer with minor illnesses such as infections.

The last year of life is generally characterised by a steady decline in overall function and increasing frailty, rather than a sudden decline in any one aspect of health. This can mean that carers and health professionals may not recognise that death is approaching and that palliative care needs should be assessed.

For people with a life-limiting illness the trajectory will depend on their underlying condition(s).

Screening and assessment for frailty should look at a person's:

- physical performance
- nutritional status
- cognition
- mental health
- support that they may receive from family, the community, their social connections
- financial situation.

Use a validated tool to assess frailty, this will help to identify any needed changes and provide evidence for the impact of any changes made.

Frailty and dementia together predict a more rapid decline and shorter life expectancy.

## Actions

**Look** for signs of frailty:

- non-specific signs of extreme fatigue, slow walking speed, unexplained weight loss, frequent infections
- falls, frequent falls, fear of falling, restricted activity
- delirium, acute changes to their cognition
- fluctuating disability "experiencing good and bad days" with, for example, a loss of interest in food, or difficulty getting dressed.

**Know** that frailty may be associated with:

- falls
- fractures
- osteoporosis
- disability
- shortened life expectancy
- multiple co-morbid illnesses.

**Frail** older people are likely to be taking many medications (polypharmacy). Recommend a prescriber or pharmacist review medications regularly and make sure that dosages are individualised.

## Tools

Tools that may be useful include:

**Australian modified Karnofsky Performance Scale (AKPS)** to measure a person's ability to perform their activities of daily living.

**Screening Tool of Older Persons Prescriptions in Frail adults with limited life expectancy (STOPPFrail)**

**SPICt tool** helps health and care professionals to identify people who might benefit from better supportive and palliative care.

**Name:**

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## My reflections:

How many of the people I care for might be considered as frail?

What possible events or conditions are they at risk of because of their frailty?

## My notes:

See related palliAGED Practice  
Tip Sheets:  
Cachexia, Sarcopenia, and Anorexia  
Palliative Care  
Recognising Deterioration

References used to develop this sheet are available at  
[www.palliaged.com.au](http://www.palliaged.com.au)