

## Medically Frail Supports 2011 Worksheet

1. Agency Name \_\_\_\_\_

2. Name of Individual: \_\_\_\_\_ DOB: \_\_\_\_\_

**Declining activities of daily living is an adverse outcome of frailty - physical frailty indicators can predict ADL disability and identify people who might benefit from an intervention that prevents further decline or increases functioning in daily life. Frailty can occur at any age; chronological age has a poor correlation with frailty.**

3. Why is this individual considered medically frail?

**For example:**

Observations of weakness  Poor physical function  Fatigue

Weight loss  Slowness  High frequency of illness

Emotional withdrawal  Low activity

**Others:**

a. Medical diagnoses/comorbidities:

b. What has been done in response to this change? (Please include or attach summary of medical/psychiatric/dental etc. appointments and results).

**A comprehensive approach to frailty includes**

- **Monitoring of health status and indicators of frailty,**
- **Optimizing biologic and psychosocial function (physical activity, nutrition, chronic disease management, polypharmacy, social support),**
- **Prevention of physiologic loss during acute illness, bedrest, treatments, surgery (nutrition, hydration, mobilization, pain management, sleep hygiene, cognitive stimulation), and**
- **Implementation of restorative interventions when physiologic loss has occurred (rehab and support services).**

c. What are the interventions to prevent further decline/possibly increase function?

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4. Individual has a copy of all previous year's medical/psychiatric appointments organized and easily available for reference: Yes  No  If no, how will this be remediated?

**Interventions that target specific components of frailty such as poor nutrition, deconditioning, poor balance, depression, and sensory deficits may improve or preserve function, prevent comorbidities and delay progression of frailty.**

5. Individual's health care need met with the current supports?  
Yes  No  **If no, what is needed?**

**For example:**

OT eval of home for fall prevention  PT eval to improve physical function   
ST/swallowing eval to prevent choking  PCP Consult  Blood levels   
Pain assessment  Consult with neuro/psych  Nutrition/dietary eval   
Dental/oral assessment  GI consult

Other supports needed:

Have advanced directives been addressed/discussed? Yes  No   
Has resuscitation status been addressed/discussed? Yes  No   
Has guardianship status been addressed/discussed? Yes  No

Signature of nurse \_\_\_\_\_

Email: \_\_\_\_\_ Tel# \_\_\_\_\_

Signature of service coordinator \_\_\_\_\_

Email: \_\_\_\_\_ Tel# \_\_\_\_\_