

**Significant Risk Tool for Premature frailty for people with Learning Disabilities.**

***Frailty in people with LD is a presentation of complex health needs, with life limiting reduction in functional ability; such as dysphagia, weight loss, frequent infections, reducing heart and lung function, pain, reducing mobility, falls and behavioural issues etc. People with learning disabilities experience this at much earlier age and if care is not coordinated appropriately, patients are at risk of deterioration in physical and mental well-being***.

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| **Date:** |  |
| **NHS Number:** |  |
| **Name:** |  |
| **Diagnosis/Medical history/Long term conditions:** |  |
| **Medication:** |  |

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| Areas of concern | Rating | Score |  | Comments |
| Does the person experience confusion?  (Does the person experience a neurological condition or acquired brain injury, epilepsy) | No  Yes | 0  1 |  | Is there a change within the last three months?  Is this linked to infection or change in neurological condition? |
| Mood:  (Changes in behaviour, communication, speech, deafness). | No  Yes | 0  1 |  | Is there a change within the last three months?  Is the behaviour linked to infection?  Is the behaviour linked to pain?  Is there behaviour linked to mental or physical health  conditions?  Are there concerns the person struggles to communicate pain? |
| Does the person have respiratory  difficulties/conditions?  (Any known breathing problems?) | No  Yes | 0  1 |  | Is there a change within the last three months? |
| Does the person have  cardiovascular conditions?  (cardiac disease, high cholesterol, high blood pressure) | No  Yes | 0  1 |  | Is there a change within the last three months? |
| Does the person have problems?  with their nutritional intake? Current BMI (1: BMI 15 -18.5; 25 – 30; 3:  BMI under 15 or over 30)  Is there a weight change? | No  Yes –minor  Yes-  significant | 0  1  2 |  |  |
| Hydration:  (Are they able to eat and drink independently or with physical support from another?) | No  Yes | 1  0 |  |  |
| Does the person have dysphagia concerns? | No  Yes- Minor  Significant | 0  1  2 |  | Is there a care plan in place?  Are dysphagia concerns managed?  Are there concerns about dehydration, coughing?  Have there been recent hospital admissions in relation to aspiration? |
| Toileting  Incontinence/constipation/ changes in toileting patterns/UTI | No  Yes- Minor  Significant | 0  1  2 |  | Recurrent UTI?  Observations of bloating  Expressing discomfort  Vomiting- discoloration in vomit?  No response to medication i.e lactulose    Changes in behavior/unsettled/ abilities?  Hospital admissions? |
| Does the person have difficulties with their posture or mobility | No  Yes: Minor  Significant | 0  1  2 |  | Have there been any changes in mobility/posture in the last three months?  Have there been any falls in the last three months?  Has function changed within the last three months.  Has there been a change in the last three months in the nature of the falls (intensity and frequency) |
| Skin integrity  (pressure areas, waterlow score, general appearance, signs of mottled skin | NO  Yes- Minor  Significant | 0  1  2 |  | Any changes in skin appearance?  Waterlow Score:  Dramatic change in waterlow score  Ongoing concerns about skin changes. |
| Does the person experience pain? | No  Yes  Managed  Unmanaged | 0  1  2 |  | What causes the pain?  Where is the pain?  Has the management of the pain changed in the last three months?  Is the pain acute/chronic?  Is the pain impacting on behaviour and presentation?  Is the pain impacting on abilities to perform daily living skills?  Is the pain linked to a fall/injury/bone deformity etc.? |
| Admission to hospital | No  Yes | 0  1  2 |  | 1 hospital admission within 3 months.  2 or more hospital admissions with three months. |

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| **Score** | **Rating** | **Considerations** |
| **0-4** | **Mild** | **Annual health check** |
| **5-7** | **Moderate** | **MDT on issues identified within the assessment** |
| **8+** | **Severe** | **Frailty formulation/clinic sessions**  **Review of care plan**  **Escalation of concerns to GP other clinical professionals involved.** |

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| Risk considerations: |
| Communication: |
| Dementia/Suspected Dementia: |
| Limited Support network:  Concerns around disengagement (linked to diagnosis i.e Autism) |

Signed:

Title:

Date: