

COVID-19 DECISION SUPPORT TOOL



1

| AGE | POINTS |
|-------|--------|
| <50 | 0 |
| 50-60 | 1 |
| 61-65 | 2 |
| 66-70 | 3 |
| 71-75 | 4 |
| 76-80 | 5 |
| >80 | 6 |

2

Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – **Completely dependent**, approaching the end of life. Typically, they could not recover even from a minor illness.



9 Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

3

| CO-MORBIDITY | POINTS |
|---|--------|
| In last 3 years, cardiac arrest from any cause | 2 |
| Chronic condition causing: | |
| • ≥3 hospital admissions in the last year | 2 |
| • ≥4 weeks continuous admission for current inpatients | 2 |
| Congestive heart failure with symptoms at rest or on minimal exertion | 1 |
| Chronic lung disease with symptoms at rest or on minimal exertion | 1 |
| Hypertension | 1 |
| Severe and irreversible neurological condition including dementia | 1 |
| Chronic Liver Disease with Child-Pugh score ≥ 7 | 1 |
| End stage chronic renal failure requiring renal replacement therapy | 1 |
| Diabetes mellitus requiring medication | 1 |
| Uncontrolled or active malignancy | 1 |

TOTAL = SUM OF THE 3 DOMAINS ABOVE (-1 FOR FEMALE SEX)



There may be situations arising that are outside the scope of the framework that **require special consideration**, thus clinical discretion will continue to apply. **Frailty scoring** is used as a proxy for physiological frailty which leads to reduced chances of recovery in ICU, therefore where conditions pre-exist impact on physical activity but are stable and inappropriately affect the score, **then that situation requires special consideration**.

| POINTS | TREATMENT | FAILURE OF FIRST LINE MANAGEMENT | NOTES |
|--|-----------------|----------------------------------|---------------------------------------|
| Group 1 ≤ 8 | ICU-based care | Palliation or ECMO | Usual criteria for ECMO and <60 years |
| Group 2 > 8 | Ward-based care | Step 3 | Consider trial of CPAP |
| Group 3 Patients not normally for full active management or failed CPAP trial | Facemask oxygen | Palliation | Consider domiciliary care |

| Deviations from ARDS guideline | Investigations | Support | Treatment |
|---|---|--|--|
| Step 1 ≤ 8 | Tracheo-bronchial aspirate for respiratory viruses. Avoid CT & bronchoscopy unless indicated. H score screen blood tests, D-dimers, LDH & troponin (alt days). Lung US to reduce X-ray usage | CPAP trial in ICU or with rapid access to intubation (for hours not days) Avoid HFNO | CAP antimicrobials Continue single agent prophylaxis in +ve pts Disease modifying agents as part of RCT |
| Step 2 > 8 | Standard swabs | Ward-based CPAP | CAP antimicrobials Continue single agent prophylaxis in +ve pts |
| Step 3 Patients not normally for full active management or failed CPAP trial | Standard swabs | Facemask oxygen | CAP antimicrobials Continue single agent prophylaxis in +ve pts |