

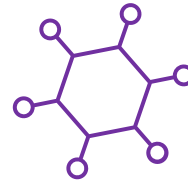
## As an MDT consider and use the following criteria (1)



Identified by the clinical team as near or at risk of decompensating or needing a care home placement<sup>(2)</sup>



Presentation suggestive of frailty syndrome e.g. falls, worsening continence, mobility, delirium and medication side effects



Multi-morbidity and frailty including undiagnosed cognitive impairment



More than 3 hospital admissions in the last year (recurrent admissions) including unexplained falls



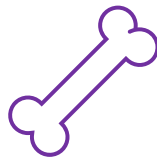
Pain limiting engagement with rehabilitation



Unexplained or unmet care needs e.g., requiring to be transferred to care home



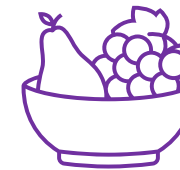
Polypharmacy > 5 regular medications (not including inhalers, eye drops) or non-concordance with medications



Poor adherence to prescribed medication e.g. bone protection



Moderate to severe frailty identified by Clinical Frailty Score (CFS)



Opportunities to reverse frailty status e.g., nutrition, hydration, exercise



Gut feeling (fits none of the above criteria but there is something you are concerned about)

(1) Harnish Patel, Consultant Geriatrician, University Hospital Foundation Trust and John Frosdick, Advanced Practitioner Physiotherapist, Solent NHS Trust

(2) [British Geriatrics Society 2021](#)