



The Frail: End of Life Intersection

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Conflicts

Objectives

- “Frailty” to identify patients appropriate for hospice
- Know ≥ 3 hospice qualifications for “frail” persons
- Initiate management for some common problems found in frail individuals at the end of life.

Case Vignette

Definitions

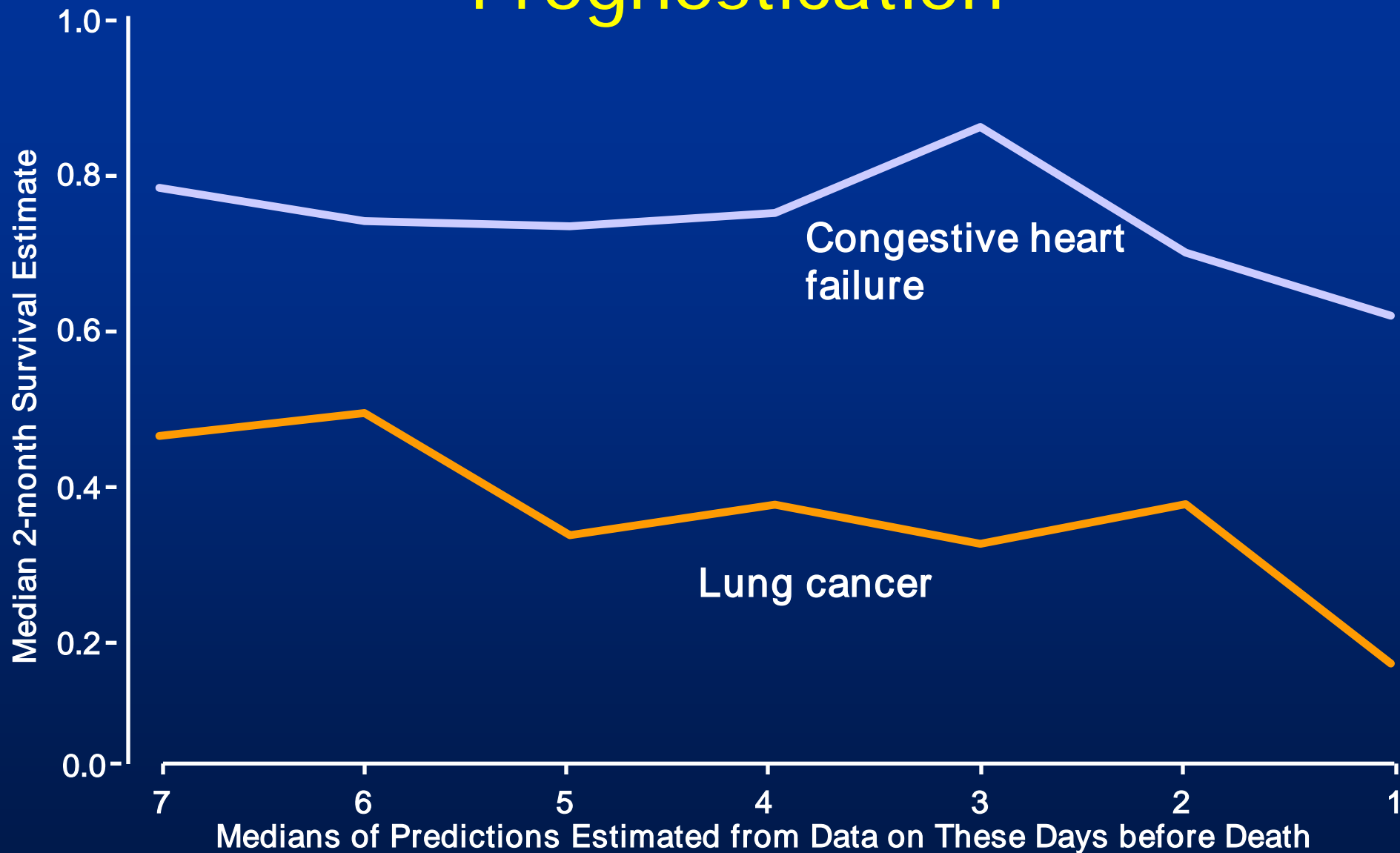
FRAILTY-

END OF LIFE-

Frailty

Loss of Reserve

Prognostication





Severity of Illness \neq Prognosis

Prognosis often uncertain

--right up to the end of life

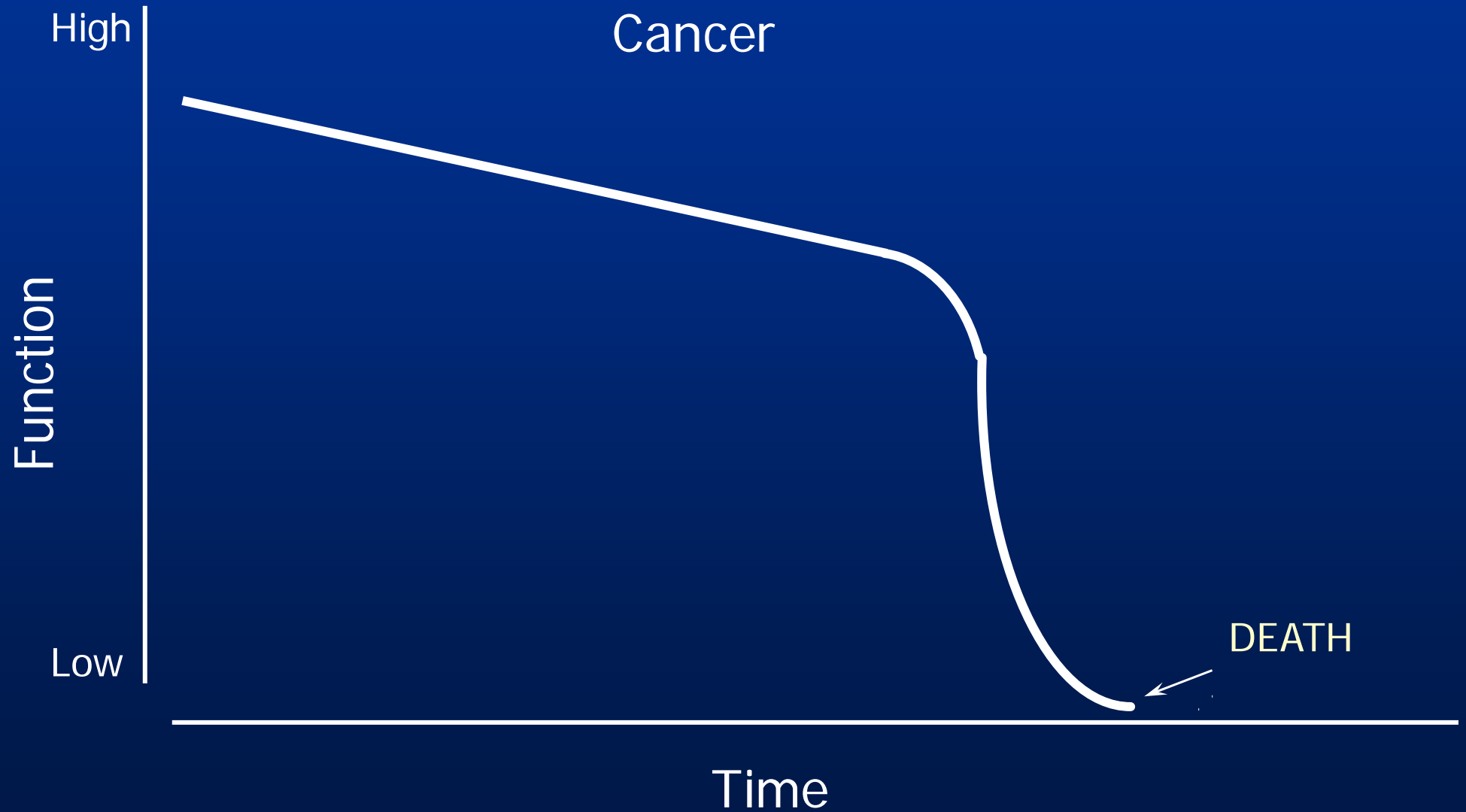
- *On the day before death*

- Median patient with serious chronic heart failure has 50-50 chance to live 6 months

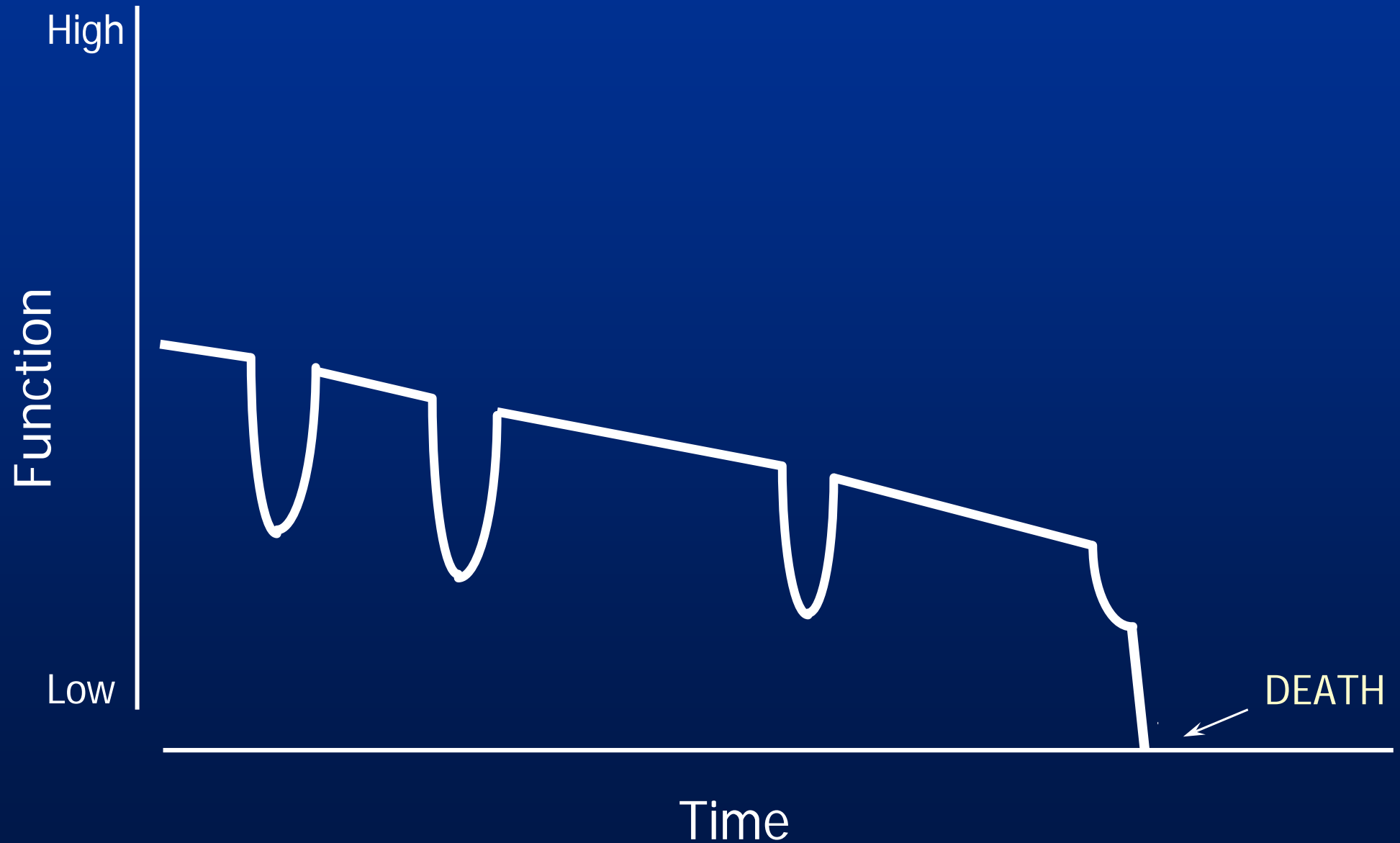
Prognostication

- Disease
- Individual's Function
 - Functional decline has been noted to occur prior to death.
 - Common trajectories of illness

Cancer Trajectory



Organ System Failure Trajectory

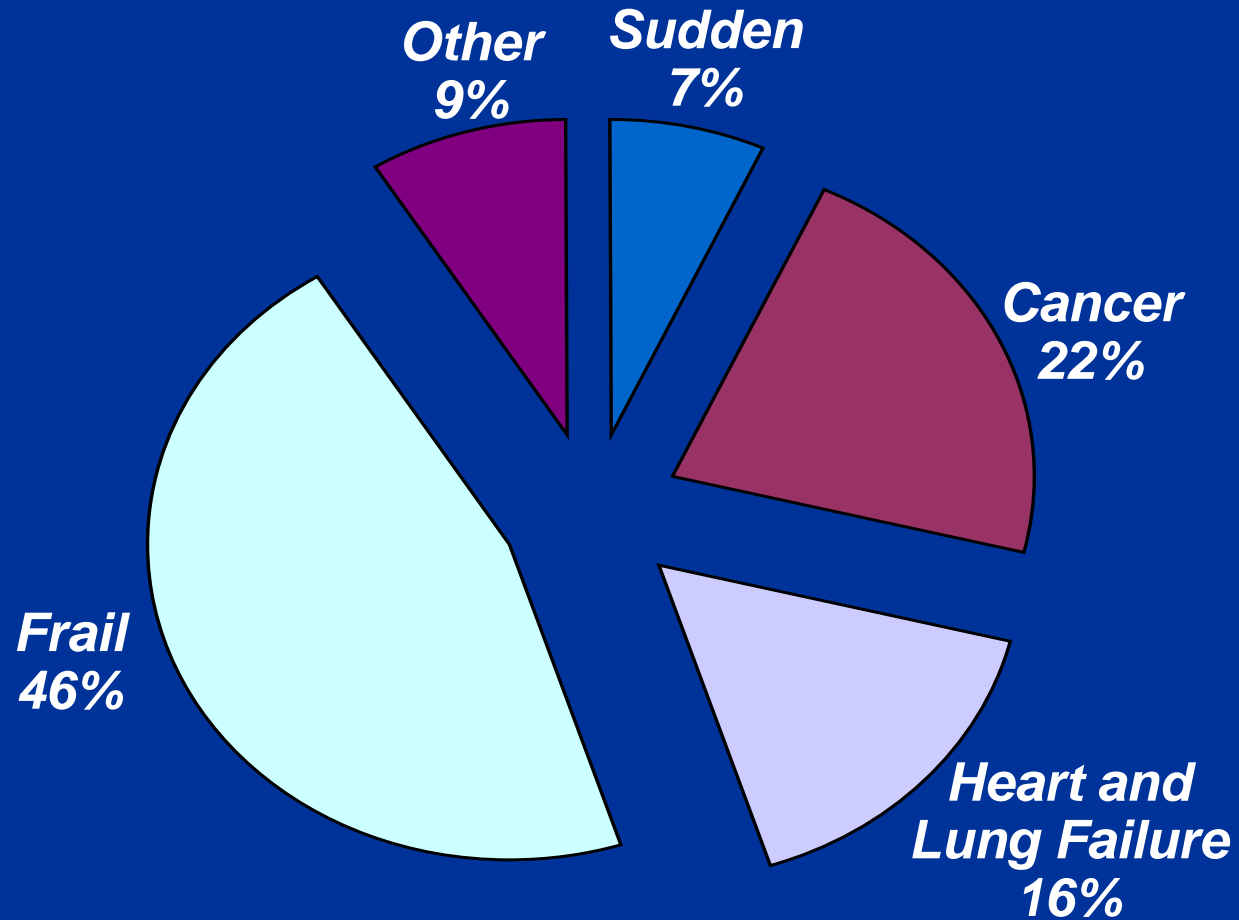




Dementia/Frailty Trajectory



Medicare Decedents



How to recognize Frailty: Dying intersect



Jane Phillips

Mid North Coast Rural Palliative Care Project –
Link Nurse Education 2005

Recognising Transition Markers

Disease - independent

- Frailty syndrome
- From independence to dependence
- Cognitive impairment
- Symptom distress
- Increasing family support needs

Transitional Markers

- Increased hospitalizations
- Terminal diagnosis without pursuit of life-prolonging interventions
- Marked physical or functional decline
- Decreased oral intake
- Progressive weight loss
- Increased proportion of time sleeping

Transitional Markers

- Increased pain – reported or exhibited
- Behaviour changes
- Disorientation or other cognitive changes
- Statements about approaching death “ I am dying”
- Social and/or emotional withdrawal
- Inward reflection, review of life



Prognostication Tools

See your toolkit

- Nursing Home
- Hospitalized

Hospice Diagnoses: Frailty

Frailty is not a recognized diagnosis

- Adult Failure To Thrive (AFTT)
- Debility, Unspecified
- Dementia

Hospice: AFTT

Supported by:

- Unexplained wt loss
- Malnutrition
 - BMI below 22
 - Declines /not responds to nutritional support
- Disability
 - Karnofsky or Palliative Performance Scale $\leq 40\%$



Hospice: Debility, NOS

- Karnofsky Performance Status < 50% and at least one of the following conditions within the past 12 months (next slide)
- Significant dysphagia with associated aspiration measured objectively (e.g., swallowing test or a history of choking/gagging with feeding).



Hospice: Debility, NOS

- Aspiration pneumonia
- Pyelonephritis or other upper urinary tract infection
- Septicemia
- Decubitus ulcers, multiple, stage 3-4
- Fever, recurrent after antibiotics
- Inability to maintain sufficient fluid and calorie intake with $> 10\%$ weight loss during the previous six months or a serum albumin of < 2.5 gm/dL.

Hospice: Dementia

FAST score 7A or above.

Medical complications.

Alzheimers & related dementias. . . Not MID

End-of-Life Symptoms: *Difficult for Families*

- Anorexia
- Constipation
- Dehydration
- Pain
- Excess secretions
- Terminal Restlessness

Anorexia

Dehydration

Pain

Excess Secretions

Terminal Restlessness

Summary