

Criteria for POMILS Involvement

It is strongly suggested that any patient having unplanned surgery with any of the following be referred to POMILS early in their surgical admission.

1. Unstable Comorbidities (see list)
2. Frailty (Clinical Frailty Score ≥ 5)
3. Complex Decision making, where there is uncertainty surrounding the benefit or appropriateness of surgical intervention

In addition to:

- All Surgical MET Calls
- All Surgical ICU patients / discharged ICU patients

Examples of unstable comorbidities:

- Any of following comorbidities or if potential preoperative optimisation required:
 - Unstable Cardiac Disease
 - o Active/recent infarct (last 3-6 months), unstable angina, decompensated CCF (exercise tolerance <50 m)
 - o Unstable arrhythmia (eg. uncontrolled AF)
 - o Moderate pulmonary hypertension (PAP >35 mmHg)
 - Any functionally limiting respiratory disease (exercise tolerance < 50 m)
 - o COPD/Asthma/ILD
 - o Home oxygen dependence
 - Neuromuscular conditions
 - o Recent TIA/Stroke (last 3-6 months)
 - o Uncontrolled Epilepsy
 - o Muscular dystrophies/Parkinsons Disease/Myasthenia gravis
 - Renal Disease (note exclusion for dialysis / transplant patients)
 - o AKI (Cr >1.5 x baseline) / CKD 4 (eGFR <30)
 - Liver Disease – Cirrhosis (Childs Pugh B + C)
 - Delirium (4AT > 4)
 - Complex poly-pharmacy – refer to Perioperative Medication CPG in first instance
 - o Uncertainties regarding medications whilst fasting

If patient is already well known to a specialty team – then please refer to that team in the first instance. Depending on the situation, General Medicine may still be the most appropriate and available team for the daily review of these complex patients.

Exclusions:

- Paediatric patients (<18 years old)
- Pregnant patients (refer to Obstetric Medicine)
- Dialysis patient / Renal transplant recipient
- Orthopaedic patients at BHH

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 IADLs** (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.

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Referral Process :

- Please page POMIL Registrar on: 100205 (or through Docta Rosta)
- POMILS registrar will attend daily MDT at ~0845 in 8.2 Tutorial Room