

Paper Version of KIS.

Items in RED are mandatory. Items in BLACK autofill in eKIS. Items in GREEN are optional.

0. Consent and Special Notes

Consent

I consent to this information being added to my Key Information Summary (KIS) and shared with relevant health & social care professionals involved in my care

Yes

No

Date

Date of review:

Reviewed by:

Date of next review:

Special Notes / What is Important to Patient

Baseline functional and clinical status to help clinician identify deterioration - e.g. baseline O2%, 6-CIT score, level of mobility

Ceilings of therapy and intervention/ how far treatment should go/patient's wishes and priorities

1. Demographics

Person's Details

Title		Gender M	F	CHI	
Forename (s)		Surname			
Date of Birth					
Address (inc postcode)					
Tel Nos.					
Access Information e.g. key safe					

GP / Practice details

GP:


Address inc postcode:

Telephone numbers:


Next of Kin				Is Next of Kin also Carer? Yes No				
Title		Gender M	F	Relationship		Keyholder?	<input type="checkbox"/>	<input type="checkbox"/>
Forename (s)				Surname				
Address (inc postcode)								
Tel Nos.								
Carer								
Title		Gender M	F	Relationship		Keyholder?	<input type="checkbox"/>	<input type="checkbox"/>
Forename (s)				Surname				
Address (inc postcode)								
Tel Nos.								
2. Summary of Clinical Management Plan/Current Situation								
Current Health Problems/Significant Diagnoses								
Essential Medication and Equipment				Yes	No	Notes		
Oxygen therapy				<input type="checkbox"/>	<input type="checkbox"/>			
Anticipatory Medication at home				<input type="checkbox"/>	<input type="checkbox"/>			
Contenance / Catheter Equip at home				<input type="checkbox"/>	<input type="checkbox"/>			
3. Care and Support								
Other Agencies Involved					Contact Numbers			
Essential Medication and Equipment				Yes	No	Notes		
Syringe Pump				<input type="checkbox"/>	<input type="checkbox"/>			

Moving and Handling Equipment at home	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility Equipment at home	<input type="checkbox"/>	<input type="checkbox"/>	
Adults with Incapacity / Legal Powers	Y N		Notes e.g. Guardian's details, date of appointment
Does the individual have a Combined Power of Attorney (financial and welfare)?			
Does the individual have a Continuing Power of Attorney (finance and property)?			
Is Power of Attorney in use?			
Is an Advanced Directive in place (living will) ?			
Is an Adult with Incapacity Section 47 held?			
Has a Guardianship been appointed under the Adults with Incapacity (Scotland) Act 2000?			
Power of Attorney or Guardianship Details			
Title	Gender	Relationship	Keyholder? <input type="checkbox"/>
Forename (s)	Surname		
Address (inc postcode)			
Tel Nos.			
Date of appointment	Date	Notes (free text box)	
4. Resuscitation & Preferred Place of Care			
My preferred place of care			
My views about hospital admission/ceilings of therapy/family agreement			
Resuscitation			
			Comments
Has DNACPR been discussed?	Yes	No	
If YES, is a DNACPR Form in place?	Yes	No	
If YES, where is the documentation kept in the home?			
Refer to GP for further discussion re DNACPR?	Yes	No	


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.

Frailty Score
(choose from list)