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**Emergency nurses’ preference for tools to identify frailty in major trauma patients: a prospective multi-centre cohort study**

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**Background**

Early assessment of frailty is an important factor in guiding frailty-specific care in older major trauma patients. It is recommended this is performed in the Emergency Department (ED) but there are time and clinical challenges to doing this accurately. To increase rates of frailty screening in this group the measurement tool needs to be quick to complete and easy to use. This study aimed to ascertain the preference of nursing staff completing frailty assessment in older major trauma patients in the ED.

**Methods**

This prospective multi-centre study recruited from five UK Major Trauma Centres between June 2019 and March 2020. Eligible patients were aged 65 or over requiring ‘trauma team activation’ and admitted to hospital. Patients were assessed for frailty by nurses trained to use three different frailty screening tools – the Clinical Frailty Scale (CFS), the PRISMA-7 tool, and the Trauma Specific Frailty Index (TSFI). Completion rates for each of the tools were calculated and nurses were asked to rate their preference for each of the tools and the reasons for non-completion if relevant.

**Results**

Data were analysed from 370 patients. Completion rates for each of the tools varied with highest degree of compliance using the CFS (98.9%). TSFI was least likely to be completed with “lack of available information to complete questions” as the most cited reason. Nurses showed a clear preference for the CFS with 57.3% ranking this as first choice (PRISMA-7 32.16%; TSFI 10.54%). Both PRISMA-7 and CFS were both rated highly as ‘extremely easy to complete’ (PRISMA-7 58.5%, CFS 59.61%).

**Conclusion**

User acceptability is an important consideration in the selection of a frailty measurement tool for use in major trauma patients. Our study shows the Clinical Frailty Scale has high rates of completion and acceptability and can be implemented in practice for assessment of frailty in major trauma.

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Ethical approval and informed consent: The study was approved by the UK Social Care Research Ethics Committee (REC no 19/IEC08/0006). Informed consent was sought from all participants.