Guideline for Perioperative Care for People Living with Frailty Undergoing Elective and Emergency Surgery

**Emergency admission**
- Assess and document frailty (CFS).
- Consider atypical presentations of surgical pathology associated with frailty.
- Obtain timely collateral history.
- Establish presence of ACD, ADRT, DNAR decisions and LPA for health and welfare, and agree treatment escalation plan.
- Refer to perioperative frailty team/other services for optimisation, or use frailty intervention tool.
- Assess, document and modify risk factors for delirium.
- Undertake SDM and consider involving relatives and/or carers.
- Follow emergency care pathways.

**Primary care referral for elective surgery**
- Start SDM including discussion about non-surgical options.
- Make Every Contact Count; medical and lifestyle optimisation.
- Referral to include:
  - frailty score (CFS/eFI)
  - presence, severity and management of comorbidities
  - presence of ACD, ADRT, DNAR decisions and LPA for health and welfare.

**Surgical and preoperative assessment out-patient services**
- Use information from primary care.
- Reassess and document frailty.
- Refer to perioperative frailty team/other services for optimisation, or use frailty intervention tool.
- Establish and review existing ACD, ADRT, DNAR decisions and LPA for health and welfare, and agree treatment escalation plan.
- Undertake SDM including discussion about non-surgical and palliative surgical options.
- Consider involving relatives and/or carers.
- Plan admission and discharge.

**In theatre and recovery**
- Consultant surgeon and anaesthetist involvement for high-risk cases.
- Identify frailty and co-existing conditions at the WHO team briefing.
- Employ strategies for positioning and moving cogniscent of frailty.
- Ensure physiological homeostasis cogniscent of frailty.
- Informed by frailty status and agreed treatment escalation plans, anticipate postoperative care requirements and setting, and review again at the end of surgery.
- Follow up at end of surgery.

**Surgical wards providing care for emergency and/or elective patients**
- Assess and document frailty.
- Anticipate, prevent, and treat:
  - delirium
  - pain
  - medical and surgical complications
  - hospital acquired deconditioning.
- Review treatment escalation plans.
- Promote recovery and timely discharge:
  - review discharge plans
  - regular multidisciplinary team meeting
  - proactive communication with patients and consider involving relatives and carers.

**Transfer of care to the community**
- Ensure timely and comprehensive written discharge information to patient and GP, including:
  - diagnoses
  - treatment (operative and/or non-operative)
  - complications
  - continuing medical and/or functional impairments
  - medication changes
  - follow up plans and referrals
  - safety-net advice and points of contact
  - patient and carer education
  - agreed escalation and advance care plans.

**Underpinning principles**
- Iterative Shared Decision Making; Streamlined communication and documentation; Comprehensive Geriatric Assessment and optimisation; Multispecialty, multidisciplinary working.