









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 Information Summary (KIS) and sh health & social care professionals in	nared with	releva		es		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		CH					
Forename (s)					Surr	name			
Date of Birth Address (inc postcode)									
Tel Nos.									
Access Information e.g. key safe									
GP / Practice details									
GP:									
Address inc postcode:									
Telephone numbers:									





West Dunbartonshire Health & Social Care Partnership







Next of Kin				ls	Next of k	(in also Care	er? Yes	No			
Title	Gender M	F Re	elations	hip			Keyholder?				
Forename (s)				Sı	urname						
Address (inc											
postcode)											
Tel Nos.											
Carer			1				1 1 1 1 2				
Title	Gender M	F Re	elations				Keyholder?				
Forename (s)				51	urname						
Address (inc postcode)											
Tel Nos.											
		_									
2. Summary of	Clinical Man	agement P	lan/C	urrent S	ituation						
Current Health	Problems/Si	anificant D	Diagno	ses							
	,										
Essential Medi	cation and Ec	uipment	Yes	No	Notes						
Oxygen therapy	,		\Box								
Anticipatory Me	dication at ho	me	╁╫								
			ᄖ								
Continence / C	atheter Equip	at home									
3. Care and Support											
Other Agencies Involved					Contact Numbers						
Essential Medic	cation and Eq	uipment	Yes	No	Notes						
Syringe Pump											
, 0											











Moving and Han	dling Equipme	ent at home	• [
Mobility Equipme	ent at home											
Adults with Incapacity / Legal Powers						1	1	N	Notes e.g. Guardian's details, date of appointment			
Does the individual hand welfare)?	nave a Combined	Power of At	torney	(fina	ıncial							
Does the individual h	nave a Continuing	g Power of At	torney	(finc	ance							
and property)?				`								
Is Power of Attorney	in use?											
Is an Advanced Direc	ctive in place (liv	ing will) ?										
Is an Adult with Incap	oacity Section 47	7 held?										
Has a Guardianship l	peen appointed (under the Adı	ults with	า		+						
Incapacity (Scotland) Act 2000?											
Power of Attorn												
Title	Gender Relationship				hip	Surname Keyholder?						
Forename (s)						Sur	name	9				
Address (inc postcode)												
Tel Nos.												
Date of appoin	tment					Date			Notes (free text box)			
4. Resuscitation	a & Preferred	Place of C	Care									
My preferred p	lace of care											
My views abou	t hospital ad	mission/c	eiling	s o	f the	rapy	y/far	nily	agreement			
Resuscitation												
									Comments			
Has DNACPR been					Yes		No					
If YES, is a DNACPF	R Form in place	?			Yes		No					
If YES, where is the	e documentatio	on kept in the	e home	e?								
Refer to GP for further discussion re DNACPR?				Yes		No						

Clinical Frailty Scale*



regularly. They are among the fittest for their age. and motivated. These people commonly exercise Very Fit - People who are robust, active, energetic



symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally, Well - People who have no active disease



approaching the end of life. Typically, they could 8 Very Severely Frail - Completely dependent

not recover even from a minor illness

cognitive). Even so, they seem stable and not at personal care, from whatever cause (physical or

7 Severely Frail – Completely dependent for

high risk of dying (within \sim 6 months).

are well controlled, but are not regularly active beyond routine walking. Managing Well - People whose medical problems



during the day. complaint is being "slowed up", and/or being tired daily help, often symptoms limit activities. A common Vulnerable - While not dependent on others for



9. Terminally III - Approaching the end of life. This

tions). Typically, mild frailty progressively impairs and housework shopping and walking outside alone, meal preparation evident slowing, and need help in high order IADLs 5 Mildly Frail — These people often have more (finances, transportation, heavy housework, medica-



Scoring frailty in people with dementia

category applies to people with a life expectancy <6 months, who are not otherwise evidently frail</p>

In severe dementia, they cannot do personal care without help.

though they seemingly can remember their past life events well In moderate dementia, recent memory is very impaired, even

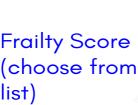
I hey can do personal care with prompting

repeating the same question/story and social withdrawa

details of a recent event, though still remembering the event itself,

Common symptoms in mild dementia include forgetting the The degree of frailty corresponds to the degree of dementia

* I. Canadian Study on Health & Aging, Revised 2008 frailty in elderly people. CMAJ 2005;173:489-495 2. K. Rockwood et al. A global clinical measure of fitness and



outside activities and with keeping house. Inside, they often have problems with stairs and need help with standby) with dressing. bathing and might need minimal assistance (cuing, 6 Moderately Frail — People need help with all

ist)