

# 1 Admission to hospital

1.1 On admission to hospital, assess all adults for frailty, irrespective of COVID-19 status.

- Use the [Clinical Frailty Scale \(CFS\)](#), available from the [NHS Specialised Clinical Frailty Network](#), as part of a holistic assessment where appropriate. Be aware of the limitations of using the CFS as the sole assessment of frailty.
- The CFS should not be used in younger people, people with stable long-term disabilities (for example, cerebral palsy), learning disabilities or autism. An individualised assessment is recommended in all cases where the CFS is not appropriate.
- Consider comorbidities and underlying health conditions in all cases. Involve relevant specialists if needed, such as for people with dementia.
- Record the frailty assessment in the patient's medical record.  
[amended 29 April 2020]

1.2 When patients with possible COVID-19 have been identified, follow appropriate [UK government guidance on infection prevention and control measures](#). This includes recommendations on:

- patient transfers and transport
- segregation and cohorting
- personal protective equipment
- aerosol-generating procedures.

1.3 If COVID-19 is diagnosed in someone not isolated from admission or presentation, follow [UK government guidance on management of staff and exposed patients or residents in health and social care settings](#). [amended 9 April 2020]

## 2 Admission to critical care

See the [critical care referral algorithm](#).

2.1 Discuss the risks, benefits and possible likely outcomes of the different treatment options with patients, families and carers using decision support tools (where available) so that they can make informed decisions about their treatment wherever possible. See [information to support decision making](#).

2.2 Involve critical care teams in discussions about admission to critical care for a patient where:

- the assessment suggests the person is less frail (for example, a CFS score of less than 5), they are likely to benefit from critical care organ support and they want critical care treatment or
- the assessment suggests the person is more frail (for example, a CFS score of 5 or more), there is uncertainty regarding the likely benefit of critical care organ support, and critical care advice is needed to help the decision about treatment.

Take into account the impact of underlying pathologies, comorbidities and severity of acute illness on the likelihood of critical care treatment achieving the desired outcome.  
[amended 25 March 2020]

2.3 Support non-critical care healthcare professionals to discuss treatment plans with patients who would not benefit from critical care treatment or who do not wish to be admitted to critical care.

2.4 Sensitive discuss a possible 'do not attempt cardiopulmonary resuscitation' decision with all adults with capacity and an assessment suggestive of increased frailty (for example, a CFS score of 5 or more). Include in the discussion:

- the possible benefits of any critical care treatment options
- the possible risks of critical care treatment options

## Update information

**12 February 2021:** We added recommendations to section 4 on following NHS England's interim clinical commissioning policies on tocilizumab and sarilumab for critically ill patients with COVID-19 pneumonia.

**3 September 2020:** We amended recommendation 4.1 to add guidance on treatment with corticosteroids for people with severe or critical COVID-19, including a link to our prescribing briefing on corticosteroids, in line with WHO guidance.

**29 April 2020:** We added the example of dementia in recommendation 1.1 to clarify the role of relevant specialists in frailty assessment.

**24 April 2020:** We clarified the role of specialists in frailty assessment in recommendation 1.1.

**9 April 2020:** We amended the cross-reference in recommendation 1.3 to link to new UK government guidance on managing exposure to COVID-19 in hospital settings. In recommendations 3.2 and 4.2, we linked to ethical guidance from the British Medical Association, the Royal College of Physicians and the General Medical Council to support healthcare professionals with decision making.

**31 March 2020:** We further amended recommendation 1.1 and the algorithm to clarify use of the Clinical Frailty Scale.

**25 March 2020:** We amended recommendations 1.1, 2.2 and 2.4 to clarify that the Clinical Frailty Scale should be used as part of a holistic assessment, but should not be used for younger people, people with stable long-term disabilities, learning disabilities or autism. We also changed the title of the guideline to clarify that it only applies to adults.

### Minor changes since publication

**21 December 2020:** We added a link to the NICE COVID-19 rapid guideline on reducing the risk of venous thromboembolism, for patients with COVID-19 pneumonia.

**12 June 2020:** We added text to our [information to support decision making](#) to highlight the ICNARC (Intensive Care National Audit and Research Centre) report on COVID-19 in critical care.