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P336 -How Can Renal Specialist Nurses Recognise and Respond to Frailty in the Pre-Dialysis Clinic?

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Aims: The population receiving treatment for end stage kidney disease has changed over the last 30 years, and now the mean age of starting dialysis in the UK is 67 and patients are frequently co-morbid and frail. In response to this, we established an "embedded" Care of the Elderly Consultant within our low clearance clinic service to support these patients. We originally aimed to refer patients to this new service who were aged over 75 years and who had chosen to receive dialysis as their renal failure progressed, but had been deemed by the transplant MDT not to be suitable for transplantation. Referrals to this consultant increased significantly over the first 6 months that the clinic was established, and not all patients were fulfilling the original referral criteria. We wanted to understand how our practice had developed, and how best to select patients for this specialised review.

Methods: Over the first 6 months of the clinic, 30 patients had undergone review by the Care of the Elderly consultant. We undertook a notes review and tally chart exercise to investigate how patients were being identified and who would benefit from Geriatric assessment.

Results: Reasons for referral for geriatric assessment were recognised to be secondary to 7 main themes. (1) Recognition of the frailty phenotype by utilising the Rockwood frailty assessment tool, (2) recognition of cognitive impairment, falls and other "geriatric syndromes", (3) recognition of unexpected home circumstances during home visits, (4) patients finding it difficult to achieve a decision regarding treatment options, (5) patients with treatment expectations judged unrealistic by the MDT, (6) patients with families who appeared to have unrealistic expectations of the treatment options, (7) patients aged >80 with a plan to start dialysis.

Conclusion: Following this work, we have established a Standard Operating Procedure wherein the 7 domains above are checked for all patients aged >65 in the low clearance clinic. If one or more are present, referral is made to the Care of the Elderly Consultant. It was clear that our awareness of the presence of these syndromes and themes within the clinic was significantly raised following the establishment of the new "Geriatric" clinic. Other than applying the Rockwood Frailty Scale, we have not used formal tools for the identification of these patients (eg cognition test scores), but instead used the SOP above to identify those who may be at risk and may benefit from review. The outcomes following geriatric review within the service are described in a separate abstract.