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Frailty Assessment in the Critically III: An application of Rockwood's Frailty Index

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Advances in critical care medicine have improved the survival rate in the intensive care units, but symptoms of physical, psychological, or cognitive impairments are often remained on ICU survivors even after discharge. Since critically ill patients may share many of the characteristics observed in frail elderly populations, the assessment of frailty in the critically ill may unveil its clinical relevance to contribute improving patient outcome. To evaluate the adaptability and interpretability of the frailty index in patients with critical illnesses .Various instruments to measure frailty were compared through a literature review. However, the two main models of frailty are the phenotype model and the cumulative deficit model, which establishes the basis of the Canadian Study of Health and Aging frailty index. The cumulative deficit model defines frailty as the cumulative effect of individual deficits and expresses the theory of a gradation of frailty with progressive accumulation of deficits, each of which has an equal weight in mathematical modeling of the frailty index. The frailty index, a simple calculation of the presence or absence of each variable, showed greater discriminatory ability for people with moderate and severe frailty than the phenotype model. The cumulative deficit model is clinically attractive because it recognizes multi-factorial and dynamic aspects of frailty. It will allow a multi-dimensional approach to incorporate a clinical context of critically ill patients.

Biography

Dr. Kyu Tae Kim is a Certified Registered Nurse Anesthetist (CRNA) at The University of Texas MD Anderson Cancer Center. He holds a Bachelor of Science in Nursing from the University of Maryland, Baltimore, and a Master of Science in Health Services Administration. Additionally, he completed a Master's in Nurse Anesthesiology and earned a PhD in Nursing Science, both from the University of Maryland.

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