

Frequently Asked Questions (FAQ) for Functional Status Score for the Intensive Care Unit (FSS-ICU)

Version 7.05.17

Question: How to score if one of the items has not been performed (for reasons other than weakness or refusal by a patient to perform the item)? For example, if upon entering the patient's room, the patient is already sitting in a chair?

Answer: To account for uncompleted or unscored tasks, refer to page 1 of instructions provided with the FSS-ICU (available within the "Instruments" webpage at www.improveLTO.com). Any tasks not performed for reasons other than weakness should not be scored. The assessor cannot attempt to score based on making inference, prior observations or assessments. More details are on page 1 of the instructions.

Question: How is scoring completed when a slide board or standing aid is used?

Answer: A slide board is considered to be an assistive device, and if used, the patient would be ranked based on how much physical assistance they required from the assessor. If the standing aid is physically assisting the patient (e.g. hydraulic lift), the patient would be given a score of 0. However, if the standing aid is not physically assisting the patient to transfer (e.g. patient uses it for balance, no use of hydraulics to assist movement), then again, the score would be based on physical assistance required from the assessor to help the patient complete the task, and the standing aid would be considered an assistive device.

Question: How is a task scored when a device is used to assist the patient?

Answer: If the assessor is dependently transferring a patient (e.g., to a chair) without use of equipment or lift device, the patient would be given a score of 1 (dependent for completion of the task). If the assessor utilizes lifting equipment due to patient weakness, the patient is given a score of 0. If the lift is used for reasons other than weakness (e.g. use of walking vest with lift for ambulating patients with severe ataxia), the task should not be scored. Guidelines for accounting for unscored tasks should then apply (see instructions on page 1 of FSS-ICU).

Question: For assessment of walking, if a patient makes a few steps to transfer to a chair, does this qualify as 'walking' and is it scored as a 1 or is it only scored when the patient steps away from the bed?

Answer: This task would not classify as walking, unless the patient is able to achieve a reciprocal gait pattern with their lower extremities. Often transferring to a chair consists of pivoting the lower extremities or side-stepping that is not considered "gait" for purposes of FSS-ICU assessment.

Question: If a patient is able to walk greater than 150 feet, but requires a standing rest break, how should walking be scored?

Answer: A brief standing rest break will not affect a patient's walking score. However, if a patient requires a seated rest break, their walking distance should not be cumulative; scoring should be based on the longest distance walked without a seated rest break.

Question: When 1 or 2 tasks are missing, what is the protocol for rounding the average score calculated from the completed assessments?

Answer: Each average score should be rounded to the nearest whole number before calculating the total score.



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Question: What is the proper way to score patients who require different levels of assistance to complete the same task (e.g. hemiparetic patients who differ greatly on the impaired vs. non-impaired side)?

Answer: The score should be based upon the lowest score witnessed during the session.

Question: If a task requires greater assistance to initiate due to cognitive impairments, but the overall task requires less assistance after its initiation how should scoring be performed?

Answer: Scoring should be based on the assistance required for the majority of the overall task.

Question: Is supplemental oxygen considered an assistive device?

Answer: No, supplemental oxygen is NOT considered to be an assistive device, and use of oxygen should not impact a patient's score.

Question: How is a task scored if the patient's neurological status prevents them from participating?

Answer: Any tasks not performed for reasons other than weakness should not be scored, this includes; neurological status, patient refusal, interference from medical equipment which prevents performance of the task.

Question: How to score a patient who is non-weight bearing in one leg (e.g., trauma patient)?

Answer: Scoring should be based on the patient's actual performance in each task (e.g., without consideration of unilateral weight bearing restriction).

Question: How to score a patients with a prosthetic leg)?

Answer: Scoring should be based on the patient's actual performance in each task. Notably, prosthetic limbs are considered "assistive devices" when scoring completed tasks.

