ENHANCED HEALTH IN CARE HOMES — WORKING TOGETHER TO IMPROVE QUALITY

MUST

Malnutrition Universal Screening Tool

Nutrition Screening Tool

- Adapted from the 'MUST' tool (BAPEN, 2003) 'Malnutrition Universal Screening Tool'

- Designed to be used by all care workers – in hospital and in the community

- Practical and easy to use

- Validated and reliable

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)
Nutrition screening tool should be completed on admission and then weekly

Patient's Name: _____DOB: _____Care home: _____

Date of admission: _____Normal Weight (kg): _____Height (M): _____estimate/actual

For each section below circle one score

	Date					
	Weight (Kg)	Actual/Estimate	Actual/Estimate	Actual/Estimate	Actual/Estimate	Actual/Estimate
BODY MASS INDEX (BMI) kg/m² Calculate from chart over page						
• 20 or more		0	0	0	0	0
• 18.5 - 20		1	1	1	1	1
• less than 18.5		2	2	2	2	2
UNPLANNED WEIGHT LOSS IN THE LAST 3-6MONTHS – calculate from tables over page						
• <5%		0	0	0	0	0
• 5-10%		1	1	1	1	1
• >10%		2	2	2	2	2
MEDICAL CONDITION						
• If patient is acutely ill <u>AND</u> there has been or is likely to be no nutritional intake for >5 days score 2		2	2	2	2	2
	TOTALS					

ACTION

0 LOW RISK Routine Clinical Care	1 MEDIUM RISK Observe	2 or more HIGH RISK *Treat
• Ensure adequate fluid intake • Offer advice on food and drink choices • Offer help and advice with feeding if needed • Use appropriate feeding aids if required • Help with positioning, sit out/up for meals • Weigh weekly, recalculate % weight loss over the last 3 – 6 months and monitor • Document action taken	Complete food and fluid chart for 3 days If improved or adequate intake: • Little clinical concern, discontinue food intake chart • Weigh weekly and repeat screen If inadequate intake or no improvement: • Offer high energy meals and extra suitable snacks - implement 'Food First' • Consider modified consistency e.g. soft/puree • Continue accurate food and fluid intake chart daily • If patient's managing less than ½ meals, offer non-prescribable supplement drinks (Complan/Build up) at least twice daily • Weigh weekly, recalculate % weight loss over the last 3 – 6 months and monitor • Document action plan	• Follow action plan for medium risk • Refer to dietitian* • Weigh weekly, recalculate % weight loss over the last 3 – 6 months and monitor • Document action taken *Unless detrimental or no benefit is expected from nutritional support e.g. end of life care pathway

This is a tool to assist your assessment. If in doubt use your professional judgement

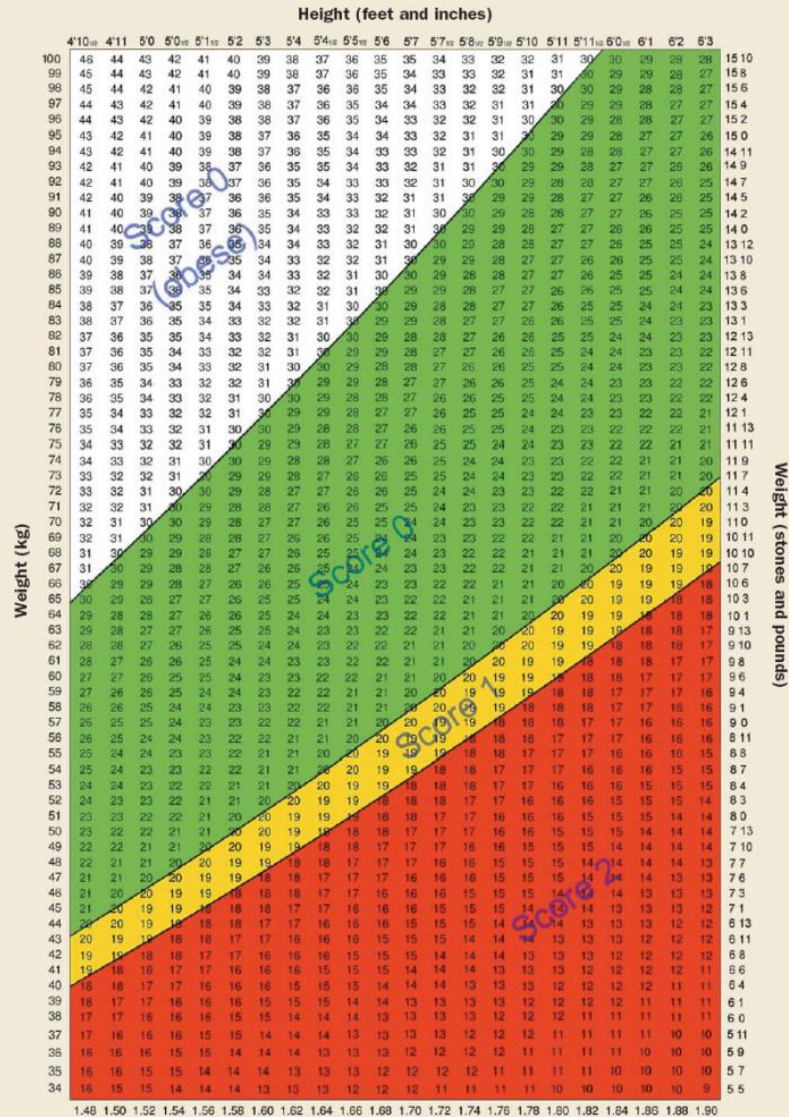# How to use the screening tool

- Step 1 – Obtain height and weight and calculate BMI

- Step 2 – find out % unplanned weight loss

- Step 3 – Consider the medical condition

- Step 4 – Determine overall risk score

- Step 5 – ACTION

Step 1 : Obtain height & weight and calculate BMI

- Obtain height

- Weight

- Calculate Body Mass Index (BMI)

- BMI = <u>weight (kg)</u>

    height x height (m)

BMI Chart

Step 1 – BMI score (& BMI)

Score 0 – White Zone

- Indicates obesity. Follow local policy in treating obesity.

- Obese and acutely ill – need to address weight loss after person is clinically stable

Score 0 – Green Zone

- BMI >20kg/m^2

Score 1 – Yellow Zone

- BMI – 18.5 - 20kg/m^2

Score 2 – Red Zone

- BMI less than 18.5kg/m^2

Estimating Height

- Ask patient or estimate using ulna length

- Measure between the point of the elbow and mid-point of the prominent bone of the wrist

- How to calculate (look at sheet)
  - Measure ulna
  - Look at table and find the ulna length in the white rows
  - If a **man** – read blue row above white line
  - If a **woman** – read blue line below white line
  - Check the age of person
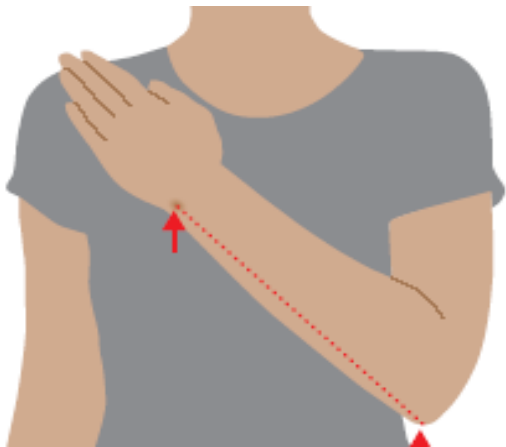
70 year old woman with an ulna length of 25cm, what is her estimated height?

Activity – Working out Step 1

Calculate the BMI's for the following people:

James   Ht of 1.78m and Wt 65kg

John   Ht of 1.6m and Wt 45kg

Mary   Ht of 1.6m and Wt 60kg

Estimating body mass index (BMI)

BMI can be estimated using the mid upper arm circumference (MUAC)

If MUAC < 23.5 cm   BMI < 20 kg/m^2

If MUAC > 32.0 cm   BMI > 30 kg/m^2

To estimate weight change over a period of time, take **2 measurements** on each occasion and use the average of the 2 figures.

Step 2 – Weight loss score

BAPEN
www.bapen.org.uk

	Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%
	Weight loss in last 3 to 6 months		
kg	Less than (kg)	Between (kg)	More than (kg)
30	1.6	1.6 - 3.3	3.3
31	1.6	1.6 - 3.4	3.4
32	1.7	1.7 - 3.6	3.6
33	1.7	1.7 - 3.7	3.7
34	1.8	1.8 - 3.8	3.8
35	1.8	1.8 - 3.9	3.9
36	1.9	1.9 - 4.0	4.0
37	1.9	1.9 - 4.1	4.1
38	2.0	2.0 - 4.2	4.2
39	2.1	2.1 - 4.3	4.3
40	2.1	2.1 - 4.4	4.4
41	2.2	2.2 - 4.6	4.6
42	2.2	2.2 - 4.7	4.7
43	2.3	2.3 - 4.8	4.8
44	2.3	2.3 - 4.9	4.9
45	2.4	2.4 - 5.0	5.0
46	2.4	2.4 - 5.1	5.1
47	2.5	2.5 - 5.2	5.2
48	2.5	2.5 - 5.3	5.3
49	2.6	2.6 - 5.4	5.4
50	2.6	2.6 - 5.6	5.6
51	2.7	2.7 - 5.7	5.7
52	2.7	2.7 - 5.8	5.8
53	2.8	2.8 - 5.9	5.9
54	2.8	2.8 - 6.0	6.0
55	2.9	2.9 - 6.1	6.1
56	2.9	2.9 - 6.2	6.2
57	3.0	3.0 - 6.3	6.3
58	3.1	3.1 - 6.4	6.4
59	3.1	3.1 - 6.6	6.6
60	3.2	3.2 - 6.7	6.7
61	3.2	3.2 - 6.8	6.8
62	3.3	3.3 - 6.9	6.9
63	3.3	3.3 - 7.0	7.0
64	3.4	3.4 - 7.1	7.1

Current weight

	Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%
	Weight loss in last 3 to 6 months		
kg	Less than (kg)	Between (kg)	More than (kg)
65	3.4	3.4 - 7.2	7.2
66	3.5	3.5 - 7.3	7.3
67	3.5	3.5 - 7.4	7.4
68	3.6	3.6 - 7.6	7.6
69	3.6	3.6 - 7.7	7.7
70	3.7	3.7 - 7.8	7.8
71	3.7	3.7 - 7.9	7.9
72	3.8	3.8 - 8.0	8.0
73	3.8	3.8 - 8.1	8.1
74	3.9	3.9 - 8.2	8.2
75	3.9	3.9 - 8.3	8.3
76	4.0	4.0 - 8.4	8.4
77	4.1	4.1 - 8.6	8.6
78	4.1	4.1 - 8.6	8.7
79	4.2	4.2 - 8.7	8.8
80	4.2	4.2 - 8.9	8.9
81	4.3	4.3 - 9.0	9.0
82	4.3	4.3 - 9.1	9.1
83	4.4	4.4 - 9.2	9.2
84	4.4	4.4 - 9.3	9.3
85	4.5	4.5 - 9.4	9.4
86	4.5	4.5 - 9.6	9.6
87	4.6	4.6 - 9.7	9.7
88	4.6	4.6 - 9.8	9.8
89	4.7	4.7 - 9.9	9.9
90	4.7	4.7 - 10.0	10.0
91	4.8	4.8 - 10.1	10.1
92	4.8	4.8 - 10.2	10.2
93	4.9	4.9 - 10.3	10.3
94	4.9	4.9 - 10.4	10.4
95	5.0	5.0 - 10.6	10.6
96	5.1	5.1 - 10.7	10.7
97	5.1	5.1 - 10.8	10.8
98	5.2	5.2 - 10.9	10.9
99	5.2	5.2 - 11.0	11.0

Step 2

Determine % unplanned weight loss

© BAPEN

Activity – Working out Step 2

Calculate the % weight loss for the following people:

John   Usual Wt of 62kg, current Wt of 52kg

Mary   Usual Wt of 65kg, current Wt of 58kg

Ann   Usual Wt of 70kg, current Wt of 64kg

Factors that affect weight

- Fluid disturbances (oedema)

- Amputations

- Plaster casts

- See Nutrition folder and Nutrition and Hydration training session

Working out Step 3
Establish acute disease effect

Acute patho-physiological/psychological condition

- No nutritional intake or likelihood of no intake for > 5 days

Swallowing difficulties (e.g. after stroke)

Head injuries

Pre/post gastrointestinal surgery

Score 0 or 2

- most patients scoring 2 would be in hospital

Working out Step 4 Determine overall risk score

Add the 3 steps to get an overall risk of malnutrition score:

- Score = 0 → Low risk 'routine care'
- Score = 1 → Medium risk 'observe'
- Score = 2 → High risk 'treat'

Case Study 1 - Lillian

Lillian is a 68 year old lady and has been having problems with her stomach for the last 18 months.

She is only managing small amounts, but some days she is unable to tolerate anything solid.

- Current weight   63kg
- Height   1.58 metres

Step 1	Calculate BMI score
	Usual weight 77kg
Step 2	Calculate weight loss score
Step 3	Calculate Acute Disease Effect Score

Case Study 2: Hugh

Hugh is a 73 year old gentleman he suffers from COPD and struggles with shortness of breath, which has been getting progressively worse.

- Current weight: 52 Kg
- Height 1.78 metres

Step 1   Calculate BMI Score

                Hugh's weight 6 months ago was 62Kg

Step 2   Calculate his weight loss score

                Hugh says he is eating most of his meals

Step 3   Calculate his acute disease effect score

Case Study 3: Dot

Dot is 79 years old and suffers with dysphagia after a recent stroke

- Current weight 68kg
- Height 1.62m

- Usual weight 70kg
- She is managing to eat about 3/4 of a soft diet

Step 5: Setting an appropriate care plan

Management Guidelines

- Record the person's overall risk score

- agree and document a care plan and any advice given

- A high or medium risk individual requires some form of intervention

Score 0 - Low Risk

Routine Nutritional Care

- Ensure adequate fluid intake
- Offer advice on food and drink choices
- Offer help and advice with feeding if needed
- Use appropriate feeding aids if required
- Help with positioning, sit out/up for meals

Repeat Screening

Care homes – repeat screening monthly

- recalculate % weight loss over the last 3-6 months and monitor
- Document action taken
- Monitor and review

Score 1 - Medium Risk

Observe

Provide help and advice on food choices, eating and drinking to improve nutritional intake

Complete food and fluid chart for 3 days

- If improved or adequate intake then discontinue food intake chart, weigh weekly and repeat screen
- If inadequate intake or no improvement

Implement 'Food First'

Consider modified consistency e.g. soft/puree

Weigh weekly

Always document action in care plan

Monitor and review care plan

Score 2 or more - High Risk

<u>Treat</u>

Similar to medium risk; improve and increase overall nutritional intake

- Refer to Dietitian*

- Weigh weekly

- Document action taken

- Monitor and review care plan

Unless detrimental or no benefit is expected from nutritional support e.g. end of life care pathway

How to refer to a Dietitian

NUTRITION AND DIETETIC SERVICE: Adult Community Referral Form

NHS no. 000 000 0000

Address 1 SMITH STREET

Title Mr / Mrs / Miss / Other_____MR__

SMITH VILLAGE

Name JOHN SMITH

D.O.B. _____01_/_____01_/_____1901___

_____

Postcode __SM1 1TH_____

Hospital no. ___RXR 55555_____

Tel. no. __02890 555555_____

GP details: Name __DR SMITH_____ **Address** ___SMITH SURGERY

THE FOLLOWING INFORMATION IS ESSENTIAL ON ALL REFERRAL FORMS

Weight: ____57_____Kg **Height:** _____1.82____m **BMI:** _____17.2____kg/m^2

Please note: If referring for nutrition support, %weight loss and MUST score is also ESSENTIAL. Incomplete referral forms will be returned.

REASON FOR REFERRAL: (please tick)

√ Nutrition support (refer to Malnutrition Universal Screening Tool 'MUST')

☐ __12__% weight loss; 'MUST' score __4__

☐ Overweight/obese

☐ Newly diagnosed diabetes (type 1 / type 2 *) / IGT (please delete as appropriate)

☐ Existing diabetes needing dietetic review / recently commenced on insulin

☐ Hepatic / renal disease

☐ Hyperlipidaemia. _CHD risk score_ _____%

☐ Coeliac disease _Date of diagnosis ____/____/_____ Diagnosis by_: ☐ _biopsy_; ☐ _blood test_

☐ IBS (_screening for coeliac disease done_ ☐)

☐ Inflammatory bowel disease i.e. Crohn's disease and ulcerative colitis

☐ Allergy (confirmed/suspected*) new/review* of diet

☐ Other (please specify) _____

RELEVENT DETAILS _e.g. medical history, investigations, drug therapy, social circumstances, relevant blood results_
COPD. DEMENTIA. GRADE 2 PRESSURE SORE. JOHN IS ON HOME OXYGEN

....

Urgency of referral	Non-urgent ☐	Urgent ☐√ _If urgent please specify reason:_ LARGE WEIGHT LOSS AND POOR APPETITE
Can the patient attend clinic?	Yes ☐	No ☐ √ _If No please specify reason:_ HOUSEBOUND
Are there any safety/security issues involved in seeing this patient?	No √ ☐	Yes ☐ _If yes please give details_
Other services involved _(e.g. District Nurses/Consultants/other hospital services)_ PHYSIO AND RESPIRATORY NURSE		
Any special requirements _(e.g. any communication & language needs)_		

REFERRER DETAILS: Name___A.JONES_____ Position _RGN_____

Address____ST PETERS CENTRE_____ Contact number _01000 000000_____

Signature of referrer _____ _Aholl_ Date of referral ____01__/___01___/_2001_____

This referral has been agreed with the patient Yes √ ☐ No ☐ Implied ☐

Safe | Personal | Effective

Burnley office - Tel: 01282 602452 Fax: 01282 691770
Blackburn office - Tel: 01254 734059 Fax: 01254 736162

Patient details – to be completed as best as possible

This is ESSENTIAL for all referrals. Please make sure the height, weight and BMI is included

MUST score and percentage weight loss is also ESSENTIAL for us to be able to accept the referral.

Please include as many other details as possible here e.g. if the patient is able to attend clinic

QUESTIONS ?