

SURNAME	FIRST NAME	NHS Number:	Date of Birth:
			DD MM YEAR

MUST Malnutrition Universal Screening Tool For Community Inpatient Wards

Palliative Care:- If the client has an advanced life limiting illness change to the **Macmillan Durham Cachexia Pack**

How to Calculate:

Step 1: BMI Score

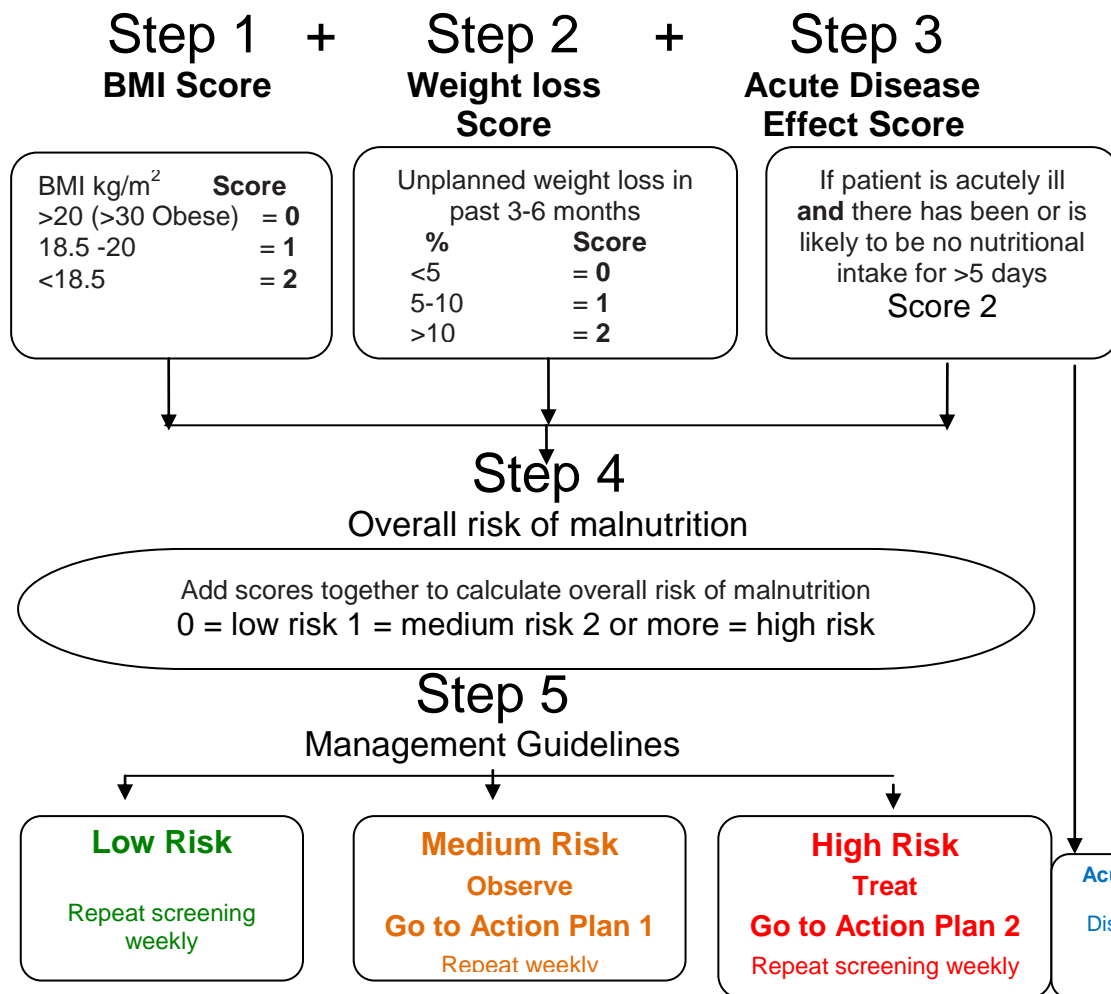
Weight ÷ Height ÷ Height = BMI
(e.g. 40kg ÷ 1.6m ÷ 1.6m = BMI 15.6 kg/m²)

Step 2: Weight Loss Score

See weight loss score table
If no previous recorded weight, use self-reported previous weight (if realistic)

Step 3: Acute disease effect score

This is rare on community wards.



Date of Referral to Dietitian For Action plan 2 or if any concerns	Date Seen by Dietitian



Key to abbreviations: BMI = Body Mass Index MUAC = Mid Upper Arm Circumference
The 'Malnutrition Universal Screening Tool' 'MUST' is reproduced here with the kind permission of BAPEN (British Association for Parenteral and Enteral Nutrition)
For further information on 'MUST' see www.BAPEN.org.uk

Community Inpatient wards January 2018 for review January 2020



SURNAME	FIRST NAME	NHS Number:	Date of Birth:
			DD MM YEAR

Height (M) Reported/calculated from ulna length (circle)	Weight 3 months ago	
	Weight 6 months ago	

Affix patient id label

Date	Weight (Kg)	BMI Kg/m ²	Step 1	Step 2	Step 3	Step 4		Step 5	Staff name and Signature
			BMI score	Weight loss score	Acute Disease effect score	MUST Score	Risk of malnutrition (from score or from subjective table)	Action plan taken	
<i>EXAMPLE</i>	<i>56Kg</i>	<i>19</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>Medium</i>	<i>Plan 1</i>	<i>Another</i>

Repeat screening weekly for all service users and record course of action



Key to abbreviations: BMI = Body Mass Index MUAC = Mid Upper Arm Circumference
 The 'Malnutrition Universal Screening Tool' 'MUST' is reproduced here with the kind permission of BAPEN
 (British Association for Parenteral and Enteral Nutrition)
 For further information on 'MUST' see www.BAPEN.org.uk



SURNAME	FIRST NAME	NHS Number:	Date of Birth:		
			DD	MM	YEAR

<p>Date</p> <p>Identified problem</p> <p>I have a MUST Score of 1, this means I am at Medium Nutritional risk because:</p>	<p>Treatment aims:</p>	<p>Page No:</p>
	<p>To prevent further weight loss or increase weight Current Weight _____ Kg</p>	Discussed &
	<p>To ensure nutrition and hydration adequacy</p>	agreed with
	<p>To increase calorie intake by 400-600kcal per day</p>	client by :-
		(Signature)
	<p>Action plan 1</p>	
	<p>Use 'Food First' approach</p>	
	<p><input type="checkbox"/> Ensure the patient and relatives are aware of concerns regarding risk of malnutrition.</p>	
	<p><input type="checkbox"/> Ensure help is provided and advice on food choices, eating and drinking when necessary.</p>	
	<p><input type="checkbox"/> Ensure the need for a special diet is recorded and visible to staff members offering meals and snacks</p>	
	<p><input type="checkbox"/> Encourage 3 meals and 3 high calorie snacks and milky drinks daily</p>	
	<p><input type="checkbox"/> Use food fortification ingredients when serving meals eg butter, cream, cheese</p>	
	<p><input type="checkbox"/> Keep a food record. Record all food and drinks offered and quantities taken over 3 days</p>	
	<p><input type="checkbox"/> Make sure this information is passed on during each shift handover</p>	
	<p>Weigh weekly and repeat MUST Screening (or sooner if there is a change in clinical condition or other cause for concern)</p> <ul style="list-style-type: none"> • If MUST score decreased to 0, client at Low Nutritional Risk, repeat weekly (unless clinical condition changes) • If MUST 1 client at Medium Nutritional Risk, continue with Medium Risk Action Plan (Action Plan 1) Repeat screening weekly • If MUST score 2 or above High Nutritional Risk, commence High Nutritional Risk Action Plan (Action Plan 2) repeat screening weekly. 	
	<p>Problem: MUST Action Plan 1</p>	

SURNAME	FIRST NAME	NHS Number:	Date of Birth:		
			DD	MM	YEAR

Personal plan of care

one problem per page

<p>Date</p> <p>Identified problem</p> <p>I have a MUST Score of 2 or above, this means I am at HIGH Nutritional risk because:</p>	<p>Treatment Aims:</p>	<p>Page No:</p>	
	To prevent further weight loss or increase weight	Current Weight _____ Kg	Discussed &
	To ensure nutrition and hydration adequacy		agreed with
	To increase calorie intake by >600kcal per day		client by :-
	Action plan 2:		(Signature)
	Use 'Food First' approach		
	<input type="checkbox"/> Ensure the patient and relatives are aware of concerns regarding risk of malnutrition.		
	<input type="checkbox"/> Ensure help is provided and advice on food choices, eating and drinking when necessary.		
	<input type="checkbox"/> Ensure the need for a special diet is recorded and visible to staff members offering meals and snacks		
	<input type="checkbox"/> Encourage 3 meals and 3 high calorie snacks and milky drinks daily		
	<input type="checkbox"/> Use food fortification ingredients when serving meals eg butter, cream, cheese		
	<input type="checkbox"/> Keep a food record. Record all food and drinks offered and quantities taken over 3 days		
	<input type="checkbox"/> Request prescription of 2.4 Kcal/ml oral nutritional supplement, eg Ensure Compact 125ml BD		
	<input type="checkbox"/> Refer to the Dietitian via the Health HUB		
<input type="checkbox"/> Make sure this information is passed on during each shift handover			
Repeat MUST Screening weekly			
		<p>Problem: MUST Action Plan 2</p>	