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

- Berkshire Healthcare NHS Foundation Trust

In partnership with East and West Berkshire CCGs

Date Seen

by Dietitian

A Standing Committee of BAPEN

#### How to Calculate:

## Step 1: BMI Score

Weight  $\div$  Height  $\div$  Height = BMI (e.g. 40kg  $\div$  1.6m  $\div$  1.6m = BMI 15.6 kg/m<sup>2</sup>)

### 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

Date of Referral to

For Action plan 2 or if any

Dietitian

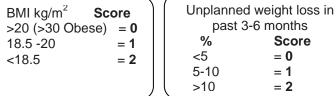
concerns

This is rare in community homes

### MUST Malnutrition Universal Screening Tool For Learning Disability Service

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





If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days

Score 2

# Step 4

Overall risk of malnutrition

Add scores together to calculate overall risk of malnutrition 0 = low risk 1 = medium risk 2 or more = high risk

# Step 5

Management Guidelines

#### **Low Risk**

Repeat screening monthly

Medium Risk
Observe
Go to Action Plan 1

Repeat monthly

High Risk Treat Go to Action Plan 2

Repeat screening weekly



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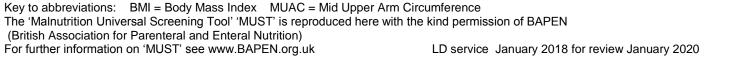


Height (M) Reported/calculated from ulna length (circle)	Weight 3 months ago	
	Weight 6 months ago	

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

# Repeat screening monthly or weekly for all service users and record action taken







SURNAME	FIRST NAME		with East and shire CCGs						
Date		Treatment aims:	Page No:						
Identified proble	<b>~</b>	To prevent further weight loss or increase weight	Discussed &						
Identified proble	III	To ensure nutrition and hydration adequacy	agreed with						
	Score of 1, this	To increase calorie intake by 400-600kcals per day	client by :-						
means I am at Nutritional ris			(Signature)						
Nutritionalris	k because.	Action plan 1							
		Use 'Food First' approach							
		☐ Ensure the patient and relatives are aware of concerns regarding risk of malnutrition							
		□ Provide assistance with eating and drinking when required							
		<ul> <li>Ensure the need for a special diet is recorded and visible to staff members offering meals and snacks</li> </ul>							
		☐ Encourage 3 meals and 3 high calorie snacks and milky drinks daily							
		☐ Use food fortification ingredients when serving meals eg butter, cream, cheese							
		☐ Keep a food record. Record all food and drinks offered and quantities taken over 3 days							
		☐ Make sure this information is passed on during each shift handover							
		Weigh monthly and repeat MUST Screening (or sooner if there is a change in clinical condition or other cause for concern)							
		<ul> <li>If MUST score decreased to 0, client at Low Nutritional Risk, repeat monthly (unless clinical condition changes)</li> </ul>							
		<ul> <li>If MUST 1 client at Medium Nutritional Risk, continue with Medium Risk Action Plan (Action Plan 1) Repeat screening monthly</li> </ul>							
		If MUST score 2 or above High Nutritional Risk, commence High Nutritional Risk Action							

Plan (Action Plan 2) repeat screening weekly.

SURNAME

SURNAME	FIRST NAME	NHS Number:						Date of Birth:							
												DD	MM	YEAR	0



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Personal plan of care one problem per page

Date	Treatment Aims:	Page No:					
Identified problem	To prevent further weight loss or increase weight						
The state of the s	To ensure nutrition and hydration adequacy						
I have a MUST Score of 2 or	To increase calorie intake by >600kcals per day	client by :-					
above, this means I am at HIGH	Action plan 2:	(Signature)					
Nutritional risk because:	Use 'Food First' approach						
	<ul> <li>Ensure the patient and relatives are aware of concerns regarding risk of malnutrition</li> </ul>						
	□ Provide assistance with eating and drinking when required						
	<ul> <li>Ensure the need for a special diet is recorded and visible to staff members offering meals and snacks</li> </ul>						
	☐ Encourage 3 meals and 3 high calorie snacks and milky drinks daily						
	☐ Use food fortification ingredients when serving meals eg butter, cream, cheese						
	□ Keep a food record. Record all food and drinks offered and quantities taken over 3 days						
	☐ Offer client homemade nutritional shakes x 2 daily (see homemade milkshake sheet)						
	<ul> <li>Refer to the Dietitian via the CTPLD if no improvement occurs within 2 weeks or there are additional concerns</li> </ul>						
	<ul> <li>Make sure this information is passed on during each shift handover</li> </ul>						
	Repeat MUST Screening weekly						