

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

MUST Malnutrition Universal Screening Tool For Learning Disability Service

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 in community homes

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

Step 1 + Step 2 + Step 3 BMI Score + Weight loss Score + Acute Disease Effect Score

BMI kg/m² Score >20 (>30 Obese) = 0 18.5 -20 = 1 <18.5 = 2	Unplanned weight loss in past 3-6 months <table border="1"> <tr> <th>%</th> <th>Score</th> </tr> <tr> <td><5</td> <td>= 0</td> </tr> <tr> <td>5-10</td> <td>= 1</td> </tr> <tr> <td>>10</td> <td>= 2</td> </tr> </table>	%	Score	<5	= 0	5-10	= 1	>10	= 2	If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days Score 2
%	Score									
<5	= 0									
5-10	= 1									
>10	= 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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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
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Height (M) Reported/calculated from ulna length (circle)	Weight 3 months ago	
	Weight 6 months ago	

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 monthly or weekly for all service users and record action taken



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<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>	
	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 400-600kcal per day		client by :-
			(Signature)
	Action plan 1		
	Use 'Food First' approach		
	<input type="checkbox"/> Ensure the patient and relatives are aware of concerns regarding risk of malnutrition		
	<input type="checkbox"/> Provide assistance with eating and drinking when required		
	<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"/> 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 style="list-style-type: none"> If MUST score decreased to 0, client at Low Nutritional Risk, repeat monthly (unless clinical condition changes) If MUST 1 client at Medium Nutritional Risk, continue with Medium Risk Action Plan (Action Plan 1) Repeat screening monthly If MUST score 2 or above High Nutritional Risk, commence High Nutritional Risk Action Plan (Action Plan 2) repeat screening weekly. 			

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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>	Treatment Aims:	Page No:	
	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"/> Provide assistance with eating and drinking when required		
	<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"/> Offer client homemade nutritional shakes x 2 daily (see homemade milkshake sheet)		
	<input type="checkbox"/> Refer to the Dietitian via the CTPLD if no improvement occurs within 2 weeks or there are additional concerns		
<input type="checkbox"/> Make sure this information is passed on during each shift handover			
Repeat MUST Screening weekly			