

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

MUST Malnutrition Universal Screening Tool For Community Nursing

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> <td>%</td> <td>Score</td> </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 every 12 months	Medium Risk Observe Go to Action Plan 1 Repeat Screening every 3 months	High Risk Treat Go to Action Plan 2 Repeat screening monthly
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How to Calculate:

Step 1: BMI Score

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

Mid Upper Arm Circumference (MUAC)

Please measure MUAC if unable to weigh patient.

MUAC < 23.5cm, BMI <20kg/m² likely to be underweight

MUAC > 32.0cm, BMI >30 kg/m² likely to be obese

MUAC can also be used to estimate weight change over a period of time

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 the community

Subjective Measures if unable to weigh patient

The following table can be used to form a clinical impression of overall nutritional risk category

Low Risk	Medium Risk	High Risk
Visually acceptable weight/overweight	Visually slim	Visually thin. Obvious visual wasting to limbs or face
No reduced appetite or decreased food intake reported over past 3-6 months	Reported slightly reduced appetite and/or decreased food intake over past 3-6 months	Reported reduced appetite and/or decreased food intake (consistently less than ½ meals) over past 3-6 months
Clothes and jewellery fit well	Slight looseness of clothes or jewellery	Clothes and jewellery have become obviously loose fitting
Repeat screening within 12 months or if clinical condition changes.	Go to Action Plan 1	Go to Action Plan 2



Key to abbreviations: BMI = Body Mass Index MUAC = Mid Upper Arm Circumference
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Height (M) REPORTED/CALCULATED/ULNA LENGTH (please circle)	Weight 3 months ago	Weight 6 months ago

Date	Weight (Kg)	MUAC if unable to weigh	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>N/A</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>



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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 1, this means I am at Medium Nutritional risk because:</p> <p>Target weight:..... (to maintain or increase current weight) If this isn't possible target of Mid Upper Arm Circumference >23.5cm should be set</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 using 'making the most of what you eat' leaflet	
	<input type="checkbox"/> Identify persons involved with food provision and preparation and discuss concerns regarding risk of malnutrition.	
	<input type="checkbox"/> Encourage 3 meals and 3 high calorie snacks and milky drinks daily	
	<input type="checkbox"/> Encourage food fortification	
	<input type="checkbox"/> Ask relatives or carers to keep a food record. (Record all food and drinks offered and quantities taken over 3 days)	
	Weigh in 3 months 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 screening within 12 months (unless clinical condition changes) If MUST 1 client at Medium Nutritional Risk, continue with Medium Risk Action Plan (Action Plan 1) Repeat screening in 3 months If MUST score 2 or above High Nutritional Risk, commence High Nutritional Risk Action Plan (Action Plan 2) repeat screening monthly. 	
		Problem: MUST Action Plan 1

Repeat screening as per Action Plan

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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> <p>Target weight..... (to give Body Mass Index >18.5Kg/m2):</p> <p>If this isn't possible target of Mid Upper Arm Circumference >23.5cm should be set</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 for minimum of one month		
	<input type="checkbox"/> Identify persons involved with food provision and preparation and discuss concerns regarding risk of malnutrition.		
	<input type="checkbox"/> Encourage 3 meals and 3 high calorie snacks per day, plus milky drinks between meals		
	<input type="checkbox"/> Encourage food fortification <input type="checkbox"/> Give 'Making the most of what you eat' leaflet		
	<input type="checkbox"/> Advise homemade or over-the-counter nutritional drinks x 2 per day. <input type="checkbox"/> Give 'Nourishing drinks' leaflet		
<p>Repeat MUST Screening monthly (or sooner if there is a change in clinical condition or other cause for concern)</p> <p>High Nutritional Risk Action Plan 2</p> <ul style="list-style-type: none"> • If MUST score 2 weight stable continue Action Plan 2 • If MUST score 2 or above with weight loss, start on supplements <ul style="list-style-type: none"> <input type="checkbox"/> Ask client/carer if they are able to make up a powdered supplement if they are request prescription for powdered nutritional shake 57g BD (eg Ensure Shake) <input type="checkbox"/> If client/carer unable to make up a powdered supplement, request prescription for 1.5kcal/ml nutritional supplement 200ml bd (eg Ensure Plus milkshake) • Refer to Dietitian if less than half of meals eaten and supplements not tolerated • If MUST score 2 or above, started on ONS and further weigh loss <ul style="list-style-type: none"> <input type="checkbox"/> refer to Dietitian via Health Hub 			
		Problem: MUST Action Plan 2	