

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

## MUST Malnutrition Universal Screening Tool For Community Inpatient Wards

How to Calculate:

### Step 1: BMI Score

Weight ÷ Height ÷ Height = BMI  
(e.g. 40kg ÷ 1.6m ÷ 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

This is rare on community wards.

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

<b>BMI kg/m<sup>2</sup> Score</b> >20 (>30 Obese) = 0 18.5 -20 = 1 <18.5 = 2	<b>Unplanned weight loss in past 3-6 months % Score</b> <5 = 0 5-10 = 1 >10 = 2	<b>If patient is acutely ill and there has been or is likely to be no nutritional intake for &gt;5 days Score 2</b>
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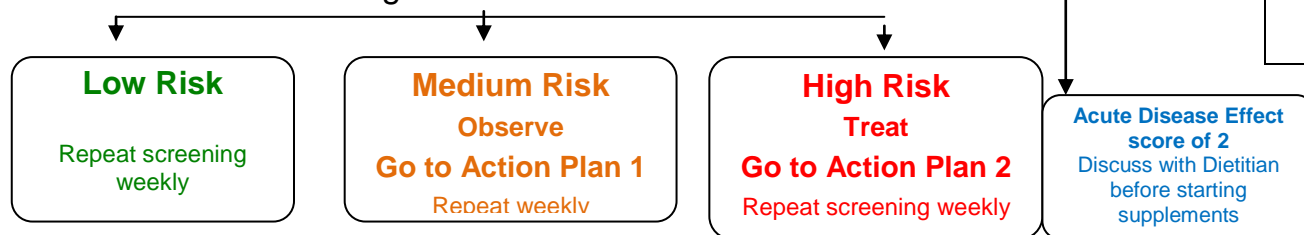
## Step 4

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



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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For further information on 'MUST' see [www.BAPEN.org.uk](http://www.BAPEN.org.uk)

Community Inpatient wards January 2018 for review January 2020



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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 <sup>2</sup>	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**



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<p>Date</p> <p>Identified problem</p> <p><b>I have a MUST Score of 1, this means I am at Medium Nutritional risk because:</b></p>	<p><b>Treatment aims:</b></p>	<p><b>Page No:</b></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)
	<b>Action plan 1</b>		
	<b>Use 'Food First' approach</b>		
	<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"/> Make sure this information is passed on during each shift handover		
	<p><b>Weigh weekly and repeat MUST Screening</b> (or sooner if there is a change in clinical condition or other cause for concern)</p> <ul style="list-style-type: none"> <li>If MUST score decreased to 0, client at <b>Low Nutritional Risk</b>, repeat weekly (unless clinical condition changes)</li> <li>If MUST 1 client at <b>Medium Nutritional Risk</b>, continue with <b>Medium Risk Action Plan (Action Plan 1)</b> Repeat screening weekly</li> <li>If MUST score 2 or above <b>High Nutritional Risk</b>, commence <b>High Nutritional Risk Action Plan (Action Plan 2)</b> repeat screening weekly.</li> </ul>		
		<b>Problem: MUST Action Plan 1</b>	

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**Personal plan of care**

one problem per page

<p>Date</p> <p>Identified problem</p> <p><b>I have a MUST Score of 2 or above, this means I am at HIGH Nutritional risk because:</b></p>	<b>Treatment Aims:</b>	<b>Page No:</b>	
	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 :-
	<b>Action plan 2:</b>		(Signature)
	<b>Use 'Food First' approach</b>		
	<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			
<b>Repeat MUST Screening weekly</b>			
		<b>Problem:</b> <b>MUST</b> <b>Action Plan</b> <b>2</b>	