

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

MUST Malnutrition Universal Screening Tool For Care Homes

MUST is not suitable for patients receiving end of life care.

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 Monthly	High Risk Treat Go to Action Plan 2 Weekly	Acute Disease Effect score of 2 Discuss with Dietitian before starting supplements
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How to Calculate:

Use the online calculator for your desktop or for mobile devices set this as a shortcut on your home screen.

<https://www.bapen.org.uk/screening-and-must/must-calculator>

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 Care Homes.

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



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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 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
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 (British Association for Parenteral and Enteral Nutrition)
 For further information on 'MUST' see www.BAPEN.org.uk



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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"/> 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		
<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. 			
		Problem: MUST Action Plan 1	

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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>Treatment Aims:</p>	<p>Page No:</p>
	<p>To prevent further weight loss or increase weight Current Weight _____ Kg</p>	<p>Discussed &</p>
	<p>To ensure nutrition and hydration adequacy</p>	<p>agreed with</p>
	<p>To increase calorie intake by >600kcal per day</p>	<p>client by :-</p>
	<p>Action plan 2:</p>	<p>(Signature)</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"/> Offer homemade milk shakes x 2 / day . refer to nourishing drinks sheet</p>	
	<p><input type="checkbox"/> If Client continues to loose weight after one month of following ACTION plan 2 - Refer to the Dietitian via the Health HUB</p>	
	<p><input type="checkbox"/> Make sure this information is passed on during each shift handover</p>	
<p>Repeat MUST Screening Weekly</p>		
	<p>Problem: MUST Action Plan 2</p>	