

# MANAGING MALNUTRITION ACCORDING TO RISK CATEGORY USING 'MUST' CARE PATHWAY – GENERAL PRACTICE

For all individuals regardless of risk record the 'MUST' score within medical notes:

BMI score		Weight loss score		Acute disease effect score <i>(unlikely to apply outside hospital)</i>
>20kg/m <sup>2</sup>	Score 0	Unplanned weight loss score in past 3-6 months		If patient is acutely ill <b>and</b> there has been or is likely to be no nutritional intake for more than 5 days Score 2
18.5 – 20kg/m <sup>2</sup>	Score 1	<5%	Score 0	
<18.5kg/m <sup>2</sup>	Score 2	5 – 10%	Score 1	
		>10%	Score 2	

**Total score 0-6**  
(add BMI and weight loss scores together with acute disease effect score if applicable, to give overall risk of malnutrition)

### Low risk - score 0 Routine clinical care

- Routine clinical care
- Review/repeat screening
  - Monthly in care homes
  - Annually in community
- If BMI >30kg/m<sup>2</sup> (obese) treat according to local policy/national guidelines.

### Medium risk - score 1 Observe

- Consider underlying symptoms and cause of malnutrition and treat if appropriate e.g. nausea / infections
- Agree goals of intervention with individual / carer and record details of the malnutrition risk
- **Dietary advice**
  - Provide 'Your Guide to Making the Most of Your Food' leaflet available to download from [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk) or locally produced alternative
  - Record intake for 3 days
  - Encourage small frequent meals and snacks, with high energy and protein food and fluids
  - Powdered nutritional supplements to be made up with water or milk (as directed) are available
- Document all advice given in the medical notes
- Review progress / repeat screening after 1-3 months according to clinical condition or sooner if the condition requires. Record the following in medical notes:
  - Weight
  - Height
  - BMI
  - 'MUST' score
  - Clinical judgement details
  - Compliance to dietary advice
- If improving continue dietary advice reviewing and repeating screening every 1-3 months until individual is 'low risk'
- If deteriorating, consider treating the individual as 'high risk'

### High risk - score 2 or more Treat\*

- Provide **Dietary advice** as 'medium risk'
- **Prescribe** Oral Nutritional Supplements (ONS) according to page 7 of 'Managing Adult Malnutrition in the Community' (Pathway for using ONS in the Management of Malnutrition)
  - Agree goals of prescribing ONS with carer/individual and document in medical notes. Provide 'Nutrition Drinks – advice for patients and carers' leaflet, available to download from [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk), or locally produced alternative
  - Consider underlying symptoms and cause of malnutrition and treat if appropriate e.g. nausea / infections
  - Consider social requirements e.g. ability to collect prescription
  - If starting ONS for the first time assess preference by prescribing a 'starter pack', then 60 preferred ONS per month
  - 'Oral Nutritional Supplements (ONS) - advice for healthcare professionals' including a list of available prescribable ONS is available to download from [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)
  - Document the reason and aims for prescribing ONS in the medical notes
- Monitor compliance and progress after 4-6 weeks
  - Amend type / flavour if necessary to maximise intake
  - Review goals set before intervention
  - Consider and document in medical notes changes in weight, strength, physical appearance, ability to perform activities of daily living
- Goals met:
  - Consider reducing quantity of ONS first before stopping, document progress in medical notes, then consider treating as 'medium risk'
- Goals not met / limited progress:
  - Check compliance and amend prescription as necessary, document changes in medical notes
  - Reassess clinical condition, consider more intensive support, or seek advice from a Dietitian

### Examples of Goals

Goals are not limited to but can include;

- ✓ Preventing further weight loss
- ✓ Increasing weight
- ✓ Improving strength
- ✓ Increasing nutritional intake
- ✓ Improving the individual's ability to undertake activities of daily living
- ✓ Improving the individual's quality of life

**For all individuals:**

- Consider whether a dietetic assessment is indicated due to underlying illness e.g. diabetes, COPD
- Reassess individuals identified at risk as they move through care settings

For further information on dietary advice, oral nutritional supplements and managing malnutrition according to risk please visit: [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk)

For more information on 'MUST' please visit: [www.bapen.org.uk](http://www.bapen.org.uk)

\*Treat, unless detrimental or no benefit is expected from nutrition support  
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