Residential & Nursing Home Settings

Nutrition Care Plan: MEDIUM RISK OF MALNUTRITION ('MUST' SCORE 1)

Name	Room	Date Care Plan initiated

Height metre/ft in	Weight 3 months ago: kg	Weight when care plan initiated: kg	BMI when care plan initiated: kg/m^2

If BMI >30 kg/m^2 (obese) treat according to local policy/national guidelines

Problems/Symptoms which are interfering with ability to eat and drink†

Treatment Goal:

Initial and Date Each Box Monthly When Completed e.g. ✓HF, DD/MM/YEAR

	ACTION	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
1 Record	Record weight, BMI, 'MUST' score and risk category in notes						
	Record all food eaten for 3 days on food and fluid chart as a baseline and to monitor improvement or deterioration						
2 Treat	Encourage small frequent meals and snacks, using nutritious, high protein food and fluids Utilise ideas from yellow leaflet Your Guide to Making the Most from Your Food. Advice for patients and carers www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf Powdered nutritional supplements to be made up with milk or water are available* (more nutrition is provided if milk is used)						
3 Monitor	Weigh and re-screen using 'MUST' monthly (or sooner if clinical concern)						
	Review progress against goals (including review of this care plan) *(e.g. If improving, continue on this care plan until 'Low Risk', if deteriorating consider treating as 'High Risk)*						

*For further information on dietary advice, powdered nutritional supplements and managing malnutrition according to risk, please visit www.malnutritionpathway.co.uk

Considerations

- When assessing weight loss during screening and re-screening make sure you compare weight with weight taken 3 months ago
- If unable to measure height use recall height – ulna measurement is an option if this is unavailable: http://www.bapen.org.uk/pdfs/must/must_page6.pdf
- If unable to measure weight use latest recall weight
- If weight and height cannot be obtained, use clinical judgement (e.g. clothes have become baggy, looking thin, swallowing problems) and/or measuring mid upper arm circumference (MUAC) to estimate a risk category but not a score. For further information: http://www.bapen.org.uk/pdfs/must/must_explan.pdf
- † 'Identifying the causes and symptoms which are interfering with the ability to eat and drink (e.g. swallowing issues, dry mouth, depression, nausea, early satiety) can help in identifying the most appropriate nutritional care. More information can be found at www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf
- Goals of treatment should be agreed with the resident & malnutrition risk documented. Any treatment initiated should be monitored.
- 'At risk' residents should be reassessed as they move through care settings
- Consider whether a dietitian or speech and language therapist assessment is indicated in those in whom underlying conditions influence food choice e.g. in diabetes, or in where a condition affects the ability to eat and drink e.g. COPD, swallowing problems
- For more information see the malnutrition pathway care homes fact sheet - https://www.malnutritionpathway.co.uk/library/care_homes.pdf

Notes (e.g. food likes/dislikes/preferred foods):

Any other special nutritional requirements:

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