Managing Malnutrition According to Risk Category using 'MUST'*2 – Management Pathway

BMI score

>20 kg/m² Score 0 18.5 - 20 kg/m² Score 1 <18.5 kg/m² Score 2

Weight loss score

Unplanned weight loss score in past 3-6 months <5% Score 0 5 - <10% Score 1 >10% Score 2

Acute disease effect score

(unlikely to apply outside hospital)
If patient is acutely ill and there has been, or is likely to be, no nutritional intake for more than 5 days

Score 2

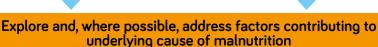
Total score 0 - 6



Low risk - score 0 Routine Clinical Care

- Provide green leaflet ('Eating Well')
- Review/re-screen: Monthly in care homes.
 Annually in community
- Consider more frequent re-screening in high risk groups (see page 3 for list)
- Consider if patient would benefit from dietary advice and dietary counselling to improve health and well being particularly those with long term conditions e.g.
 COPD, cancer, swallowing problems
- If BMI > 30 kg/m² (obese) treat according to local policy/national guidelines

(NB: weight reduction in older people with chronic disease needs to be balanced against potential risk of losing muscle)



Identify treatment goals

Medium risk - score 1 Observe

- Dietary advice to maximise nutritional intake. Encourage small frequent meals and snacks, with high energy and protein food and fluids³². Provide yellow leaflet 'Your Guide to Making the Most of your Food'
- Powdered nutritional supplements to be made up with water or milk are available³²
- Review progress / repeat screening after
 1-3 months according to clinical condition or sooner if the condition requires
- If improving continue until 'low risk'
- If deteriorating, consider treating as 'high risk'

High risk - score 2 or more Treat

- Provide dietary advice as 'medium risk'
- Provide red leaflet 'Nutrition Drinks (known as oral nutritional supplements).
 Advice for patients and carers'
- **Prescribe** oral nutritional supplements (ONS) and monitor: See ONS pathway, page 9. (Consider local formularies)
- On improvement, consider managing as 'medium risk'
- Consider referral to a Dietitian for dietary counselling at the earliest opportunity especially for complex cases

Remote screening: If consultations are being undertaken remotely without physical measures (e.g. BMI, weight)⁵⁴:

- Use patient reported values of current weight, height, and previous weight to calculate Step 1 and Step 2 of 'MUST' if available
- Where it is not possible to obtain physical or self-reported measures of weight or height (measured or recalled)² a range of subjective indicators can be used collectively to estimate malnutrition (see below)

The following questions can assist in obtaining information to inform a clinical impression of malnutrition risk and determine the most appropriate intervention:

- 1. How is your appetite lately? How are you managing with your eating and drinking?
- 2. How would you describe your weight? What is a usual weight for you?
- 3. Do you feel like your weight has changed in the last few weeks or months?
- 4. How are your clothes and jewellery fitting? Do they feel like they fit differently to usual?

Estimated risk of malnutrition	Indicators
Unlikely to be at-risk (low)	Not thin, weight stable or increasing, no unplanned weight loss, no reduction in appetite or intake
Possibly at-risk (medium)	Thin as a result of disease/condition or unplanned weight loss in previous 3-6 months, reduced appetite or ability to eat
Likely to be at-risk (high)	Thin or very thin and/or significant unplanned weight loss in previous 3-6 months, reduced appetite or ability to eat and/or reduced dietary intake

For all individuals:

- Discuss when to seek help e.g. ongoing unplanned weight loss, changes to body shape, strength or appetite. Don't overlook individuals
 with a high BMI in whom malnutrition arising from impaired intake and weight loss may not be obvious e.g. post-surgery, COPD
- Ensure that care plans are communicated between care settings³¹
- Encourage patients to self manage. Consider directing to self screening resources at malnutritionselfscreening.org
- Refer to other HCPs if additional support is required (e.g. Dietitian, Physiotherapist, GP, Speech and Language Therapist)