# Managing Malnutrition According to Risk Category using 'MUST'*[3] – Management Pathway

| BMI score | | Weight loss score<br>Unplanned weight loss score in past 3-6 months | | Acute disease effect score<br>*(unlikely to apply outside hospital)* |
|---|---|---|---|---|
| >20kg/m² | Score 0 | <5% | Score 0 | If patient is acutely ill and there has been, or is likely to be, no nutritional intake for more than 5 days |
| 18.5 – 20kg/m² | Score 1 | 5 – 10% | Score 1 | Score 2 |
| <18.5kg/m² | Score 2 | >10% | 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
- If BMI>30kg/m² (obese) treat according to local policy/national guidelines

**Medium risk - score 1**
**Observe**

- **Dietary advice** to maximise nutritional intake. Encourage small frequent meals and snacks, with high energy and protein food and fluids[20]. Provide yellow leaflet ('Your Guide to Making the Most of your Food')
- Powdered nutritional supplements to be made up with water or milk are available[20]
- 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. (Consider local formularies)
- On improvement, consider managing as 'medium risk'
- **Refer to dietitian** if no improvement or more specialist support is required

***The 'Malnutrition Universal Screening Tool' ('MUST') is used here with the permission of BAPEN (British Association for Parenteral and Enteral Nutrition). For more information and supporting materials see www.bapen.org.uk NB: Healthcare professionals using screening tools should have appropriate skills and training**

## The following subjective indicators can be used collectively to estimate risk or malnutrition in the absence of height and weight (measured or recalled)[3]:

- Thin or very thin in appearance, or loose fitting clothes/jewellery
- History of recent unplanned weight loss
- Changes in appetite, need for assistance with feeding or swallowing difficulties affecting ability to eat (consider referral to speech and language therapist)
- A reduction in current dietary intake compared to 'normal'

## If only using clinical judgement, the following may act as a guide:

| 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:

- Explore and address/manage factors contributing to the cause of malnutrition
- 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-bariatric surgery, COPD
- Ensure that care plans are communicated between care settings[15]
- Where possible patients should be encouraged to self-assess and manage the risk of malnutrition
- Refer to other HCPs if additional support is required (e.g. dietitian, physiotherapist, GP)

*A full list of references is available at www.malnutritionpathway.co.uk*

# Pathway for using Oral Nutritional Supplements (ONS) in the Management of Malnutrition

NB: timing and duration will vary depending on appetite and nutritional requirements – this is a guide based on evidence and best practice.

## Individual identified as high risk

**Chronic Conditions e.g. COPD, Cancer, Frailty:**

Longer term needs

2 ONS per day (range 1-3) in addition to oral intake[14,22,24] for up to 12 weeks duration according to clinical condition /nutritional needs

Prescribe 1 'starter pack', check compliance then monthly prescription of preferred ONS (1-3 per day). Pharmacists can advise on flavours

Provide red leaflet: 'Nutrition Drinks (known as oral nutritional supplements) Advice for patients and carers'

Consider ACBS (Advisory Committee for Borderline Substances) indications[33]

Communicate goals and expected outcomes across care settings

**Acute illness/recent hospital discharge:**

ONS Prescription for 4-6 weeks (1-3 ONS per day) in addition to oral intake[32]

Provide red leaflet: 'Nutrition Drinks (known as oral nutritional supplements) Advice for patients and carers'

Consider ACBS (Advisory Committee for Borderline Substances) indications[33]

Communicate goals and expected outcomes across care settings

**At 12 weeks** / **At 4-6 weeks**

**Monitor Progress:**

Check compliance with ONS prescription; amend type/flavour if necessary to maximise nutritional intake

Review goals set before intervention

Consider weight change, strength, physical appearance, appetite, ability to perform activities of daily living

Monitor every 1-3 months or sooner if clinical concern

**Goals met/Good progress:**

Encourage oral intake and reinforce dietary advice

Consider reducing to 1 ONS per day for 2 weeks before stopping

Maximise nutritional intake, consider powdered nutritional supplements which can be prescribed or self purchased, if suitable

Monitor progress, consider treating as 'medium risk

**Goals not met/Limited progress**

Evaluate compliance to ONS and dietary advice; amend prescription as necessary, increase number of ONS per day

Reassess clinical condition, if no improvement, consider more intensive nutrition support or seek advice from a dietitian or GP

Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions

**When to stop ONS prescription**

Goals of intervention have been met

Individual is clinically stable/acute episode has abated

Individual is back to their normal eating and drinking pattern[14] and is no longer at risk of malnutrition

If no further nutritional intervention would be appropriate

ONS – oral nutritional supplements/sip feeds/nutrition drinks as per BNF appendix 2: Borderline substances, Table 2 Nutritional Supplements (non-disease specific)[32]

*Advice on ONS prescription according to consensus clinical opinion. ONS prescription-units to prescribe per day e.g. 2 ONS = 2 bottles/units of ONS per day*
** For more detailed support or complex conditions seek advice from a Dietitian **Some individuals may require more than 3 ONS per day – seek dietetic advice*

*A full list of references is available at www.malnutritionpathway.co.uk*

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