Managing Malnutrition According to Risk Category using ‘MUST’*3 – Management Pathway

<table>
<thead>
<tr>
<th>BMI score</th>
<th>Weight loss score</th>
<th>Acute disease effect score</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;20kg/m²</td>
<td>Score 0</td>
<td>(unlikely to apply outside hospital)</td>
</tr>
<tr>
<td>18.5 – 20kg/m²</td>
<td>Score 1</td>
<td>If patient is acutely ill and there has been, or is likely to be, no nutritional intake for more than 5 days</td>
</tr>
<tr>
<td>&lt;18.5kg/m²</td>
<td>Score 2</td>
<td>Score 2</td>
</tr>
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Unplanned weight loss score in past 3-6 months

- <5%  Score 0
- 5 – 10%  Score 1
- >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 (see page 4 for list)  
  - 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. 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  
  - 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’  
  - 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)*:

- 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:

<table>
<thead>
<tr>
<th>Estimated risk of malnutrition</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlikely to be at-risk (low)</td>
<td>Not thin, weight stable or increasing, no unplanned weight loss, no reduction in appetite or intake</td>
</tr>
<tr>
<td>Possibly at-risk (medium)</td>
<td>Thin as a result of disease/condition or unplanned weight loss in previous 3-6 months, reduced appetite or ability to eat</td>
</tr>
<tr>
<td>Likely to be at-risk (high)</td>
<td>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</td>
</tr>
</tbody>
</table>

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  
- 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)