### Managing Malnutrition According to Risk Category

**BMI score**

<table>
<thead>
<tr>
<th>Score 0</th>
<th>Score 1</th>
<th>Score 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;20 kg/m²</td>
<td>18.5 – 20 kg/m²</td>
<td>&lt;18.5 kg/m²</td>
</tr>
</tbody>
</table>

**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)

**Explore and, where possible, address factors contributing to underlying cause of malnutrition**

**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 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’
- 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):

- 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) 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?

<table>
<thead>
<tr>
<th>Estimated risk of malnutrition</th>
<th>Unlikely to be at-risk (low)</th>
<th>Possibly at-risk (medium)</th>
<th>Likely to be at-risk (high)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators</td>
<td>Not thin, weight stable or increasing, no unplanned weight loss, no reduction in appetite or intake</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>
<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:

- 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 settings
- 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)

*The ‘Malnutrition Universal Screening Tool’ (‘MUST’) is used here with the permission of BAPEN (British Association for Parenteral and Enteral Nutrition)*