

Malnutrition Universal Screening Tool (MUST)

**Step 1
BMI score**

+

**Step 2
Weight Loss score**

+

**Step 3
Acute disease
effect score**

BMI kg/m ² Score	
>20(>30 Obese)	=0
18.5-20	=1
<18.5	=2

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

If the patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days

Score = 2

Step 4

Overall risk of malnutrition / undernutrition

Add scores together to calculate overall risk of malnutrition
Score 0 = Low Risk, Score 1= Medium risk, Score 2 or more = High Risk

Step 5

Management Guidelines

**0
Low Risk**

- Routine Clinical care
- Repeat screening monthly

**1
Medium Risk**

- Observe
- Please turn over for medium risk care plan

**2 or more
High Risk**

- Treat*
- Please turn over for high risk care plan*

* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death

All risk categories

- Treat underlying and provide help and advice on food choices, eating and drinking when necessary
- Record malnutrition risk category.
- Record need for special diets and follow local guidelines for those identified as moderate or high risk of undernutrition
 - FOOD FIRST as treatment for undernutrition
 - Appropriate use and monitoring of oral nutritional supplements
- Re-assess subjects as they move through care settings
- If no weight/height available, please use the subjective criteria in MUST tool to estimate BMI

Obesity: Record the presence of obesity. For those with underlying condition, these are generally controlled before the treatment of obesity

FOOD FIRST as treatment for undernutrition

This treatment focuses on helping people gain weight from using “ordinary” food. It is useful to ask a patient about their “likes” and dislikes” and to tailor the advice you give them based on this information. Most people need an additional **300 to 600 kcal a day** to help them put on some weight.

Risk category	MUST score	ACTION POINTS to include in a nutrition care plan
Low	0	No action necessary, repeat screening monthly
Medium	1	<ol style="list-style-type: none"> 1. Provide a high calorie, high protein diet (see page 4) 2. Fortify the diet (see page 4) 3. Provide two nourishing snacks a day in-between meals (see page 4) 4. Provide nourishing drinks each day between meals (see page 3) 5. Request the GP prescribes a multivitamin and mineral supplement 6. Complete food record charts every 3 days and review food intake 7. Weigh weekly <p>These actions should continue for as long as the score is medium risk.</p>
High	2 or more	<ol style="list-style-type: none"> 1. Provide two homemade booster drinks a day between meals (see page 3) + then follow as above i.e. 2. Provide a high calorie, high protein diet (see page 4) 3. Fortify the diet (see page 4) 4. Provide two nourishing snacks a day in-between meals (see page 4) 5. Provide other nourishing drinks each day between meals (see page 3) 6. Request the GP prescribes a multivitamin and mineral supplement 7. Complete food record charts every 3 days and review food intake 8. Weigh weekly <p>If high risk for two consecutive monthly weights and their weight has declined, refer the resident to the GP for assessment for nutritional supplements.</p> <p>A sheet on oral nutritional supplements is enclosed, which details the criteria that must be met in order for the GP to consider prescribing in line with MKCCG guidelines. Please give this to the GP.</p> <p>You will also need to complete the Care Home Prescription Request Form and give that to the GP.</p> <p>Please note that if nutritional supplements are commenced and taken successfully, the multivitamin and mineral tablet should be stopped.</p>

Nourishing Drinks

Give in between meals. For milky drinks, use the fortified milk recipe overleaf.

Hot Milky Drink e.g. Coffee/Ovaltine/Hot Chocolate – make entirely with fortified milk and add extra cream - or just hot fortified milk on its own if preferred

Creamy Soups - or cuppa soups made with fortified milk rather than water

Milkshakes – ready-made or can be made using the fortified milk and adding flavoured yoghurt/ice cream and fruit (blend to smooth)

Simple Milkshake – add Nesquick/Crusha syrup/Supermarket brand milkshake powder or syrup to fortified milk and mix well

Fruit Smoothies – either shop bought or homemade. Blend fruits in a blender with fruit juice (**avoid fruit smoothies for those with diabetes**)

Over the Counter Supplement Drinks - they are available at most chemists and supermarkets and are available in savoury (soups) and sweet (milkshake) versions

Homemade booster drinks

Recipe	Calories	Protein
Strawberry Cooler <ul style="list-style-type: none"> 150 mls of full fat milk ½ carton full cream yoghurt 3 oz of tinned strawberries liquidise all ingredients together and use sugar to taste	215	9
Banana Shake <ul style="list-style-type: none"> 200mls full fat milk 1 small banana 1 scoop vanilla ice cream liquidise all the ingredients and top with a squirt of cream	335	10
Honey warmer <ul style="list-style-type: none"> 200mls warm milk 2 tbsp milk powder 1 tbsp honey sugar to taste 	225	10
Hot Chocolate <ul style="list-style-type: none"> 200mls of warm milk 2 tbsp milk powder 2 tbsp drinking chocolate a swirl of cream to serve 	290	12
Choca Chocolate <ul style="list-style-type: none"> 200mls full fat milk 2 scoops ice cream 2 heaped tsp drinking chocolate Blend together and serve	430	12

Other ideas for booster drinks

- try flavoured ice creams, milk shake powder and syrups
- experiment with different fruits, either tinned or fresh
- add sugar, honey, jam or syrup for extra calories (avoid adding sugary foods for those with diabetes)
- try cream, yoghurt, ice cream, condensed or evaporated milk instead
- use malted drink powder e.g. Horlicks, Ovaltine, etc instead of drinking chocolate

High calorie, high protein diet (Food First)

Offer food little & often, rather than large amounts in one go – aim to provide 3 small meals and 2-3 snacks or nourishing drinks per day.

Offer high calorie versions of foods & snacks - try to avoid low fat or low calorie products.

Offer full fat dairy produce – whole milk (with a blue top), full fat cheese and yoghurts.

Protein is essential for repair & healing – provide foods and snacks high in protein. Examples include dairy produce, fish, meat, well cooked eggs, nuts, lentils, beans, soya & Quorn.

Fluid – Offer 6-8 tall glasses/large mugs of drink every day. This is important for general health but is even more essential if pressure sores are present- and it also helps to prevent constipation.

Make the most of any food or drink by **fortifying** them.

How to fortify foods and drinks

Fortified milk recipe: mix 3-4 tablespoons of dried skimmed milk powder in to a pint of whole (blue top) milk and use this in breakfast cereal/foods and drinks throughout the day

To savoury foods add: cream, butter or margarine, grated or cream cheese, full fat Greek natural yoghurt, mayonnaise, or other high calorie dressing, creamy sauces, olive oil, humus, avocado, peanut butter

To sweet foods add: cream, condensed or evaporated milk, skimmed milk powder, custard, ice cream, sugar, jam, honey, syrup, maple syrup, grated chocolate, dried fruit (avoid adding sugary foods for those with diabetes)

High calorie and protein nourishing snack suggestions

Between meal snacks can be a great way of providing extra calories.

High calorie and protein snack ideas	Calories(Kcal)
1 glass (200mls) of whole milk or milk substitute and 2 digestive biscuits	270
2 match box size pieces of cheese and an apple or a bunch of grapes	300
3 x chocolate digestives	251
Chelsea bun	285
Thick and creamy yoghurt	160
Peanut butter (&jam) sandwich (2 slices bread)	250-310
Milk pudding (150g) with 2 tablespoons of double cream	500
2 crackers or digestives with butter and cheese	300
Jam doughnut or scone with butter / cream and jam	252
Packet of crisps (40g bag)	212
Mixed nuts (25g small bag)	243
Bowl of cereal and fortified milk	200-250
2 x toasted crumpet or malt loaf topped with butter	250
Medium sausage roll or 2 mini pork pies or a slice of quiche	275
Croissant with jam/butter	250
2 samosa (vegetable / meat)	326 – 380

Guidance on Prescribing Oral Nutritional Supplements (ONS) in Milton Keynes

Milton Keynes CCG has produced guidance for GPs to ensure appropriate prescribing of ONS. GPs have access to the full guidance but a summary is detailed below for your information.

Please remember to complete a Care Home Prescription Request Form and give this to the GP if you are requesting an oral nutritional supplement from them.

Before prescribing ONS

Patients **should not** be prescribed ONS (“sip feeds”) without:

- trialling a high calorie/high protein diet for at least one month (see FOOD FIRST as treatment for undernutrition)
- being identified as high risk of undernutrition according to MUST and have ongoing weight loss following a high calorie/high protein diet for two consecutive months/two consecutive occasions.

Starting a patient on an ONS - What GPs may prescribe

If the patient meets ACBS Criteria and has failed to gain weight using Food First then the GP can prescribe:

First line ONS – b.d. dose (two daily) - **in between meals** to provide approximately 600 calories per day - see below for formulary.

The GP will prescribe a starter pack or an initial 7 day supply followed by monthly acute prescription.

The prescription should state “order patient preference” or “supply mixed flavours” – unless the patient would like just one flavour.

It is essential that the patient continues with Food First alongside ONS but if ONS are prescribed then the multivitamin and mineral supplement will be stopped.

Patients with dysphagia who have been recommended thickened fluids by a speech & language therapist must be referred to dietetics for specialist input and consideration of a pre-thickened ONS

First Line Products for Primary Care – Provided ACBS Approved			
Type	Product	Unit	Comments
Milkshake Powder	Aymes® Shake	7 x 57g sachets (<i>Sample pack is more expensive - 5 sachets</i>)	Make up with whole milk Check patient/carers able to prepare
	Ensure® Shake	7 x 57g sachets	
RTD Milkshake Style	Aymes® Complete	4 x 200ml bottles	
	Ensure® Plus Milkshake Style	220ml bottle	
	Fresubin® Energy	200ml bottle	
RTD Compact Milkshake	Ensure® Compact	4 x 125ml bottles	If poor drinker
	Nutriplen®		
RTD Juice Style	Ensure® Plus Juice	220ml bottle	Primary care should avoid initiating this type if patient has diabetes
	Fresubin® Jucy	4 x 200ml bottles	
Savoury (Soup Powder)	Vitasavoury® 200	24 x 33g cups	Make up with whole milk
RTD Savoury (Soup)	Ensure® Plus Savoury	220ml bottle	Can be warmed

Reviewing patients on ONS

The guidance recommends that GPs undertake a review at least every 3 months or more frequently if there is clinical concern. This would entail reassessing weight, BMI, MUST score, review aims and oral intake, monitor compliance and review the need for continuing ONS.

When to stop the prescription for ONS

- When treatment aims are met.
- When requested to do so by a dietitian.
- When the patient is not taking the therapeutic dose (b.d. twice daily in between meals) and an alternative has been trialled.
- When a patient is nearing end of life and continuing to take the ONS is detrimental to quality of life.

It is essential to review one month after stopping ONS to ensure no recurrence of the problem and the patient remains stable – continue further monthly reviews if in any doubt.

For patients on high levels of ONS whose nutritional status is improving, a step wise reduction in ONS should be considered, rather than stopping all ONS at once – monthly review is essential.

When to refer to the community dietitians

One or more of the following should apply:

- MUST Score > 2 for 2 consecutive months and the patient is losing weight and they have tried ONS twice per day for 1 month and there is no improvement.
Carers must adhere to the Care Home Pack prior to any home visit
- Patients with complex nutritional needs such as uncontrolled diabetes, renal failure, (CKD 3 with high potassium), heart failure with volume restrictions, gastrointestinal disorders.
- Patients at risk of developing refeeding syndrome (BMI < 16kg/m², or who have had little or no nutritional intake for the last 10 days, or who have lost > 15% body weight in the last 3-6 months but excluding end of life).
- Patients with dysphagia who have been recommended thickened fluids by a speech & language therapist & who have a MUST Score > 2 a month where treatment with Food First has not resulted in improvement (at this stage a pre-thickened ONS will need to be considered and this must be under the direction of a dietitian).
- Weight loss of > 2kg in any one month whilst having ONS b.d.
- If ONS are the sole source of nutrition or there is a problem in finding a suitable ONS.
- Patients who still need ONS after a 6 month prescription and have not been seen by a dietitian.