

Screening to malnutrition and the risk of malnutrition

Screen for malnutrition using a validated screening tool such as the Malnutrition Universal Screening Tool (MUST)

Screening should take place on admission and repeated based on MUST score

Ask new residents or their NOK, if appropriate, regarding any history of weight loss or loss of appetite

Check resident can potentially meet nutritional needs safely via oral route

Record favourite foods; provide assistance with food choices, eating and drinking as necessary

Record need for special diets and follow local policy

Use food first advice in **safe nutrition and hydration action pack** provided by West Suffolk Nutrition and Dietetics Department.

MUST SCORE 0 = LOW RISK

- Routine clinical care
- Repeat screening monthly
- Encourage to maintain a balanced diet

Pressure Ulcers

Referrals for residents with a MUST score of < 2 but a pressure ulcer of Grade 2 or above will be accepted if clearly stated on the referral

MUST SCORE 1 = MEDIUM RISK

Observe/Treat

Observe if weight stable or treat if weight is reducing or if rapid clinical deterioration anticipated.

Assess cause of malnutrition and take appropriate actions e.g. swallowing difficulties, oral health, impact of medication, mental health conditions.

Set a goal with your resident such as weight gain, weight maintenance

Repeat screening weekly and if MUST score changes follow appropriate plan

Plan (Aim to include an additional 500kcal/day. Use the nourishing drinks, high calorie snacks and food fortification leaflets in your action packs for calorie guidance)

- Commence food record chart for 4 weeks. (Example food diary in nutrition support action pack). Record as much detail as possible, food fortification, quantities (reason if declined), snacks, nourishing drinks etc.
- Encourage eating and drinking
- In between meal high calorie snacks (≥ 100 kcal each)
- Offer at least 2 homemade nourishing drinks daily
- Commence a fortified diet
- If clinical concern refer to GP
- Use action pack

MUST SCORE 2 = HIGH RISK

Treat

Treat - unless detrimental or no benefit from nutritional support expected e.g., imminent death.

Assess cause of malnutrition and take appropriate actions e.g., swallowing difficulties, oral health, impact of medication, mental health conditions.

Set a goal with your resident such as weight gain, weight maintenance

Repeat screening weekly and if MUST score changes follow appropriate plan

Plan (Aim to include an additional 500kcal/day. Use the nourishing drinks, high calorie snacks and food fortification leaflets in your action packs for calorie guidance)

- Commence food record chart for 4 weeks. (Example food diary in nutrition support action pack). Record as much detail as possible, food fortification, quantities (reason if declined), snacks, nourishing drinks etc.
- Encourage eating and drinking
- In between meal high calorie snacks
- Offer at least 2 homemade nourishing drinks daily
- Commence a fortified diet
- If clinical concern refer to GP
- Use action pack

If they continue to lose weight after implementing the above for 4 weeks [refer](#) to the dietitian