

Malnutrition Care Pathway for Adults

(adapted from 'Managing Adult Malnutrition in the Community' available at www.malnutritionpathway.co.uk)

Screen using 'Malnutrition Universal Screening Tool' ('MUST') - refer to 'MUST 'Troubleshooting Guide' below if required
 'MUST' is only an indication of risk of malnutrition which should be used alongside clinical judgement

BMI Score	Weight Loss Score (unplanned weight loss in past 3-6 months)	Acute disease effect score (unlikely to apply outside hospital)
>20kg/m ² 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 Score 2
18.5-20kg/m ² Score 1	5-10% Score 1	
<18.5kg/m ² Score 2	>10% Score 2	

Total score 0-6

if unable to score use subjective measures such as visual appearance, loose clothing/jewellery/dentures

'MUST' Score 0 = LOW RISK

- If prescribed ONS, consider stopping if patient no longer meets ACBS indication(s)
- Encourage to monitor weight and intake and repeat 'MUST' screening if presents with concerns

'MUST' Score 1 = MEDIUM RISK

- Consider underlying cause of malnutrition and refer/treat as appropriate
- Identify appropriate aim of treatment e.g. weight maintenance, weight gain
NB Treatment may not be appropriate in all situations where 'MUST' score of 1 or more e.g. in late palliative/end of life care or where low BMI is baseline/ 'normal' for patient (in absence of ongoing weight loss)

'MUST' Score 2 or more = HIGH RISK

Consider 'Food First'

- Encourage a 'food first' based approach including regular snacks, nourishing drinks (including OTC options) and food fortification
 Provide ['Boost Your Nutritional Intake'](#) leaflet to patient/carer
- Review: **'MUST' Score 1 (Medium Risk):** 4-12 weeks
'MUST' Score 2 or more (High Risk): 2-4 weeks

Is patient stable/improving?

YES: Continue & review

- Review every 1-3 months until stable/ treatment goals are met
- If prescribed ONS, consider gradually reducing and stopping with close monitoring of weight, BMI and 'MUST' score

NO: Consider prescribing Oral Nutritional Supplements (ONS)

- Reiterate 'food first' advice above
- Treat as MUST 2 and consider first-line ONS as per NHS Frimley ONS formulary
- Prescribe ONS twice daily, taken between meals (not as a meal replacement)
- Prescribe 7 days initially to check compliance, then a combination of preferred flavours on acute prescription for a further 28 days if tolerated
- Arrange review in 4 weeks - check weight, 'MUST' score and ONS compliance

Is patient stable/improving?

Consider referral to dietitian sooner if:

- Patient has complex nutritional requirements or requires ONS as sole or main source of nutrition
- Patient seen by SALT and requires thickener prescription as first-line ONS may not be suitable

NO: Review ONS compliance and consider referral to Dietitian

- Reiterate 'food first' advice
- Consider alternative first-line products or stop if non-compliant
- Consider referral to dietitian
- Arrange review in 4 weeks - check weight, 'MUST' score and ONS compliance

Resources for calculating 'MUST' score

'MUST' online calculator available [here](#) or use EMIS: Add Consultation/Run Template/Community-malnutrition screening
 NB 'MUST' is only an indication of risk of malnutrition and should be used alongside clinical judgement

Step 1 BMI Score: requires recent, accurate height and weight

- BMI more than 20 = score 0**
- BMI 18.5-20 = score 1**
- BMI less than 18.5 = score 2**

Unable to measure your patient? Use patient-reported height, visual estimation or consider using [ulna length](#); be mindful of potential for error

Unable to weigh your patient? Consider [mid-upper arm circumference \(MUAC\)](#) to estimate BMI & monitor progress.
 Use subjective assessment to estimate if BMI is low, medium or high risk (see below)

Step 2 Unintentional Weight Loss Score: requires recent weight and previous weight (3- 6 months ago)

- < 5% weight loss = score 0**
 - 5-10% weight loss = score 1**
 - > 10% weight loss = score 2**
- % weight loss = $\frac{\text{usual weight} - \text{current weight}}{\text{usual weight}} \times 100$**

Have less than 6 months weight history available? Use highest weight available as the previous weight
Only have weight history from more than 6 months ago? Use most recent weight available as the previous weight
No/limited previous weight history available? Use subjective measures (see below)

Subjective Measures

If you need to use subjective measures to assess the patient because e.g. unable to weigh, no weight history etc., you will be unable to generate a 'MUST' score and will need to estimate their level of risk (low, medium or high).

Asking the following questions may help to inform your assessment:

1. How is your appetite at the moment? 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/jewellery/dentures fitting? Do they feel like they fit differently to usual? Are they looser/tighter?

(Adapted from 'Managing Malnutrition in the Community' available at www.malnutritionpathway.co.uk)
 If the patient visually appears underweight, reports a reduced intake/appetite, or indicates that they are losing weight, consider treating as medium/high risk of malnutrition. If possible, get a baseline weight to help monitor on-going progress.

Other Considerations

- Patient has oedema and/or treated with diuretics?** BMI/weight loss score may not be accurate.
- Is patient an amputee?** Contact your dietetic department to advise on appropriate measurement/calculation.
- Does patient have a high BMI?** Patients with a BMI >25 can still be at high risk of malnutrition if they are losing weight unintentionally and/or not eating well, but it may not be visibly obvious – calculate their 'MUST' score and act accordingly.