



## MUST Guidelines

### Step 1 – BMI

Calculate BMI using height and weight.

**BMI kg/m<sup>2</sup>**

>20 = 0

18.5-20 = 1

<18.5 = 2

Alternative – Use a MUAC to estimate BMI category.

\*BMI of 20 = 1, BMI of 18.5 = 2

### Step 2 – Weight loss percentage

Using weight from 3 - 6 months ago calculate unintentional weight loss.

**% weight loss Score**

<5 = 0

5-10 = 1

>10 = 2

Use the highest weight recorded between 3-6 months ago.

### Step 3 – Acute disease effect

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

**Score 2**

**(Score 0 where this does not apply)**

*This is rarely used in the community, but you should be aware!*

### Calculate Total

#### Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition

Score 0 = Low Risk

Score 1 = Medium Risk

Score 2 or more = High Risk

### Increased nutritional requirements

#### Open wounds or pressure injuries

If a MUST score of 0 is given but a resident has an open wound or pressure injury, temporarily a MUST of 1 should be applied. *The extra nutrition will help to speed up the healing process.*

## Treatment options

### Score 0

#### Low Risk of Malnutrition

Every month (or earlier if you are concerned) screen resident again using MUST

### Score 1

#### Medium Risk of Malnutrition

- Update nutrition care plan
  - include treatment goal
- Aim to increase intake by 500 calories (+ other nutrients) per day using 'food first'
- Every month (or earlier if you are concerned) screen patient again using MUST

#### Evidence of improvement after 1 month?

**YES** - Continue until treatment goal is reached

**NO** - Treat as **High** risk

### Score 2+

#### High Risk of Malnutrition

- Update nutrition care plan
  - include treatment goal
- Aim to increase intake by 500 calories (+ other nutrients) per day using 'food first'
- **In addition** provide 2 portions per day of *Homemade Fortified Milkshake*
- Weigh resident weekly or monthly and screen resident again using MUST

#### Evidence of improvement after 1 month?

**YES** - Continue until treatment goal is reached

**NO** - If you think you now need to refer to the Dietitian see below:

**When to weigh residents?** Where possible weight should be done on the same day each month and MUST completed at the same time. If BMI is stable and no weight loss is seen, weigh residents monthly. If continued weight loss is seen, weigh weekly until weight stabilises. If requested by the GP – please follow their guidance.

## Referring to a dietitian

### Has food first treatment been provided every day for at least 1 month?

#### **If yes:**

Complete 'Nutrition assessment/referral form' + 3 days detailed food record charts

Think about what the Nutrition assessment and food record charts are telling you

Ensure that **for at least 1 month** you and your colleagues have done everything you can to assist the resident to eat and drink enough

### **If you still think you need to refer to the Dietitian,**

email: completed 'Nutrition assessment/referral form' to: [westherts.dietinfo@nhs.net](mailto:westherts.dietinfo@nhs.net)

+ completed 3 day detailed food record charts

+ copy of current MAR to **Hertfordshire Community NHS Trust Community Nutrition & Dietetics**

[Link to form](#)\* – Care home referral form West Herts

### **NB: Referral to Dietitian is unlikely to be appropriate/accepted if:**

Adequate food first has not been provided every day for at least 1 month

Resident has been unwell and/or has had hospital admission recently - this is likely to be the reason for weight loss

Resident has been admitted to the Home within the last month

Resident is reaching end of life (last few weeks of life)

\*[dietetics-care-home-referral-form-west-herts.docx \(live.com\)](#)



If a resident refuses to be weighed or is in hospital please note this in the correct column.  
Please note where a MUAC or ULNA length is used and document the reason.  
New residents can have a MUST score from BMI only.

**MUST of 0 and pressure areas**

For residents with a pressure area grade 2+ or an open wound – treat as a MUST 1 until pressure area improves and mark under PLAN.