Service user's name: .....

Service user's NHS number: .....

Service user's address: .....

Nutrition and 'MUST' Care Plan

Height Measured.....m Ulna length ..... cm = converted height .....m		For instructions on completing 'MUST' please refer to: https://www.bapen.org.uk/screening-and-must/must-calculator **If unable to obtain weight** use clinical judgement for each step based on subjective measurement e.g. MUAC, visual impression, loose fitting clothing/jewellery/dentures to estimate risk category (LOW, MEDIUM or HIGH) for each step					
Previous weight (kg) (3-6 months ago if possible)							
ABBREVIATIONS: < less than > more than Scales: S=standing, C=chair, H=hoist ONS: oral nutritional supplements	Date:						
	Scales used:						
	Weight (kg): or MUAC (cm)						
Step 1 BMI Score	BMI >20kg/m2 **Score = 0** BMI 18.5 – 20kg/m2 **Score = 1** BMI <18.5kg/m2 **Score = 2**						
Step 2 Weight Loss Score	Unplanned weight loss in the past 3-6 months (Compare highest weight in the past 6 months with current weight to calculate score) <5% loss **Score = 0** 5–10% loss **Score = 1** >10% loss **Score = 2**						
Step 3	Unlikely to apply in the community Score = 0 If acutely ill and no intake for >5days Score =2						
Step 4 'MUST' Score	Add steps 1, 2 & 3 together for 'MUST' score **Score 0** **Low Risk** **Score 1** **Medium Risk** **Score 2 or more** **High Risk**						
Step 5	Care Plan	Step 5 Care Plan See overleaf for recommended care planning guidelines for each risk category					
	Signature:						
	Designation:						
This screening tool should be used in conjunction with clinical judgement. For further information contact DANS on 01179598970 or email sirona.dieteticsadvice@nhs.net							

The 'Malnutrition Universal Screening Tool' ('MUST') is adapted and reproduced here with the kind permission of Western Sussex Hospitals Dietitian's and BAPEN (British Association for Parenteral and Enteral Nutrition).

For further information on 'MUST' visit www.bapen.org.uk.

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Sirona care & health

Nutrition Care Plan

The management guidelines for each risk category are listed below.
Date and sign the care plan, and tick the appropriate actions once they have been put into place.

Further information on guidelines below can be found in the Sirona nutrition support pack available at:
www.sirona-cic.org.uk/nhsservices/services/nutrition-and-dietetics/

Allergies:	Date:						
Score 0 LOW RISK	Document nutritional aim & actions						
	Rescreen 6 monthly or according to clinical judgement						
Score 1 MEDIUM RISK	Document nutritional aims & actions						
	Consider underlying cause of malnutrition and treat/ refer as appropriate						
	Consider food & fluid chart						
	Encourage 2 nourishing drinks daily						
	Encourage 2 nourishing snacks daily						
	Encourage 3 fortified meals daily						
	Weigh & rescreen at least monthly						
Score 2 HIGH RISK	Document nutritional aim & actions						
	Consider underlying cause of malnutrition and treat/ refer as appropriate						
	Consider food & fluid chart						
	Encourage 2 nourishing drinks daily						
	Encourage 2 nourishing snacks daily						
	Encourage 3 fortified meals daily						
	Encourage over-the-counter supplement drink						
	Weigh and rescreen at least monthly						
	If no improvement consider treating as score 3 or more						
Score 3 or more HIGH RISK	Care plan as per score 2 AND:						
	Rescreen monthly, consider weekly weights						
	Consider 4 week trial of first line ONS in line with ONS formulary* – discuss with GP						
	Consider referral to dietitian as per dietetic referral pathway **						
	Completed by:						
	Designation:						

Note: If service user is in a Sirona rehab unit weigh and screen weekly

https://remedy.bnssgccg.nhs.uk/formulary-adult/chapters/9-nutrition-and-blood/95-nutrition/
****https://remedy.bnssgccg.nhs.uk/adults/dietetics-nutrition/local-services/**

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Nutrition Care Plan

Use the space below to document extra information regarding the care plan for your service user e.g. personal preferences, actions that work particularly well. You should also document if you decide that parts of the care plan are not suitable for your service user; for example, if weighing causes your service user a lot of pain/agitation, then weekly weighing may not be appropriate, but monthly weighing could be more suitable.

Treatment date and aims should be documented and agreed below. Examples of treatment aims may be:

- Prevent further weight loss
- Increase weight by 5-10%
- Increase weight to a BMI of ≥18.5kg/m2
- Increase weight to A BMI of ≥20kg/m2
- Improve oral intake
- Aid wound healing
- Increase fluid intake
- Increase calorific intake by ≥500kcal a day
- Improve quality of life (discuss with service user)

*Agree timeframe with service user, family, or support staff as appropriate

Date	Treatment aims	Discussed and agreed with service user (signature and designation)

Date	Treatment aims	Discussed and agreed with service user (signature and designation)

Date of creation 05/2021
Date for review 05/2023
URN 0296

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