



Medcom Personnel Ltd

Holywell Lodge, 41 Holywell Hill, St. Albans, AL1 1HE



Review Sheet

Last Reviewed
04 Dec '23Last Amended
04 Dec '23Next Planned Review in 12 months, or
sooner as required.

Business impact



Changes are important, but urgent implementation is not required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

Policy relating to the nutrition and hydration needs of Service Users and how staff will support with this. Policy reviewed with no changes required at this time. Underpinning knowledge and further reading references have been checked and updated.

Relevant legislation:

- The Care Act 2014
- Equality Act 2010
- Food Safety Act 1990
- The Food Safety and Hygiene (England) Regulations 2013
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005

Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: The Royal Marsden NHS Foundation Trust, (2020), *The Royal Marsden Manual of Clinical Nursing Procedures*. [Online] Available from: [Accessed:]
- Author: Skills for Care, (2015), *Care Certificate*. [Online] Available from: <https://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx> [Accessed: 4/12/2023]
- Author: Royal College of Speech and Language Therapists, (2023), *Dysphagia and Eating, drinking and swallowing needs overview*. [Online] Available from: <https://www.rcslt.org/speech-and-language-therapy/clinical-information/dysphagia#section-4> [Accessed: 4/12/2023]
- Author: NICE, (2012), *Nutrition support in adults - Quality standard [QS24]*. [Online] Available from: <https://www.nice.org.uk/guidance/qs24> [Accessed: 4/12/2023]
- Author: NICE, (2017), *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition*. [Online] Available from: <https://www.nice.org.uk/Guidance/cg32> [Accessed: 4/12/2023]
- Author: CARE QUALITY COMMISSION, (2023), *Regulation 14: Meeting nutritional and hydration needs*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs> [Accessed: 4/12/2023]

Suggested action:

- Encourage sharing the policy through the use of the QCS App

Equality Impact Assessment:

QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.



1. Purpose

1.1 Medcom Personnel Ltd recognises that good nutrition plays a vital role in wellbeing and health, and that malnutrition or dehydration can have a huge impact on the physical and mental health of the Service Users and their ability to carry out everyday activities. This policy provides a framework to ensure good nutrition and hydration for Service Users that is acceptable to the individual, whilst ensuring that assessment and individualised plans of care identify risk, choice and promote independence.

1.2 To comply with legislation, regulation and best practice standards, in particular, CQC Regulation 14: Meeting nutritional and hydration needs, as well as the BAPEN Principles of Good Nutritional Practice.

1.3 This policy must be read in conjunction with the Dysphagia (Swallowing Difficulty) and Risk of Choking Policy and Procedure at Medcom Personnel Ltd.

1.4 To support Medcom Personnel Ltd in meeting the following Key Lines of Enquiry/Quality Statements (New):

Key Question	Key Lines of Enquiry	Quality Statements (New)
CARING	C2: How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?	QSC2: Treating people as individuals
CARING	C3: How are people's privacy, dignity and independence respected and promoted?	QSC1: Kindness, compassion and dignity QSC3: Independence, choice and control
EFFECTIVE	E3: How are people supported to eat and drink enough to maintain a balanced diet?	QSE4: Supporting people to live healthier lives
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?	QSS4: Involving people to manage risks QSS5: Safe environments
SAFE	S3: How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?	QSS6: Safe and effective staffing

1.5 To meet the legal requirements of the regulated activities that Medcom Personnel Ltd is registered to provide:

- | The Care Act 2014
- | Equality Act 2010
- | Food Safety Act 1990
- | The Food Safety and Hygiene (England) Regulations 2013
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Human Rights Act 1998
- | Mental Capacity Act 2005



2. Scope

- 2.1** The following roles may be affected by this policy:
- | Registered Manager
 - | Other management
 - | Care staff
- 2.2** The following Service Users may be affected by this policy:
- | Service Users
- 2.3** The following stakeholders may be affected by this policy:
- | Family
 - | Representatives
 - | External health professionals



3. Objectives

- 3.1** Medcom Personnel Ltd recognises the importance of having safe, high-quality food and nutrition available for all Service Users, regardless of age, gender, faith or cultural and social background and ability or disability.
- 3.2** Medcom Personnel Ltd promotes an inclusive culture which empowers the Service Users to have choice in all aspects of their nutrition and hydration management, whilst staff have the competence to monitor and assess for malnutrition and dehydration across all Service Users.



4. Policy

- 4.1** Care Workers are trained and have the competence to support Service Users safely and compassionately, within the realms of their role and responsibility. As a minimum, all staff create and maintain a safe environment that supports Service Users with food and drink and will adapt according to need.
- 4.2** Care Workers offer encouragement and practical assistance at mealtimes as required, whilst maintaining privacy and dignity at all times, especially when assisting Service Users.
- 4.3** Medcom Personnel Ltd ensures that all actions with regard to a Service User's nutrition and hydration are carried out in line with the Mental Capacity Act 2005 and Code of Practice. Additionally, all staff ensure that all Service Users are treated equally and are free from discrimination or exclusion. Medcom Personnel Ltd meets specific dietary requirements that are requested, meeting cultural or religious beliefs.
- 4.4** Arrangements will be made for any special diets or dietary supplements to be available to the Service Users following the advice of an appropriately qualified or experienced healthcare professional. Care Workers are given the knowledge, experience and skills to provide nutritional support that meets the needs of Service Users. Advice, guidance and resources will be available to support Service Users to make informed decisions around managing their nutrition and hydration needs.
- 4.5** Care Workers will seek expert, timely advice from appropriately trained professionals where there is an identified need to enhance oral intake, manage artificial nutritional support or manage complex medical conditions that may require modifications to diet or fluids.
- 4.6** Medcom Personnel Ltd also recognises that during times of uncertainty, such as the coronavirus pandemic, nutrition and hydration support to Service Users must continue in line with the latest government guidelines and regulations.



5. Procedure

5.1 Nutritional Screening

At the point of the Care Plan assessment, information is gathered and recorded in relation to nutritional and hydration preferences as well as gathering a medical history, information about food allergies and conditions that may affect the Service Users's ability to eat and drink independently.

Staff use the Malnutrition Universal Screening Tool (MUST) to assess the risk of malnutrition and must refer to the 'Forms' section of this policy. In the community, it is acknowledged that completion of MUST may not always be possible or relevant for all Service Users. Staff at Medcom Personnel Ltd will liaise with the community professionals to arrange for this to be completed for high risk Service Users if the necessary equipment is not available.

A Care Plan is produced for all Service Users that details the wishes, preferences, abilities and support required in relation to meeting nutrition and hydration needs. The Service Users is encouraged to be as fully involved as possible. In the absence of the ability of a Service Users to be involved, decisions are made in accordance with the Mental Capacity Act 2005 and staff must refer to this policy for further guidance.

Food and fluid charts, when introduced, must be used for an agreed period of time on an individual needs basis, to ascertain behaviours and patterns that can form management strategies to be recorded within the Service Users's Care Plan. A selection of charts can be found in the 'Forms' section of this policy. Where applicable, arrangements are put in place to ensure that the Service Users has access to food and fluids when the Care Worker is not visiting.

5.2 Communications

Care Workers establish professional relationships with Service Users to enable a greater understanding of their wishes, preferences and choices. This is recorded within the Service Users's Care records.

For Service Users who are proven to lack the capacity to be involved in planning their care, staff will adhere to the Mental Capacity Act 2005. Staff will seek the views of family members regarding the Service Users's needs and preferences and refer to life history for further information.

Service Users are fully encouraged and provided with the opportunity to feel included in discussions about their needs and wishes in relation to food and nutrition. This is achieved by ascertaining feedback and suggestions at every opportunity.

Where a Service Users is unable to eat or drink, or is demonstrating signs of deteriorating health due to reduced intake, a referral to the GP will be made and recorded. Care Workers are responsible for ensuring that any referrals are followed up and actioned.

5.3 Supporting a Service Users to Eat and Drink

All food preparation processes will comply with food safety legislation and systems are in place to enable and promote choice in diet selection. Care Workers ensure that they consult the Service Users regarding what they would like to eat at each mealtime, in line with the food and drink that is available.

Positioning

Where Service Users require full support, the staff member will sit at eye level and position themselves in front or slightly to one side of the Service Users whom they are helping. However, if this is too much of a distraction for the Service Users they are helping, staff must position themselves at their side.

Ideally, Service Users are supported to sit in a chair for mealtimes. However, for Service Users who are bed bound, the bed must be set at a 90-degree angle (unless clinically contraindicated).

Equipment

Specialised equipment will be readily available for the Service Users as identified in each individual Care Plan. Equipment will be checked before use to ensure it is clean, well maintained, fit for purpose and serviced, where this is required.

Staff must refer Service Users to appropriate healthcare professionals such as the Speech and Language Therapist, Occupational Therapist or Dietitians for support and guidance with managing concerns in relation to supporting Service Users to eat and drink.

5.4 Management of Malnutrition

- 1 Staff will, in the first instance, follow the MUST guidelines and report any concerns in relation to malnutrition to Mrs Irene Mtisi
- 1 Consideration must be given as to the possible reasons and causes for the assessed malnutrition risk. The reasons may be that the Service Users needs assistance with feeding, has difficulty swallowing or has other health issues not directly related to diet



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- | Where concerns continue, further advice must be sought from the Service Users's GP or dietitian

5.5 Hydration

Staff must encourage fluid intake for all Service Users (unless indicated otherwise, e.g. fluid restrictions in place), and offer a selection of hot and cold drinks during visits and when requested. Types of fluid are important and staff can refer to the [BDA website](#) to support advising Service Users of the recommendations.

Recommended fluid intake varies (NHS Choices recommends 6-8 glasses per day, BDA recommends 1,600ml for Women and 2,000ml for Men) therefore it is important for staff to establish what is normal for the Service Users. This information will be recorded in the Care Plan so that all staff are aware and can respond if they have concerns.

For those Service Users who are unable to advise staff on what is normal for them, a fluid chart must be kept for 3 days to try and establish a pattern of preferred fluid intake. This can then form the basis of the Care Plan which must be reviewed as patterns and behaviours change.

Staff need to also be aware of some of the common reasons as to why Service Users do not drink enough (e.g. fear of not getting to the toilet on time, unable to support themselves etc.) and work with the Service Users to resolve some of these issues.

Medical advice must be sought if a Service User has particular health problems that affect the maintenance of good hydration, which may require fluid restriction and close monitoring.

Staff need to be trained to look for the signs of dehydration (resources are available within the 'Further Reading' section of this policy), record these concerns and report them to Mrs Irene Mtisi.

5.6 Service Users with Swallowing Difficulties

Staff will support Service Users who have swallowing difficulties and must refer to the Dysphagia (Swallowing Difficulty) and Risk of Choking Policy and Procedure for more detail around the use of a modified diet and thickeners.

Any new changes to a Service User's swallow function will be reported to the GP and documented. Advice will be sought from the Speech and Language Team as to how Medcom Personnel Ltd can support the Service Users.

5.7 Artificial Nutrition and Hydration Support

Mrs Irene Mtisi will ensure that where Service Users require artificial support to meet their nutrition and hydration needs, this is met by competent, trained staff with the following available:

- | A detailed individual Care Plan that provides clinical guidance on the oral and enteral nutrition regimes and support required, who to contact for support and guidance, a protocol for out-of-hours management and how to respond to changes in condition
- | Sufficient and well-maintained stocks and supplies of equipment
- | Evidence of staff competence and training in the required areas
- | PPE and appropriate management of infection control

All regimes will be prescribed by an appropriate specialist healthcare professional or the Service User's GP.

5.8 Supporting Service Users who are Obese or Bariatric

- | If not already done so and with the agreement of the Service User, advice must be sought from a dietitian as soon as possible. If a Service User chooses to attempt to lose weight, the dietitian can give suitable guidance for safe weight loss
- | Staff must never assume that an overweight Service User must be on a calorie-reducing diet without discussing this with the Service User first and making them aware of the risks of being obese. Service User choice is paramount and this must be taken into account at all times

5.9 Training and Education

- | New Care Workers will be expected to complete the Skills for Care: Care Certificate as part of their induction at Medcom Personnel Ltd. This includes the completion of Unit 8: Fluids and Nutrition, which will provide a foundation to their knowledge
- | Ongoing, staff will be expected to maintain and develop their knowledge and development further. This will be delivered and offered by different means which could include formal training, or delivery via discussion through team meetings and supervisions
- | A range of resources will be available to support staff and access to this policy and the suite of associated documents will be available via the mobile app or desktop



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- | Staff should make use of any e-learning training available

5.10 Audit and Review

- | The audit programme for nutrition and hydration will be overseen by Mrs Irene Mtisi and will include audits of the care records and staff performance
- | Service Users feedback will be sought through various means such as direct discussion and through satisfaction surveys
- | Mrs Irene Mtisi will also make use of the Mock Inspection Toolkits available to demonstrate meeting the nutrition and hydration needs of a Service Users



6. Definitions

6.1 Artificial Nutrition and Hydration

- | Artificial nutrition and hydration is a medical treatment that allows a person to receive nutrition (food) and hydration (fluids) when they are no longer able to take them by mouth

6.2 Malnutrition Universal Screening Tool (MUST)

- | 'MUST' is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a Care Plan. It is for use in hospitals, community and other care settings and can be used by all care workers

6.3 Food Supplements

- | Food supplements are concentrated sources of nutrients or other substances with a nutritional or physiological effect, with a purpose to supplement the normal diet

6.4 BAPEN (British Association for Parental and Enteral Nutrition)

- | A charitable association that raises awareness of malnutrition and works to advance the nutritional care of patients and those at risk of malnutrition in the wider community



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | An up-to-date and current Care Plan will be in place to identify the Service Users's specific nutrition and hydration needs and preferences
- | All care and support surrounding nutrition and hydration will be provided in a person-centred way that promotes the Service Users's independence, choice and dignity
- | Providing Service Users with optimal nutritional care is an integral part of their support and the provision of appropriate food and fluids to meet their needs is essential to maximise individual health outcomes
- | Malnutrition and obesity are high-risk areas and staff must have the skills to assess, monitor and support the Service Users to manage this
- | Every Service Users will be offered a nutritional screen on commencement of Care, and this includes the use of a MUST assessment
- | Regardless of diet type, foods must be presented in an appetising manner and it must be emphasised that mealtime visits are seen as a meaningful and pleasant experience



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- 1 You must feel in control of your food and fluid choices
- 1 Staff with responsibilities for any aspect of the food preparation are trained and competent to carry out their role safely
- 1 If you require a modified diet, this will be presented in the same appetising way as any other food
- 1 You can discuss any aspects of your food experience with Mrs Irene Mtisi
- 1 Medcom Personnel Ltd will ensure that your nutrition and hydration needs are assessed and reviewed regularly. Your likes and dislikes, as well as any cultural or religious preferences, will be considered as part of your assessment



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

BAPEN: The MUST Explanatory Booklet (page 16 has a diagram of estimating BMI using arm circumference):

https://www.bapen.org.uk/pdfs/must/must_explan.pdf

BAPEN:

<https://www.bapen.org.uk/>

BDA (The Association of UK Dietitians):

<https://www.bda.uk.com/>

The Hydrate Toolkit:

<https://wessexahsn.org.uk/img/projects/Hydration%20toolkit%20V1.pdf>

SCIE - The eating environment for people with dementia:

<https://www.scie.org.uk/dementia/living-with-dementia/eating-well/eating-environment.asp>

Malnutrition Task Force:

<https://www.malnutritiontaskforce.org.uk/>

OHSN and YouTube offer a suite of training videos promoting hydration:

<https://www.youtube.com/watch?v=PqWotPIV8HI>

Caroline Walker Trust - Eating Well: supporting older people and older people with dementia - Practical guide:

<https://www.cwt.org.uk/wp-content/uploads/2014/07/EW-Old-Dementia-Practical-Resource.pdf>

NOS - Supporting people to eat and drink (skills for care):

<https://tools.skillsforhealth.org.uk/external/SCDHSC0214.pdf>

Alzheimer's Society - Eating and drinking:

<https://www.alzheimers.org.uk/get-support/daily-living/eating-drinking>

NICE - Diet, nutrition and obesity:

<https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/diet--nutrition-and-obesity#pathwaysNICE>
[guidance on Nutritional Support for Adults \(2006\)](#)

AGE UK - Good Nutrition and Hydration during COVID-19:

https://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/nutrition_hydration_covid19/



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- 1 The wide understanding of the policy is enabled by proactive use of the QCS App
- 1 A link role is assigned and this person can receive updates to support colleagues and drive best current practice recommendations
- 1 Weight loss and weight gain in Service Users is monitored monthly and action is taken where required
- 1 Communication systems between Medcom Personnel Ltd staff (as well as externally) are effective, and people report positively about their experiences in relation to food and nutrition
- 1 Service Users are actively involved in the design and delivery of food and nutrition at Medcom Personnel Ltd
- 1 Medcom Personnel Ltd takes part in national initiatives and audits as a means of demonstrating transparency and enhancing learning



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Malnutrition Universal Screening Tool (MUST) - CC33	On initial assessment and as per the provided guidelines.	BAPEN
Nutrition Screening Assessment - CC33	When assessing nutritional needs, to provide detail for the Care Plan.	QCS
Monthly MUST Score Record - CC33	To record the ongoing results of the MUST score and any changes.	QCS
Food and Fluid Chart - CC33	When the MUST score indicates that it is necessary to record food and fluid intake, or to establish routines and habits over a period of 3 days.	QCS
Fluid Balance Chart - CC33	To track the intake and output of fluid.	QCS
Extended BMI Chart - CC33	To determine accurate recording of BMI for Obese or Bariatric Service Users.	National Heart, Lung and Blood Institute

'MUST'

'MUST' is a five-step screening tool to identify **adults**, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

It is for use in hospitals, community and other care settings and can be used by all care workers.

This guide contains:

- A flow chart showing the 5 steps to use for screening and management
- BMI chart
- Weight loss tables
- Alternative measurements when BMI cannot be obtained by measuring weight and height.

The 5 'MUST' Steps

Step 1

Measure height and weight to get a BMI score using chart provided. *If unable to obtain height and weight, use the alternative procedures shown in this guide.*

Step 2

Note percentage unplanned weight loss and score using tables provided.

Step 3

Establish acute disease effect and score.

Step 4

Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.

Step 5

Use management guidelines and/or local policy to develop care plan.

Please refer to *The 'MUST' Explanatory Booklet* for more information when weight and height cannot be measured, and when screening patient groups in which extra care in interpretation is needed (e.g. those with fluid disturbances, plaster casts, amputations, critical illness and pregnant or lactating women). The booklet can also be used for training. See *The 'MUST' Report* for supporting evidence. Please note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of **use only in adults**.

Step 1 – BMI score (& BMI)

Height (feet and inches)

	4'9½	4'10½	4'11	5'0	5'0½	5'1½	5'2	5'3	5'4	5'4½	5'5½	5'6	5'7	5'7½	5'8½	5'9½	5'10	5'11	5'11½	6'0½	6'1	6'2	6'3	6'3½	6'4½	
100	47	46	44	43	42	41	40	39	38	37	36	35	35	34	33	32	32	31	30	30	29	28	28	27	27	15 10
99	46	45	44	43	42	41	40	39	38	37	36	35	34	33	33	32	31	31	30	30	29	28	28	27	27	15 8
98	46	45	44	42	41	40	39	38	37	36	36	35	34	33	32	32	31	30	30	29	28	28	27	27	26	15 6
97	46	44	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	26	26	15 4
96	45	44	43	42	40	39	38	38	37	36	35	34	33	32	32	31	30	30	29	28	28	27	27	26	26	15 2
95	45	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	26	26	25	14 13
94	44	43	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	25	14 11
93	44	42	41	40	39	38	37	36	35	35	34	33	32	31	31	30	29	29	28	27	27	26	25	25	25	14 9
92	43	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	25	24	14 7
91	43	42	40	39	38	37	36	36	35	34	33	32	31	31	30	29	29	28	27	27	26	26	25	25	24	14 5
90	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	14 2
89	42	41	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	24	14 0
88	41	40	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	23	13 12
87	41	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	24	23	13 10
86	40	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	23	23	13 8
85	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	24	23	23	13 5
84	39	38	37	36	35	35	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	23	23	22	13 3
83	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	23	23	23	22	13 1
82	38	37	36	35	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	12 13
81	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	22	22	12 11
80	38	37	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	21	12 8
79	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	22	21	21	12 6
78	37	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	21	21	12 4
77	36	35	34	33	32	32	31	30	29	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	20	12 2
76	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	23	23	22	22	22	21	21	20	12 0
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74	35	34	33	32	31	30	30	29	28	28	27	26	26	25	24	24	23	23	22	22	22	21	21	20	20	11 9
73	34	33	32	32	31	30	29	29	28	27	26	26	25	25	24	24	23	23	22	22	21	21	20	20	19	11 7
72	34	33	32	31	30	30	29	28	27	27	26	26	25	24	24	23	23	22	22	21	21	20	20	20	19	11 5
71	33	32	32	31	30	29	28	28	27	26	26	25	25	24	23	23	22	22	21	21	21	20	20	19	19	11 3
70	33	32	31	30	30	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	20	20	19	19	18	11 0
69	32	32	31	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	20	19	19	18	10 12
68	32	31	30	29	29	28	27	27	26	25	25	24	24	23	22	22	21	21	21	20	20	19	19	18	18	10 10
67	31	31	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	10 8
66	31	30	29	29	28	27	26	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	18	18	10 6
65	30	30	29	28	27	27	26	25	25	24	24	23	22	22	21	21	20	20	19	19	19	18	18	18	17	10 3
64	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	10 1
63	30	29	28	27	27	26	25	24	24	23	23	22	22	21	21	20	20	19	19	19	18	18	17	17	17	9 13
62	29	28	28	27	26	25	25	24	24	23	22	22	21	21	20	20	20	19	19	18	18	18	17	17	16	9 11
61	29	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	19	18	18	18	17	17	16	9 8
60	28	27	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	18	18	17	17	17	16	9 6
59	28	27	26	26	25	24	24	23	22	22	21	21	20	20	19	19	19	18	18	17	17	17	16	16	16	9 4
58	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	15	9 2
57	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	9 0
56	26	26	25	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	17	16	16	16	15	15	8 11
55	26	25	24	24	23	23	22	21	21	20	20	19	19	18	18	18	17	17	17	16	16	16	15	15	15	8 9
54	25	25	24	23	23	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	15	14	8 7
53	25	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	16	15	15	15	14	8 5
52	24	24	23	23	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	16	15	15	15	14	14	8 3
51	24	23	23	22	22	21	20	20	19	19	18	18	17	17	16	16	16	16	15	15	15	15	14	14	14	8 0
50	23	23	22	22	21	21	20	20	19	19	18	18	17	17	16	16	16	15	15	15	15	14	14	14	14	7 12
49	23	22	22	21	21	20	20	19	19	18	18	17	17	16	16	15	15	15	15	14	14	14	14	14	13	7 10
48	23	22	21	21	20	20	19	19	18	18	17	17	16	16	15	15	15	15	14	14	14	14	14	13	13	7 8
47	22	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	15	15	14	14	14	13	13	12	7 6
46	22	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	15	14	14	14	13	13	13	12	7 3
45	21	21	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	12	7 1
44	21	20	20	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	12	12	6 13
43	20	20	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	12	12	11	6 11
42	20	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	12	12	12	11	6 9
41	19	19	18	18	17	17	16	16	16	16	15	15	15	14	14	14	14	13	13	13	12	12	12	12	11	6 6
40	19	18	18	17	17	16	16	16	15	15	15	15	14	14	14	14	13	13	13	12	12					

Step 1

BMI score

BMI kg/m² Score

>20 (>30 Obese) = 0

18.5-20 = 1

<18.5 = 2

+

Step 2

Weight loss score

Unplanned weight loss in past 3-6 months

% Score

<5 = 0

5-10 = 1

>10 = 2

+

Step 3

Acute disease effect score

If 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

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
Hospital – weekly
Care Homes – monthly
Community – annually for special groups e.g. those >75 yrs

1 Medium Risk Observe

- Document dietary intake for 3 days
- If adequate – little concern and repeat screening
 - Hospital – weekly
 - Care Home – at least monthly
 - Community – at least every 2-3 months
- If inadequate – clinical concern – follow local policy, set goals, improve and increase overall nutritional intake, monitor and review care plan regularly

2 or more High Risk Treat*

- Refer to dietician, Nutritional Support Team or implement local policy
- Set goals, improve and increase overall nutritional intake
- Monitor and review care plan
Hospital – weekly
Care Home – monthly
Community – monthly

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

All risk categories:

- Treat underlying condition 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 policy.

Obesity:

- Record presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity.

If unable to obtain height and weight, see reverse for alternative measurements and use of subjective criteria

Acute disease effect is unlikely to apply outside hospital. See 'MUST' Explanatory Booklet for further information

Re-assess subjects identified at risk as they move through care settings

See The 'MUST' Explanatory Booklet for further details and The 'MUST' Report for supporting evidence.

Step 2 – Weight loss score

Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%
-----------------------------------	--------------------------------------	------------------------------------

Weight loss in last 3 to 6 months

Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%
-----------------------------------	--------------------------------------	------------------------------------

Weight loss in last 3 to 6 months

Current weight

kg	Less than (kg)	Between (kg)	More than (kg)
30	1.6	1.6 - 3.3	3.3
31	1.6	1.6 - 3.4	3.4
32	1.7	1.7 - 3.6	3.6
33	1.7	1.7 - 3.7	3.7
34	1.8	1.8 - 3.8	3.8
35	1.8	1.8 - 3.9	3.9
36	1.9	1.9 - 4.0	4.0
37	1.9	1.9 - 4.1	4.1
38	2.0	2.0 - 4.2	4.2
39	2.1	2.1 - 4.3	4.3
40	2.1	2.1 - 4.4	4.4
41	2.2	2.2 - 4.6	4.6
42	2.2	2.2 - 4.7	4.7
43	2.3	2.3 - 4.8	4.8
44	2.3	2.3 - 4.9	4.9
45	2.4	2.4 - 5.0	5.0
46	2.4	2.4 - 5.1	5.1
47	2.5	2.5 - 5.2	5.2
48	2.5	2.5 - 5.3	5.3
49	2.6	2.6 - 5.4	5.4
50	2.6	2.6 - 5.6	5.6
51	2.7	2.7 - 5.7	5.7
52	2.7	2.7 - 5.8	5.8
53	2.8	2.8 - 5.9	5.9
54	2.8	2.8 - 6.0	6.0
55	2.9	2.9 - 6.1	6.1
56	2.9	2.9 - 6.2	6.2
57	3.0	3.0 - 6.3	6.3
58	3.1	3.1 - 6.4	6.4
59	3.1	3.1 - 6.6	6.6
60	3.2	3.2 - 6.7	6.7
61	3.2	3.2 - 6.8	6.8
62	3.3	3.3 - 6.9	6.9
63	3.3	3.3 - 7.0	7.0
64	3.4	3.4 - 7.1	7.1

kg	Less than (kg)	Between (kg)	More than (kg)
65	3.4	3.4 - 7.2	7.2
66	3.5	3.5 - 7.3	7.3
67	3.5	3.5 - 7.4	7.4
68	3.6	3.6 - 7.6	7.6
69	3.6	3.6 - 7.7	7.7
70	3.7	3.7 - 7.8	7.8
71	3.7	3.7 - 7.9	7.9
72	3.8	3.8 - 8.0	8.0
73	3.8	3.8 - 8.1	8.1
74	3.9	3.9 - 8.2	8.2
75	3.9	3.9 - 8.3	8.3
76	4.0	4.0 - 8.4	8.4
77	4.1	4.1 - 8.6	8.6
78	4.1	4.1 - 8.6	8.7
79	4.2	4.2 - 8.7	8.8
80	4.2	4.2 - 8.9	8.9
81	4.3	4.3 - 9.0	9.0
82	4.3	4.3 - 9.1	9.1
83	4.4	4.4 - 9.2	9.2
84	4.4	4.4 - 9.3	9.3
85	4.5	4.5 - 9.4	9.4
86	4.5	4.5 - 9.6	9.6
87	4.6	4.6 - 9.7	9.7
88	4.6	4.6 - 9.8	9.8
89	4.7	4.7 - 9.9	9.9
90	4.7	4.7 - 10.0	10.0
91	4.8	4.8 - 10.1	10.1
92	4.8	4.8 - 10.2	10.2
93	4.9	4.9 - 10.3	10.3
94	4.9	4.9 - 10.4	10.4
95	5.0	5.0 - 10.6	10.6
96	5.1	5.1 - 10.7	10.7
97	5.1	5.1 - 10.8	10.8
98	5.2	5.2 - 10.9	10.9
99	5.2	5.2 - 11.0	11.0

Alternative measurements and considerations

Step 1: BMI (body mass index)

If height cannot be measured

- Use recently documented or self-reported height (if reliable and realistic).
- If the subject does not know or is unable to report their height, use one of the alternative measurements to estimate height (ulna, knee height or demispan).

Step 2: Recent unplanned weight loss

If recent weight loss cannot be calculated, use self-reported weight loss (if reliable and realistic).

Subjective criteria

If height, weight or BMI cannot be obtained, the following criteria which relate to them can assist your professional judgement of the subject's nutritional risk category. Please note, these criteria should be used collectively not separately as alternatives to steps 1 and 2 of 'MUST' and are not designed to assign a score. Mid upper arm circumference (MUAC) may be used to estimate BMI category in order to support your overall impression of the subject's nutritional risk.

1. BMI

- Clinical impression – thin, acceptable weight, overweight. Obvious wasting (very thin) and obesity (very overweight) can also be noted.

2. Unplanned weight loss

- Clothes and/or jewellery have become loose fitting (weight loss).
- History of decreased food intake, reduced appetite or swallowing problems over 3-6 months and underlying disease or psycho-social/physical disabilities likely to cause weight loss.

3. Acute disease effect

- Acutely ill and no nutritional intake or likelihood of no intake for more than 5 days.

Further details on taking alternative measurements, special circumstances and subjective criteria can be found in *The 'MUST' Explanatory Booklet*. A copy can be downloaded at www.bapen.org.uk or purchased from the BAPEN office. The full evidence-base for 'MUST' is contained in *The 'MUST' Report* and is also available for purchase from the BAPEN office.

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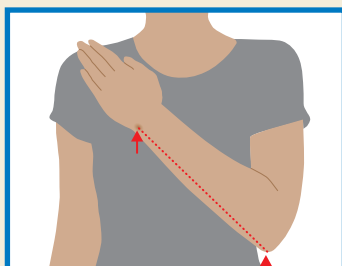


Alternative measurements: instructions and tables

If height cannot be obtained, use length of forearm (ulna) to calculate height using tables below.

(See The 'MUST' Explanatory Booklet for details of other alternative measurements (knee height and demispan) that can also be used to estimate height).

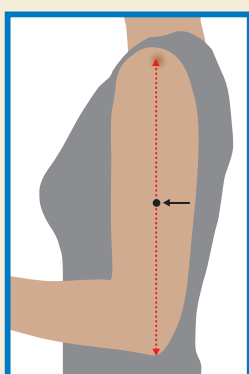
Estimating height from ulna length



Measure between the point of the elbow (olecranon process) and the midpoint of the prominent bone of the wrist (styloid process) (left side if possible).

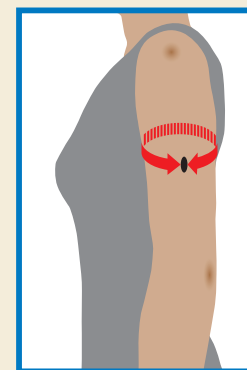
Height (m)	men (<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
	men (≥65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
Ulna length (cm)		32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
Height (m)	Women (<65 years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66
	Women (≥65 years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63
Ulna length (cm)		32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
Height (m)	men (<65 years)	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
	men (≥65 years)	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
Ulna length (cm)		25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
Height (m)	Women (<65 years)	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
	Women (≥65 years)	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40
Ulna length (cm)		25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5

Estimating BMI category from mid upper arm circumference (MUAC)



The subject's left arm should be bent at the elbow at a 90 degree angle, with the upper arm held parallel to the side of the body. Measure the distance between the bony protrusion on the shoulder (acromion) and the point of the elbow (olecranon process). Mark the mid-point.

Ask the subject to let arm hang loose and measure around the upper arm at the mid-point, making sure that the tape measure is snug but not tight.



If MUAC is <23.5 cm, BMI is likely to be <20 kg/m².

If MUAC is >32.0 cm, BMI is likely to be >30 kg/m².

The use of MUAC provides a general indication of BMI and is not designed to generate an actual score for use with 'MUST'. For further information on use of MUAC please refer to *The 'MUST' Explanatory Booklet*.

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Service Users Name:	
Date of Birth:	
Date of Assessment:	
Planned frequency of review:	Annual / Every 6 months / Every 3 months / Monthly
Name of person completing the assessment:	
Role of the person completing the assessment:	

Basic Information:

No.	Question	Yes	No	Don't know	N/A	Action Needed in Care Plan
1	Is there a history of weight gain?					
2	Is there a history of weight loss?					
3	If there is a history of weight loss, is this unplanned?					
4	Is the Service Users's food intake stable?					
5	Has the food intake increased?					
6	Has the food intake reduced?					
7	Is the Service Users taking oral nutritional supplements?					
8	Does the Service Users drink more than 6 to 8 cups per day?					
9	Does the Service Users drink less than 6 cups per day?					

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Does the Service Users have:

No	Question	Yes	No	Don't know	N/A	Action Needed in Care Plan
10	Problems with swallowing?					
11	The involvement of a speech and language therapist?					
12	Problems with chewing?					
13	A sore throat or mouth?					
14	Poorly fitting or painful dentures?					

When Eating, is the Service Users:

No	Question	Yes	No	Don't know	N/A	Action Needed in Care Plan
15	Independent in all aspects of eating?					
16	In need of some help?					
17	Needing assistance with positioning?					
18	Needing help in cutting up food?					
19	Needing full assistance to eat a meal?					
20	In need of increased time to eat a meal?					

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Dietary Requirements:

No	Question	Yes	No	Don't know	N/A	Action Needed in Care Plan
21	No special diet					
22	High protein or high energy diet					
23	Diabetic					
24	Heart protective					
25	Dysphagia Diet only					

Where Does the Service Users Like to Eat?

No	Question	Yes	No	Don't know	N/A	Action Needed in Care Plan
26	On their own					
27	With company					
28	Does not express a preference					

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NUTRITION SCREENING RECORD: INITIAL AND MONTHLY MUST SCORE

For all individuals: Record risk, agree on goals of intervention, and monitor.

Service Users Name:				Date of Birth:		
Initial Height (m):				Initial Weight (kg):		
Initial Impression (Circle as appropriate): Very thin / Thin / Healthy Weight / Overweight / Obese				Usual Weight:		
	Date	Weight (kg)	Start Weight (kg)	Nutrition Risk 0 = Low; 1 = Med, 2+ = High	Action Taken: Care Plan?	Initials
On commencing a service with Medcom Personnel Ltd						
Monthly Screening Score 1						
Monthly Screening Score 2						
Monthly Screening Score 3						
Monthly Screening Score 4						
Monthly Screening Score 5						
Monthly Screening Score 6						
Monthly Screening Score 7						
Monthly Screening Score 8						
Monthly Screening Score 9						
Monthly Screening Score 10						
Monthly Screening Score 11						

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KEEP FOR 3 DAYS for all Service Users at medium or high risk of malnutrition.

Service Users's Name:	
Date of Birth:	
Date:	

DAY 1

Meal	Description of food and drink	How much was eaten or drunk?						Initials
		Include oral nutritional supplements if applicable						
		All	3/4	1/2	1/4	Less than 1/4	None	
Breakfast								
Mid-morning								
Lunch								
Mid-afternoon								
Dinner								
Evening								

DAY 2

Meal	Description of food and drink	How much was eaten or drunk?						Initials
		Include oral nutritional supplements if applicable						
		All	3/4	1/2	1/4	Less than 1/4	None	
Breakfast								
Mid-morning								
Lunch								
Mid-afternoon								
Dinner								
Evening								

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DAY 3

Meal	Description of food and drink	How much was eaten or drunk? Include oral nutritional supplements if applicable						Initials
		All	3/4	1/2	1/4	Less than 1/4	None	
Breakfast								
Mid-morning								
Lunch								
Mid-afternoon								
Dinner								
Evening								

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Date:	Fluid Intake			Fluid Output			
Time:	Type of Fluid Oral Route:	Amount:	Other: (specify route e.g. S/C, PEG, N/A)	Urine:	Vomit:	Other:	Signature:
01.00							
02.00							
03.00							
04.00							
05.00							
06.00							
07.00							
08.00							
09.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
20.00							
21.00							
22.00							
23.00							
24.00							
Total:							
Total of Fluid intake columns:							
Total of Fluid output columns:							
Fluid balance chart to be totalled and documented in the Service Users's daily notes.							



Body Mass Index Table

	Normal						Overweight					Obese						Extreme Obesity																		
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body Weight (pounds)																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.