

# Guideline for Malnutrition Screening of Adult Inpatients and its Subsequent Management - Using the 'Malnutrition Universal Screening Tool' ('MUST')

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and / or carer. Health care professionals must be prepared to justify any deviation from this guidance.

## **AIMS OF GUIDELINE**

To set out the correct procedure for malnutrition screening of adult inpatients and describe the associated risk dependent nursing care plans.

This policy should be read in conjunction with WAHT – NUR-047 – Guideline For Good Practice At Mealtimes.

## THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS:

Registered Nursing Staff, Senior Health Care Assistants, Nursing Associates, Physicians Assistants, Medical Staff and Dietitians.

## Lead Clinician(s)

Andrew Morris Professional Clinical Lead Dietitian

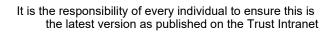
Hayley Ryan Team Lead Dietitian

Approved by Nutrition & Hydration Steering

Committee 16<sup>th</sup> October 2024

Review Date: 16<sup>th</sup> October 2027

This is the most current document and is to be used until a revised version is available





# Key Amendments to this guideline:

Date	Amendment	Ву:					
Dec 2010	Update on malnutrition issues following Bapen report	Zakia Naz					
Dec 2010	Updated version of the Nutrition Risk Score Tool and Food Boosters booklet	Zakia Naz					
June 2011	Small paragraph on page 2 deleted about history of South Manchester Tool,	Nalinee Owen Sarah Trenbirth					
June 2011	June 2011 Addition of 'MUST' tool information, general update on malnutrition issues following Bapen report, Appendices 1, 2 and 6 updated and appendices 3, 4, 7, 8, 9, 10 and 11 added.						
August 2013	Appendix 1, 2, 3, 6, 8 and 12 updated.	Zakia Naz					
October 2015	Appendix 2 updated	Zakia Naz					
September 2016	Updated Documentation for MUST Screening Tool and Nutrition Action Plan Added to Appendix 2 and Appendix 3, Appendices renumbered.	Joanna Logan					
December 2017	Sentence added in at the request of the Coroner						
August 2018	Updated appendixes	Petty Millard					
October 2018	Information on community management of malnutrition MUST 2018 audit – updated documentation Update on malnutrition and associated costs Updated care plans First line supplements altered Patient discharge information changed References updated Supplement chart removed and selection discussed IDDSI added	Emma Biddle					
February 2021	Document extended as per Trust agreement 11.02.2021						
June 2021	Document approved with no amendments	Nutrition & Hydration Steering Group					
October 2024	Updated to reflect move to Sunrise EPR References updated Appendices updated First line supplements altered	Andrew Morris Hayley Ryan					

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# Guideline for Malnutrition Screening of Adult Inpatients and its Subsequent Management - Using the 'Malnutrition Universal Screening Tool' ('MUST')

#### INTRODUCTION

These guidelines set out the nursing process for the screening and identification of all adult inpatients with or at risk of malnutrition. This is done by utilising and completing the specified Trust 'Malnutrition Universal Screening Tool' ('MUST').

The specified Trust 'MUST' then describes how to proceed with managing patients identified with or at risk of malnutrition. Patients with chronic malnutrition may also be at risk of Re-feeding Syndrome. This can also occur in patients receiving oral nutrition support i.e. oral nutritional supplements. Please refer to Identification and Management of Re-feeding Syndrome Guideline WAHT- NUT-006 for further guidance on this.

This guideline and screening tool are part of the 'Essence of Care' (DOH 2010), Food and Nutrition Benchmark. They have been produced to provide a consistent and equitable approach to patient malnutrition whilst in hospital. They clearly set out the responsibilities of the healthcare team and make efficient use of dietetic time. This policy is to be used for the management of inpatients in Worcestershire Acute Hospitals NHS Trust. Please also refer to the trust Guideline for Good Practice at Mealtimes WAHT-NUR-047 for further guidance on supported mealtime policy and action plan.

The 'MUST' was chosen as it is a nationally validated tool which has been successfully implemented in approximately 70% of hospitals across England. The tool is supported by the British Dietetic Association (BDA), the Royal College of Nursing (RCN) and the Registered Nursing Home Association (RNHA). In 2018 an audit on the MUST, led to revised documentation of the MUST care plans and all supporting documentation, which can be found in the appendices.

Almost half (45%) of all adults in healthcare settings in the UK are at risk of disease-related malnutrition (BAPEN, 2022). The associated costs to health and social care for malnutrition is estimated to be in excess of £19 billion per annum in England alone (BAPEN 2015). On average it costs £7,408 per year to care for a malnourished patient, compared to £2,155 for a well-nourished patient (BAPEN, 2015). This highlights the importance of malnutrition screening on admission to identify these people and initiate the appropriate care plan.

Malnutrition has a wide range of adverse consequences (Beckford-Ball 2006) including:

- Impaired immune response
- Reduced respiratory muscle function
- Reduced muscle strength and fatigue (sarcopenia)
- Impaired wound healing
- Delayed recovery from illness
- Increased risk of hospital admission, 8 times more likely than well nourished (BSNA, 2018)
- Increased length of hospital stay

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#### **DETAILS OF GUIDELINE**

#### **Screening**

The 'MUST' will be completed for all adults within 24 hours of admission to hospital (DOH, 2010, NICE 2006, Beckford-Ball 2006).

#### Re-screening

Patients should be re-screened using the same 'MUST' tool weekly (DOH 2010, NICE 2006), unless their medical condition changes and an earlier re-screening is indicated. When patients are admitted onto a new ward, an accurate weight should be taken that day. If for any reason a weight cannot be taken on that day, a Mid Upper Arm Circumference (MUAC) should be taken and recorded on the MUST score. No estimated weights should be performed without guidance of a MUAC. Wards should then dedicate a 'weigh day'. This should help to ensure patients are weighed weekly during their admission and ensure MUST scores are updated on a regular basis.

#### Using the 'MUST'

The 'MUST' is completed by scoring the patient in each of the 3 steps; step 1: BMI score; step 2: percentage weight loss score and step 3: acute disease effect score. In step 4 the scores for steps 1, 2 and 3 are added together to give the overall 'MUST' score. This process is completed on Sunrise EPR. Once the 'MUST' has been completed, step 5, an action plan, is displayed on the screen directing staff as to what actions need to be taken, depending on the 'MUST' score. The action plans are designed to help prevent well-nourished patients becoming less well-nourished, while in hospital. Medium and high-risk care plans are designed to help at risk patients or already malnourished patients receive the correct nutrition and hydration intervention while in hospital, with the aim of improving their nutritional status. Remember prevention is always better than cure.

#### **Nursing Action Plans**

#### 'MUST' = 0: Low Malnutrition Risk - Interventions

- 1. Weekly weights.
- 2. Repeat 'MUST' score weekly unless patient's condition raises concern.
- 3. If the patient is eating less than half a meal on a regular basis, follow 'MUST' = 1.

#### 'MUST' = 1: Medium Malnutrition Risk – Interventions

- 1. Start Food Record Chart. Record intake for 3 days
- 2. Nurse to discuss with patient and family/carers regarding food preferences and patients to be supporting in making menu choices
- 3. If menu choices are not suitable then the catering department should be contacted to discuss alternative menu choices
- 4. Chose portion size to suit their appetite
- 5. Offer snacks available on wards; e.g. yoghurt, biscuits, fruit
- 6. Check whether relatives/carers can bring in snacks to tempt appetite e.g. individually wrapped favourite cakes, biscuits, chocolate, cheese and crackers.
- 7. Offer nourishing drinks in preference to water e.g. milky tea / coffee, malted drinks, hot chocolate, milk, fruit juice.
- 8. Contact the catering department if a patient is finding the meals repetitive
- 9. Offer assistance at meal times to patients who have been allocated a red tray
- 10. If less than half of a meal is eaten, offer a suitable supplement e.g. Fortisip Compact

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- 11. If a savoury supplement is preferred, order Meritene Soup if suitable, which are available from pharmacy
- 12. Document supplements offered on food chart
- 13. Repeat weekly weights
- 14. Repeat MUST screening weekly
- 15. To improve hydration visitors can bring in beverages such as cartons of fruit juice, soft drinks in plastic bottles / cartons and individual sachets of malted drinks. Visitors should be encouraged to check that beverage is suitable for patient with the ward staff
- 16. If there are clinical concerns regarding food intake after implementing the above, please refer to the dietitian

#### 'MUST' = 2 or more: High Malnutrition Risk – Interventions

- 1. Implement all actions above for MUST=1 where patient is able to eat and drink safely
- 2. Refer to the Dietitian on ICE stating reason for referral high MUST score and the actual score to enable referrals to be triaged.

The above actions should be IMPLEMENTED and documented clearly within the patient's nursing notes.

#### Malnutrition and the Red Tray Guideline

Patients highlighted as at risk of malnutrition ('MUST' score of 1 or above) who require assistance with feeding, will have their meals served on a red tray (see appendix 5 for Red Tray Guideline).

Red tray allocation at mealtimes is organised by ticking the 'red tray' box on the patients menu. The menu is sent to the catering department and subsequently a red tray is allocated to the patient at ward level when meals are plated up.

The purpose of the red tray is to ensure all patients receive supervision, assistance and observation at mealtimes. It also highlights that food charts should be completed prior to removing the tray from the patient's bedside thus ensuring nutritional intake is recorded accurately.

#### **Selection of Oral Nutritional Supplements**

The Trust has agreed that supplements are food and therefore do not need a drug 'prescription' or patient group directive to administer to patients. If a patient has a medium MUST score, supplements can be offered without a prescription as part of the action plan. However, all oral nutritional supplements need to be recorded on the food chart. For patients on thickened fluids please seek advice from the Nutrition and Dietetic or Speech and Language Departments to ensure supplements are suitable for these patients.

When a patient is requiring ongoing oral nutrition support, supplements can be prescribed onto the patients drug chart to ensure they are offered regularly. This can be done by a nurse prescriber, pharmacist, doctor or dietitian. It will be essential for the prescriber to specify which nutritional supplement is most appropriate for that patient. The prescribing of supplements onto a patient's drug chart is recommended to improve patient compliance (NICE 2006).

Our first line supplement is Fortisip Compact. If a supplement is offered and the patient dislikes it please offer an alternative flavour bearing in mind that everyone is different and preferences will

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vary. Oral nutritional supplements are more palatable when chilled. If any issues are experienced with selecting the appropriate supplement, please contact your ward dietitian.

If a patient is required to be on thickened fluids special attention should be payed when offering nutritional supplements as they may not be appropriate. Please refer the patient to the Nutrition and Dietetic Department and Speech and Language Department for a review.

No nutritional supplements will be prescribed or supplied on discharge, as part of the patients ongoing care plan, unless a dietitian has indicated otherwise. Refer to the section on nutritional supplement provision on discharge for clarification.

Supplements are to be ordered by ward housekeepers.

#### Referral to a dietitian due to a high MUST score

Referrals to a dietitian should be made as directed by the 'MUST'. 'MUST' score of 2 or more requires a referral to a dietitian. A 'MUST' of 0 or 1 where the 'MUST' of 1 nursing care plan has been implemented for a minimum of 3 days, with no improvement in nutritional intake, also requires a dietetic referral. Nutrition and hydration assessments must be carried out by people with the required skills and knowledge (CQC 2008).

The use of the 'MUST' tool should not override clinical judgement (for example terminal or palliative patients who wish to enjoy their favourite foods rather than optimising their nutritional status, or those commencing the optimising end of life care pathway).

In these 'special' circumstances where the 'MUST' and resulting defined nursing care plan is not followed, the rationale for this alternative action should be clearly documented within the patient's medical or nursing care plan and when the referral is made to the dietetic department.

#### **Patient Discharge from Hospital**

There are numerous websites and ways to gain information regarding diet and nutrition. If as a ward you would like to signpost / provide literature to your patients before discharge. These reputable websites will help provide appropriate information. If you feel your patient needs more specific / specialised dietary information, please refer to the dietetic department in a timely manner prior to discharge.

General healthy eating, for low MUST: https://www.malnutritionpathway.co.uk/library/pleaflet\_green.pdf

Making the most of your food, for medium MUST <a href="https://www.malnutritionpathway.co.uk/library/pleaflet\_yellow.pdf">https://www.malnutritionpathway.co.uk/library/pleaflet\_yellow.pdf</a>

Food fortification for patients with high risk MUST <a href="https://www.malnutritionpathway.co.uk/library/pleaflet">https://www.malnutritionpathway.co.uk/library/pleaflet</a> red.pdf

If a patient is due for discharge to their own home and under dietetic review, the dietitian will give out the most appropriate diet literature prior to discharge, if applicable.

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#### **Nutritional Supplement Provision on Discharge**

Supplements are not routinely prescribed on discharge and should not be included on the EDS, unless specifically requested by the dietitian. Pharmacy will not supply nutritional supplements to patients on discharge unless on the authorisation of a dietitian.

As per the Worcestershire Area Prescribing Committee 'Prescribing Guidelines for Oral Nutritional Supplements (ONS) for adults' a food first approach should always been used for discharge. A dietitian will recommend if this is not the case and ONS are required.

For patients requiring nutritional supplement provision within the community, their hospital Dietitian will write to the patient's GP clearly documenting the 'MUST' score, the required action plan and the rationale for continuing the supplements in the community. The GP will then assess the patient's case and plan their community care accordingly. The GP should then reassess the need for continuing supplements longer term as per the 'Prescribing Guidelines for Oral Nutritional Supplements (ONS) for adults'. There is currently no community dietetic service for patients in Worcestershire who require oral nutrition support, other than attending an outpatient clinic appointment at the local hospital. A hyperlink for the ONS commission policy can be found in the references.

#### **Malnutrition Policy System Monitoring**

The effectiveness of the 'MUST' tool will be monitored via the Nutrition and Hydration steering group audits, which will be carried out by the dietitians annually. Matrons also carry out regular audits to ensure standards and compliance with weights and MUST tools are maintained. These results are fed back regularly at the monthly Nutrition and Hydration steering group meetings.



#### **REFERENCES**

BAPEN (2022) **BAPEN Malnutrition and Nutritional Care Survey in Adults**<a href="mailto:national-survey-of-malnutrition-and-nutritional-care-2022.pdf">national-survey-of-malnutrition-and-nutritional-care-2022.pdf</a> (accessed 24th October 2024)

Beckford-Ball, J (2006) **Guidelines on the Provision of Nutritional Support In Adults**, Nursing Times. 102.10. Pg 25-26.

CQC (2008) Regulation 14: Meeting nutritional and hydration needs: Regulation 14: Meeting nutritional and hydration needs - Care Quality Commission (accessed 24th October 2024)

DOH - Department of Health (2010) **Essence of Care 2010, Benchmarks for Food and Drink**, <a href="http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\_119978.pdf">http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\_119978.pdf</a> (accessed 24<sup>th</sup> October 2024)

NICE (2006). Overview | Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition | Guidance | NICE (accessed 24th October 2024)

Worcestershire Area Prescribing Committee: Prescribing Guidelines for Oral Nutritional Supplements (ONS) for adults (October 2024)

HW Oral Nutritional Supplement Guidance v2 2024 Final.pdf (accessed 24 October 2024)

#### **APPENDIX**

Appendix 1 ULNA and MUAC Alternative

Measurements: Instructions and tables

Appendix 2 BMI Chart

Appendix 3 Weight Loss Score Charts
Appendix 4 International Dysphagia Diet

Standardisation Initiative

Appendix 5 Red Tray Guideline

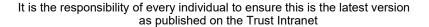
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#### Circulated to the following individuals for comments

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## Appendix 1 - Alternative Measurement Instructions ULNA LENGTH AND MUAC

## 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).

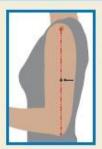
#### Estimating height from ulna length



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).

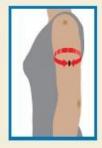
Height (m)	men (<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
H P	men (≥65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
	Ulna length (cm)	32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
Height (m)	Women (<65 years)	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
He :	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
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
五二	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
H E	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

#### 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/m<sup>2</sup>. If MUAC is >32.0 cm, BMI is likely to be >30 kg/m<sup>2</sup>.

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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# Appendix 2 - BMI chart

Step 1 - BMI Score and BMI (36kg to 148kg)

g	1.48	1.50	1.52	1.54	1.56	1.58	1.60	1.62	1.64	1.56	1.68	1.70	1.72	1.74	1.76	1.78	1.80	1.82	1.84	1.86	1.88	1.90	st
48	68	66	64	62	61	59	58	56	55	54	52	51	50	49	48	47	46	45	44	43	42	41	23
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0	50	49.	48	46	45	44	43	42	41	.40.	39	38	37	36	36	35	34	.33.	32	32	31	30	1
8	49	48	-47	46	44	43	42	41	40	39	38	37	37	36	35	34	33	33	32	31/	31	30	
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4	47	45	45	44	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	1
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4							The Real Property lies	The second	COLUMN TWO IS NOT						24		23				21		-
_	34	33	32	31	30	30	29	28	28	27	26	26	25	24	100000	23	11000	22	22	21		-20	1
2	33	32	31	30	30	29	28	27	27	26	26	25	24	24	23	23	22	22	21	21-	20	20	1
0	32	31	30	30	29	28	27	27	26	- 25	25	24	24	23	23	22	22	21	-24-	20	20	19	3
8	31	30	29	29	28	27	27	26	75	25	24	24	23	22	22	21	21	-21	20	20	19	19	10
6	100	29	29	28	27	26	26	25	25	24	23	23	22	22	21	سدد	20	20	19	19	19_	-18	10
4	29	28	28	27	25	25	25	24	24	23	23	72	22	.21	750	20	20	19	19	سعل	18	18	1
2	28	28	27	26	25	25	24	24	23	22	22	21	21_	-20	20	20	19	19	-18	18	18	17	9
0	2.7	27	26	25	25	24	23	23	22	22	21	22	20	(20	19	19	18-	18	18	17	17	17	3
1	26	25	25	24	24	23	23	22	22	21	-21	20	20	19	19_	18	18	18	17	17	16	15	9
3	26	25	24	24	23	22	22	21	21_	20	20	19	19	18	18	18	17	17	17	16	16	16	a
i	25	24	23	23	22	22	21	24	20	20	19	19_	18	18	17	17	37	16	16	16	15	15	1
2					_		-20		19		-18	-	_			-						_	_
_	24	23	23	22	21	21	_	20	_	19		18	18	17	17	16	16	16	15	15	15	14	8
1	23	22	22	21	22	20	20	19	10-		18	17	17	17	15	16	15	15	15	14	14	14	7
3	22	21	21	-20	20	19	19_	18	18	17	17	17	16	16	15	15	15	14	14	14	14	13	1
5	21	20	20	19	19	1	18	18	17	17	16	16	15	15	15	15	14	14	14	13	13	13	1
ŧ.	_20	20	19	12-	18	18	17	17	16	15	16	15	15	15	14	14	14	13	13	13	12	12	6
2	19	19_	-15	18	-17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	12	-
0	18-	78	17.9	17	16	15	16	15	15	15	14	=14	14	13	13	13	12	12	12	12	211	11	6
B	17	17	16	16	16	15	15	:14	34	14	13	13	13	13	12	12	12	11	11	11	11	11	
6	16	16	16	15	15	14	14	14	13	13	13	12	12	12	12	11	33	11	11	10	10	10	5
		No. of Street, or other Designation of the last of the	- 10	5'0" %	25.A	57"	2.7	2.84	EM. 17	22.77	2.0	57	17%	28.4	\$4. P	510"	EH!	V1112	ERLA.	El.	FT	EF	4

 MUST score 2 - BMI <18.5kg/m²</td>
 MUST score 0 - BMI 20-30.2kg/m²

 MUST score 1 - BMI 18.5-20kg/m²
 MUST score 0 - BMI >30.25kg/m²

Note: The black lines denote the exact cut off points (30.2 and 18.5kg/m²). Figures on the chart have been rounded off to the nearest whole number.

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Guideline for Malnutrition Screening of Adult Inpatients and its Subsequent Management -									
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Step 1 - BMI Score and BMI (150kg to 270kg)

Kg	1.48	1.50	1.52	1.54	1.56	1.58	1.60	1.62	1.64	1.66	1.68	1.70	1.72	1.74	1.76	1.78	1,80	1.82	1.84	1.86	1.88	1.90	stibs
270	123	120	117	114	111	108	105	103	100	98	96	93	91	89	87	85	83	82	80	78	76	75	42st7
268	122	119	116	113	110	107	105	102	100	97	95	93	91	89	87	85	83	81	79	77	76	74	42st3
266	112	118	115	112	109	107	104	101	99	97	94	92	90	88	85	84	82	80	79	77	75	74	41st1
64	121	117	114	111	108	106	103	101	98	96	94	91	89	87	85	83	81	80	78	76	75	73	41sti
162	120	116	113	110	108	105	102	100	97	95	93	91	89	87	85	83	81	79	77	76	74	73	41st
60	119	116	113	110	107	104	102	99	97	94	92	90	88	86	84	82	80	78	77	75	74	72	40st1
58	118	115	112	109	106	103	101	98	96	94	91	89	87	85	83	81	80	78	76	75	73	.71	40st
256	117	114	111	108	105	103	100	98	95	93	91	89	87	85	83	81	79	77	76	74	72	71	40st
54	116	113	110	107	104	102	99	97	94	92	90	88	86	84	82	80	78	77	75	73	72	70	40st
252	115	112	109	106	104	101	98	96	94	91	89	87	85	83	81	80	78	76	74	73	71	70	39st1
250	114	111	108	105	103	100	98	. 95	93	91	89	87	85	83	81	79	. 77	. 75	74	72	71	69	39st
48	113	110	107	105	102	99	97	94	92	90	88	86	84	82	80	78	77	75	73	72	70	69	39st
46	112	109	106	104	101	99	96	94	91	89	87	85	83	81	79	78	76	74	73	71	70	68	38st1
44	111	108	106	103	100	98	95	. 93	91	89	86	84	82	81	79	77	. 75	. 74	72	71	69	68	3Bst
42	110	108	105	102	99	97	95	92	90	88	86	84	82	80	78	76	75	73	71	70	68	67	38st
140	110	107	104	101	99	96	94	91	89	87	85	83	81	79	77	76	74	72	71	69	68	66	37st
238	109	106	103	100	98	95	93	91	88	86	84	82	80	79	77	75	73	72	70	69	57	66	37st
236	801	105	102	100	97	95	92	90	88	85	84	82	80	78	76	74	73	71	70	68	67	65	37st
234	107	104	101	99	96	94	91	89	87	85	83	81	79	77	76	74	72	71	69	68	56	65	36st
32	106	103	100	98	95	93	91	88	86	84	82	80	78	77	75	73	72	70	69	67	56	64	36st
230	105	102	100	97	95	92	90	88	86	83	81	80	78	76	74	73	.71	60	68	66	65	64	36st
228	104	101	99	96	94	91	89	87	85	83	81	79	77	75	74	72	70	69	67	66	65	63	35st1
226	103	100	98	95	93	91	88	86	84	82	80	78	76	75	73	71	70	68	67	65	64	63	35st
224	102	100	97	94	92	90	88	85	83	81	79	78	75	74	(672	71	69	68	66	65	63	62	35st
22	101	99	96	94	91	89	87	85	83	81	79	77	75	73	72	70	69	67	66	64	63	61	35st
20	100	98	95	93	90	88	86	84	82	80	78	76	74	73	23	69	68	66	65	64	62	61	34st
18	100	97	94	92	90	87	85	83	81	79	37	75	747	72	70	69	67	66	64	63	62	60	34st
116	99	96	93	91	89	87	84	82	.80	78	77	75	73	71	70	68	67	65	64	62	61	50	34s
214	98	95	93	90	88	86	84	82	80	78	76	74	72	219	69	68	66	65	63	62	61	59	33st1
212	97	94	92	89	87	85	83	81	79	77	75	73	72	70	68	67	65	64	63	61	60	59	33st
210	96	93	91	89	86	84	82	80	78	76	74	73	71	69	68	66	65	63	62	61	59	58	33st
208	95	92	90	88	85	83	81	79	77_	75	74	72	70	69	67	66	64	63	61	60	59	58	32st1
206	94	92	89	87	85	83	80	78	77	75	73	71	70	68	67	65	64	62	61	60	58	57	32st
204	93	91	88	86	84	82	80	78	76	74	72	71	60	67	66	54	63	62	60	59	58	57	32st
102	92	90	87	85	83	81	79	77	75	73	72	70	68	67	65	64	62	61	60	58	57	56	31st1
2000	91	89	87	84	82	80	78	76	74	73	71	60	68	66	65	63	62	60	59	58	57	55	31st
198	90	88	86	83	81	79	.77	75	74	72	70	69	67	65	64	62	- 61	. 60	58	57	56	55	31st
96	89	87	85	83	81	79	77	75	73	71	69	68	66	65	63	62	60	59	58	57	55	54	30st
94	89	86	84	82	80	78	76	74	72	70	69	57	66	64	63	61	60	59	57	56	55	54	30st
92	88	85	83	81	79	77	75	73	71	70	58	66	65	63	62	61	59	58	57	55	54	53	30st
190	87	84	82	80	78	76	74	72	71	69	67	56	64	63	61	60	59	57	56	55	54	53	29st1
88	85	84	81	79	77	75	73	72	70	68	57	65	64	62	61	50	58	57	56	54	53	52	29st
86	85	83	81	78	76	75	73	71	69	67	66	64	63	61	60	59	57	56	55	54	53	52	29st
84	84	82	80	78	76	74	72	70	68	67	65	64	62	61	59	58	57	56	54	53	52	51	295
82	83	81	79	77	75	73	71	69	68	66	64	63	52	60	59	57	56	55	54	53	51	50	28st
80	82	80	78	76	74	72	70	69	67	65	64	62	61	59	58	57	56	54	53	52	51	50	28st
78	81	79	77	75	73	71	70	68	66	65	63	62	60	59	57	56	55	54	53	51	50	49	28st
76	80	78	76	74	72	71	69	67	65	64	62	61	59	58	57	56	54	53	52	51	50	49	27st1
74	79	77	75	73	71	70	68	66	65	63	62	60	50	57	56	55	54	53	51	50	49	48	27st
72	79	76	74	73	71	69	67	66	64	62	61	60	58	57	56	54	53	52	51	50	49	48	2751
70	78	76	74	72	70	68	66	65	63	62	-60	59	57	56	55	54	52	51	50	49	48	47	26st
68	77	75	73	71	69	67	66	64	62	61	60	58	57	55	54	53	52	51	50	49	48	47	26st
66	75	74	72	70	68	66	65	63	62	60	59	57	55	55	54	52	51	50	49	48	47	46	26st
64	75	73	71	69	67	66	64	62	61	60	58	57	55	54	53	52	51	50	48	47	46	45	25st
62	74	72	70	68	67	65	63	62	60	59	57	56	55	54	52	51	50	49	48	47	46	45	25s
60	73	71	69	67	66	64	63	61	59	58	57	55	54	53	52	50	49	48	47	46	45	44	25s
58	72	70	68	67	65	日	62	60	59	57	56	55	53	52	-51	50	. 49	. 48	47	46	45	44	24st
56	71	69	68	66	54	62	61	59	58	57	55	54	53	52	50	49	48	47	45	45	44	43	24st
54	70	68	67	65	63	62	60	59	57	56	55	53	52	51	50	49	48	46	45	45	44	43	24st
52	59	68	66	64	62	61	59	58	57	55	54	53	51	50	49	48	47	46	45	44	43	42	23st
50	68	67	65	63	62	50	59	57	56	54	53	52	51	50	48	47	46	45	44	43	42	42	23st
88	81016	4111	50"	28.4	\$11.0	FF	23,	VAT-	58746	22.49	2.62	FF	FFA	Sa. or	20.00	2.00.	8387	\$11.6	60.4	611	627	en.	

_			-				W 4
2 1	MUST	score	0 -	RIMI	>30	.25KQ	/m-

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Guideline for Malnutrition Screening of Adult Inpatients and its Subsequent Management –
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# Appendix 3 - Weight loss score

APEN		KILOGRAMS	5			IES AND PO	UNDS			KILOGRAMS	5			IES AND PO	UNDS
ww.hapen.org.uk	Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%		Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%		Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%		Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%
		ght loss in to 6 month		)		ight loss in to 6 mont				ight loss in to 6 montl				ight loss in to 6 montl	
kg	Less than (kg)	Between (kg)	More than (kg)	st Ib	Less than (st lb)	Between (st lb)	More than (st lb)	kg	Less than (kg)	Between (kg)	More than (kg)	st lb	Less than (st lb)	Between (st lb)	More than (st lb)
30	1.6	1.6 - 3.3	3.3	4 10	03	03-07	0.7	65	3.4	3.4 - 7.2	7.2	10 3	0 8	08-12	12
31	1.6	1.6 - 3.4	3,4	4 12	0.4	04-08	0.8	66	3.5	3.5 - 7.3	7.3	10 6	0 8	08-12	1 2
32	1.7	1.7 - 3.6	3.6	5 1	04	04-08	0.8	67	3.5	3.5 - 7.4	7.4	108	0 8	08-12	1 2
33	1.7	1.7 - 3.7	3.7	5 3	04	04-08	0.8	68	3.6	3.6 - 7.7	7.6	1010	0 8	08-13	13
34	1.8	1.8 - 3.8	3,8	5 5	0.4	04-08	0.8	69	3.6	3.6 - 7.7	7.7	1012	0 8	08-13	13
35	1.8	1.8 - 3.9	3.9 4.0	5 7	04	04-09	0.9	70	3.7	3.7 - 7.8 3.7 - 7.9	7.8 7.9	11 0	0 8	08-13	13
36	1.9	1.9 - 4.0	4.0	5 9	04	04-09	0.0	72	3.7	3.7 - 7.9	8.0	11 3	0 8	08-13	1 4
38	2.0	2.0 - 4.2	4.2	6 0	0.4	04-09	0.9	73	3.8	3.8 - 8.1	8.1	11 7	0.8	08-14	1 4
39	2.1	2.1 - 4.3	4.3	6 2	0.5	05-010	0 10	74	3.9	3.9 - 8.2	8.2	11 9	0 9	09-14	1 4
40	2.1	2.1 - 4.4	4.4	6 4	0.5	0 5 - 0 10	0 10	75	3.9	3.9 - 8.3	8,3	1111	0 9	09-14	1 4
41	2.2	2.2 - 4.6	4.6	6 6	0.5	0 5 - 0 10	0 10	76	4.0	4.0 - 8.4	8.4	12 0	0 9	09-15	1 5
42	2.2	2.2 - 4.7	4.7	6 9	0.5	0 5 - 0 10	0 10	77	4.1	4.1 - 8.6	8.6	12 2	0 9	09-15	15
43	2.3	2.3 - 4.8	4.8	6 11	0.5	05-011	0 11	78	4.1	4.1 - 8.6	8.7	12 4	0 9	09-15	15
<b>E</b> 44	2.3	2.3 - 4.9	4.9	6 13	0.5	0 5 - 0 11	0 11	<b>±</b> 79	4.2	4.2 - 8.7	8.8	12 6	0 9	09-15	1 5
44 45	2.4	2.4 - 5.0	5.0	7 1	0.5	0 5 - 0 11	0 11	08 00	4.2	4.2 - 8.9	8.9	128	0 9	09-16	1.6
≥ 46	2.4	2.4 - 5.1	5.1	7 3	0.5	0 5 - 0 11	0 11	79 80 81	4.3	4.3 - 9.0	9.0	1211	0 9	09-16	1 6
# 47	2.5	2.5 - 5.2	5.2	7 6	0.5	0 5 - 0 12	0 12		4.3	4.3 - 9.1	9.1	1213	0 10	010-16	1.6
48 49	2.5	2.5 - 5.3	5.3	7 8	06	06-012	0 12	82 83 84	4.4	4.4 - 9.2	9.2	13 1	0 10	010-16	1 6
49	2.6	2.6 - 5.4	5.4	7 10	0.6	06-012	0 12		4.4	4.4 - 9.3	9.3	13 3	0 10	010-17	17
O 50	2.6	2.6 - 5.6	5,6	7 12	0.6	0 6 - 0 12	0 12		4.5	4.5 - 9.4	9.4	13 5	0 10	010-17	1 7
51 52	2.7	2.7 - 5.5 2.7 - 5.8	5.7 5.8	8 0	06	06-012	0 12	86 87	4.5	4.5 - 9.6 4.6 - 9.7	9.6	13 8	0 10	010-17	1 7
53	2.8	2.7 - 5.8	5.9	8 5	06	06-013	0 13	88	4.6	4.6 - 9.8	9.7	1310	0 10	010-17	1 8
54	2.8	2.8 - 6.9	6.0	8 7	06	06-013	0 13	89	4.7	4.7 - 9.9	9.9	14 0	0 10	010-18	1.8
55	2.9	2.9 - 6.1	6.1	8 9	06	06-013	0 13	90	4.7	4.7 - 10.0	10.0	14 2	0 10	010-18	1.8
56	2.9	2.9 - 6.2	6.2	8 11	06	06-10	1 0	91	4.8	4.8 - 10.1	10.1	14 5	0 11	011-18	1.8
57	3.0	3.0 - 6.3	6.3	9 0	07	07-10	10	92	4.8	4.8 - 10.2	10.2	14 7	0 11	011-19	19
58	3.1	3.1 - 6.4	6.4	9 2	07	07-10	10	93	4.9	4.9 - 10.3	10.3	14 9	0 11	011-19	19
59	3.1	3.1 - 6.6	6.6	9 4	07	07-10	10	94	4.9	4.9 - 10.4	10.4	1411	0 11	011-19	1.9
60	3.2	3.2 - 6.7	6.7	9 6	07	07-11	11	95	5.0	5.0 - 10.6	10.6	1413	0 11	011-19	19
61	3.2	3.2 - 6.8	6.8	9 8	07	07-11	11	96	5.1	5.1 - 10.7	10.7	15 2	0 11	011-110	1 10
62	3.3	3.3 - 6.9	6.9	9 11	07	07-11	1 1	97	5.1	5.1 - 10.8	10.8	15 4	0 11	011-110	1 10
63	3.3	3.3 - 7.0	7.0	9 13	07	07-11	1 1	98	5.2	5.2 - 10.9	10.9	15 6	0 11	011-110	1 10
64	3.4	3.4 - 7.1	7.1	10 1	0.7	07-12	12	99	5.2	5.2 - 11.0	11.0	15 8	0 11	011-110	1 10

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It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet **NHS Trust** 

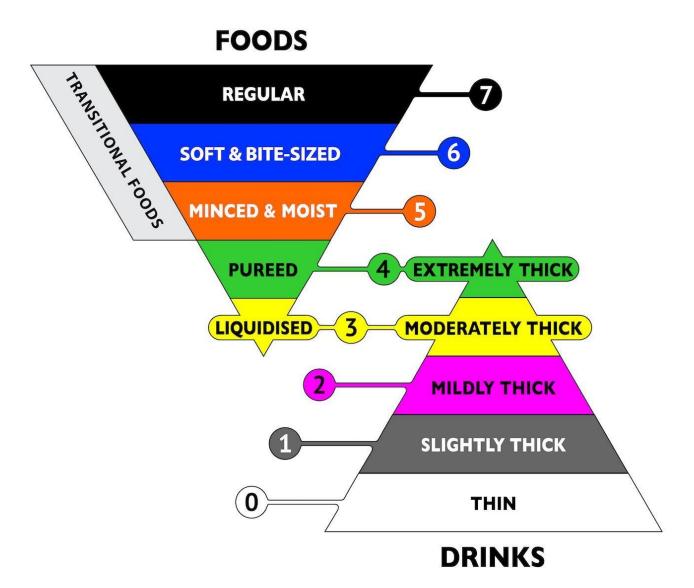
BAPEN		KILOGRAMS	i		STON	ES AND PO	UNDS			KILOGRAM	5		STON	ES AND PO	UNDS
www.liapen.org.i.v	Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%		Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%		Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%		Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score : Wt loss > 10%
Weight loss in last 3 to 6 months				Weight loss in last 3 to 6 months				Weight loss in last 3 to 6 months			Weight loss in last 3 to 6 months				
kg	Less than (kg)	Between (kg)	More than (kg)	st lb	ess than (st lb)	Between (st lb)	More than (st lb)	kg	Less than (kg)	Between (kg)	More than (kg)	st Ib	Less than (st lb)	Between (st lb)	More that (St lb)
100	5,3	5.3 - 11.1	11.1	15 10	0 12	012-110	1 10	135	7.1	7.1 - 15.0	15.0	21 4	1 2	12-25	2.5
101	5.3	5.3 - 11.2	11.2	15 13	0 12	012 - 111	1 11	136	7.2	7.2 - 15.1	15.1	21 6	1 2	12-25	2 5
102	5.4	5.4 - 11.3	11.3	16 1	0 12	012 - 111	1 11	137	7.2	7.2 - 15.2	15.2	21 8	1 2	12-26	2 6
103	5.4	5.4 - 11.4	11.4	16 3	0 12	012 - 111	1 11	138	7.3	7.3 - 15.3	15.3	21 10	1 2	12-26	2 6
104	5.5	5.5 - 11.6	11.6	16 5	0 12	012-111	1 11	139	7.3	7.3 - 15.4	15.4	21.12	1 2	12-26	2 6
105	5.5	5.5 - 11.7	11.7	16 7	0 12	012 - 112	1 12	140	7.4	7.4 - 15.6	15.6	21 1	1 2	12-26	2 6
106	5.6	5.6 - 11.8	11.8	16 10	0 12	012 - 112	1 12	141	7.4	7.4 - 15.7	15.7	22 3	1 2	12-27	2 7
107	5.6	5.6 - 11.9	11.9	16 12	0 12	012 - 112	1 12	142	7.5	7.5 - 15.8	15.8	22 5	1 2	12-27	2 7
108	5.7	5.7 - 12.0 5.7 - 12.1	12.0	17 0 17 2	0 13	013 - 112	1 12	143	7.5	7.5 - 15.9 7.6 - 16.0	15.9 16.0	22 7	13	13-27	2 7
110	5.8	5.8 - 12.2	12.2	17 5	0 13	013 - 113	1 13	145	7.6	7.6 - 16.1	16.1	22 12	1 3	13-27	2 8
111	5.8	5.8 - 12.2	12.3	17 7	0 13	013 - 113	1 13	145	7.7	7.7 - 16.2	16.2	22 14	1 3	13-28	2 8
112	5.9	5.9 - 12.4	12.4	17 9	0 13	013-113	1 13	147	7.7	7.7 - 16.3	16.3	23 2	1 3	13-28	2 8
113	5.9	5.9 - 12.6	12.6	17 11	0 13	013 - 2 0	2 0	148	7.8	7.8 - 16.4	16.4	23 4	1 3	13-28	2.8
	6.0	6.0 - 12.7	12.7	17 13	0 13	013 - 2 0	2 0		7.8	7.8 - 16.6	16.6	23 6	1 3	13-28	2 8
114	6.1	6.1 - 12.8	12.8	18 4	0 13	013-20	2 0	00 150 151	7.9	7.9 - 16.7	16.7	23 9	1 3	13-29	2 9
116	6.1	6.1 - 12.9	12.9	18 4	0 13	013-20	2 0	9 151	7.9	7.9 - 16.8	16.8	23 11	1 4	14-29	2 9
	6.2	6.2 - 13.0	13.0	18 6	1 0	10-21	2 1	152	8.0	8.0 - 16.9	16.9	23 13	1 4	14-29	2 9
117 118 119	6.2	6.2 - 13.1	13.1	18 8	1 0	10-21	2 1		8.1	8.1 - 17.0	17.0	24 1	1 4	14-29	2 9
119	6.3	6.3 - 13.2	13.2	18 10	1 0	10-21	2 1	154 154 155	8.1	8.1 - 17.1	17.1	24 4	1 4	14-29	2 10
O 120	6.3	6.3 - 13.3	13.3	18 13	1 0	10-21	2 1		8.2	8.2 - 17.2	17.2	24 6	1 4	1 4 - 2 10	2 10
121	6.4	6.4 - 13.4	13.4	19 1	1 0	10-22	2 2	156	8.2	8.2 - 17.3	17.3	24 8	1 4	1 4 - 2 10	2 10
122	6.4	6.4 - 13.6	13.6	19 3	1 0	10-22	2 2	157	8,3	8.3 - 17.6	17.4	2410	1 4	1 4 - 2 10	2 10
123	6.5	6.5 - 13.7	13.7	19 5	1 0	10-22	2 2	158	8.3	8.3 - 17.6	17.6	24 12	1 4	14-211	2 11
124	6.5	6.5 - 13.8	13.8	19 7	1 0	10-22	2 2	159	8.4	8.4 - 17.7	17.7	25 1	1 4	14-211	2 11
125	6.6	6.6 - 13.9 6.6 - 14.0	13.9	19 10	1 1	11-23	2 3	160 161	8.4 8.5	8.4 - 17.8 8.5 - 17.9	17.8	25 3 25 5	15	15-211	2 11
127	6.7	6.7 - 14.1	14.0	19 14	1 1	11-23	2 3	162	8.5	8.5 - 18.0	18.0	25 7	1 5	15-211	2 12
128	6.7	6.7 - 14.2	14.2	20 2	1 1	11-23	2 3	163	8.6	8.6 - 18.1	18.1	25 9	1 5	15-212	2 12
129	6.8	6.8 - 14.3	14.3	20 4	1 1	11-24	2 4	164	8.6	8.6 - 18.2	18.2	25 12	1 5	15-212	2 12
130	6.8	6.8 - 14.4	14.4	20 7	1 1	11-24	2 4	165	8.7	8.7 - 18.3	18.3	26 0	1 5	1 5 - 2 12	2 12
131	6.9	6.9 - 14.6	14.6	20 9	1 1	11-24	2 4	166	8.7	8.7 - 18.4	18.4	26 2	1 5	1 5 - 2 13	2 13
132	6.9	6.9 - 14.7	14.7	20 11	1 1	11-24	2 4	167	8.8	8.8 - 18.6	18.6	26 4	1 5	1 5 - 2 13	2 13
133	7.0	7.0 - 14.8	14.8	20 13	1 1	11-25	2.5	168	8.8	8.8 - 18.7	18.7	26 6	1 5	1 5 - 2 13	2 13
134	7.1	7.1 - 14.9	14.9	21 1	1 2	12-25	2.5	169	8.9	8.9 - 18.8	18.8	26 9	1 6	16-213	2 13

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## Appendix 4 – International Dysphagia Diet Standardisation Initiative





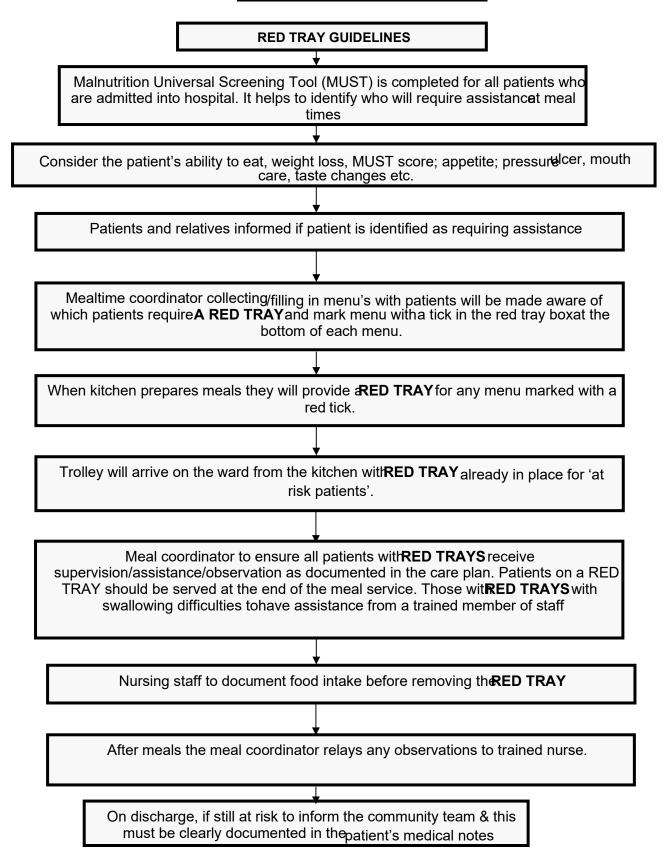
The International Dysphagia Diet Standardisation Initiative 2016 @http://idds.iorg/framework/.

Attribution is NOT PERMITTED for derivative works incorporating any alterations to the IDDSI Framework that extend beyond language translation. Supplementation of the diagrams or descriptors within the IDDSI Framework is DISCOURAGED and NOT BECOMMENDED. Alterations to allow the Commentation of the diagrams or descriptors within the IDDSI Framework may lead to conclude the table and control in the IDDSI Framework may lead to conclude the table and control in the IDDSI Framework may lead to conclude the table and control in the IDDSI Framework may lead to conclude the table and control in the IDDSI Framework may lead to conclude the table and control in the IDDSI Framework may lead to conclude the IDDSI Framework

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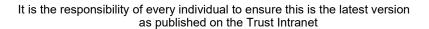


#### Appendix 5 – Red Tray Guideline



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## **Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

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# **Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

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