

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

Patient's Name: _____ DOB: _____ Location: _____ NHS Number: _____

Initial screening Date: _____ Normal Weight (kg): _____ Height (M): _____ estimate/actual

For each section below circle one score

Date	Actual/Estimate Weight: _____	Actual/Estimate Weight: _____	Actual/Estimate Weight: _____	Actual/Estimate Weight: _____	Actual/Estimate Weight: _____
Weight (Kg)	Weight: _____	Weight: _____	Weight: _____	Weight: _____	Weight: _____
BODY MASS INDEX (BMI) kg/m² • 20 or more • 18.5 - 20 • less than 18.5	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
UNPLANNED WEIGHT LOSS IN THE LAST 3-6MONTHS • <5% • 5-10% • >10%	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2
NUTRITIONAL INTAKE • Patient is eating and drinking • If patient is acutely ill AND there has been or is likely to be no nutritional intake for >5 days score 2	0 2	0 2	0 2	0 2	0 2
TOTALS					

ACTION

0 LOW RISK Follow food first guidelines	1 MEDIUM RISK Follow Food first guidelines "MUST score 1 Care Pathway"	2 or more HIGH RISK Follow score 1 Care Pathway and refer to Dietitian
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Date	Actions Taken following screening	Signature
	Review date set:	

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	Review date set:	

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	Review date set:	