

NHS East Lancashire Clinical Commissioning Group
Nutrition Support Team are supporting



Welcome to UK Malnutrition Awareness Week 1st – 7th October 2018.

Please find enclosed your malnutrition activity pack.

If you would like one of the team to come and visit you to take pictures and support on social media please give us a call on 0800 953 9005 (option2)

Contents

- Supporting Poster – for display at entrance
- Malnutrition Task Force – Care Home Guide (poster)
- Understanding the Risks (poster)
- Myths (poster)
- Quiz – for use with staff/carers/visitors
- Activity Sheets – for use with staff/carers/visitors
- Display – for display in resident and visitor accessible areas
- Food Fortification – for display in kitchen/dining room etc.
- Food First MUST & GULP advice – for carers etc.
- Twitter card – wipe clean for multi-use!

Share with us your activities and events and we will send you a certificate of participation for display in your care home!

@ELMMB #ELCCGnutrition OR Email – elccg.nutrition@nhs.net



**UK MALNUTRITION
AWARENESS
WEEK**

#MAW2018



**We are supporting
Malnutrition Awareness Week
1st – 7th October 2018**



Endorsed by:



**University of
Hertfordshire UH**

Care Homes addressing malnutrition

Malnutrition is a major cause and consequence of poor health and older people are particularly vulnerable. Over 1 million older people are malnourished or at risk.¹ 37% of those over 70 who have recently moved into a care home are already malnourished (or at risk).²

The Adult Social Care Survey shows that only two thirds (64%) of older people who are receiving social care either in care homes or in their own homes say they get all the food and drink they like when they want it.³

In Care Quality Commission's Dignity and Nutrition Inspections, one in six care homes were failing to meet the nutritional needs of patients.⁴

How confident are you that your care home is providing good nutritional care?

Malnourished people typically have:

- Increased ill health, more hospital admissions and re-admissions⁵
- Longer stays in hospitals⁶
- Greater healthcare needs (more GP visits and greater use of antibiotics)⁷
- Increased risk of mortality⁸

Clinical consequences of malnutrition include:

- Impaired immune response, reduced muscle strength, impaired wound healing, impaired psycho-social function and impaired recovery from illness

Best practice principles

Addressing malnutrition revolves around five principles which incorporate NICE's Quality Standard (QS24)⁹ and Clinical Guidance (CG32).¹⁰

- **Raising awareness** among residents, relatives and staff to support prevention and early treatment of malnutrition
- **Working together** within the care home and with external members such as relatives, GPs, therapists, and across other care homes. Catering staff must be involved in planning resident care too
- **Identifying malnutrition** early. Every resident's nutrition needs must be identified through screening and regular assessment
- **Delivering personalised care, support and treatment** for residents at risk and implementing NICE's Quality Standard (QS24) and Clinical Guidance (CG32)
- **Monitoring and evaluating** resident weight, improvements and outcomes

The benefits

- Good nutrition and hydration care is essential for residents and will increase independence, increase energy levels, reduce falls, enhance wellbeing and improve skin conditions to help reduce pressure sores
- The cost of screening, monitoring and taking early appropriate action against malnutrition in the general care home population is much less than treating care home residents diagnosed with malnutrition at a later stage¹¹
- Full occupancy is important financially. Having a great menu and excellent resident feedback about nutrition and hydration care can positively influence prospective residents in choosing a care home

¹ M. Elia, R. M. Smith, *Improving Nutritional Care and Treatment: Perspectives and Recommendations from Population Groups, Patients and Carers*, BAPEN, 2009.

² Calculation based on BAPEN screening weeks 2007-11.

³ *Personal Social Services Adult Social Care Survey, England 2011-12*, The NHS Information Centre, 2012.

⁴ Available at: [http://www.cqc.org.uk/public/reportssurveysandreviews/themed inspections/dignityandnutritionolderpeople](http://www.cqc.org.uk/public/reportssurveysandreviews/themed%20inspections/dignityandnutritionolderpeople)

⁵ R. J. Stratton et al, 'Malnutrition in hospital outpatients and inpatients: prevalence, concurrent validity and ease of use of the 'malnutrition universal screening tool' ('MUST') for adults', *British Journal of Nutrition*, 2004, 92.

⁶ J. F. Guest et al, 'Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK', *Clinical Nutrition*, 2011, 30, 4.

⁷ M. Elia et al, *The cost of disease related malnutrition in the in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults*, BAPEN, 2005.



Making the changes: Quick wins

- Raise awareness among staff, residents and visitors by:
 - Displaying visual information about the importance of nutrition and hydration
 - Providing training for staff including how to assist someone with eating and drinking, particularly residents with dementia
- Implement nutrition screening across your care home (using MUST¹²)
- Protect meal times, make them the highlight of the day for residents and encourage trips to the dining room
- Create a food profile for each resident as they arrive at the home
- Keep the resident at the heart of each decision to provide personalised care. This may include using photographic menus, flexible meal times for those with dementia, the option of smaller meals or a snacking diet
- Try snack boxes of favourite foods for those with smaller appetites
- Monitor a resident's weight on a regular basis and investigate any unintentional weight loss

Making the changes: Longer term plan

Sustain the changes made by monitoring some of the following:

- Number and % of residents screened and monitored monthly
- Number and % of staff trained
- Number of complaints and incidents related to poor nutritional care

Do not forget to:

- Realise the benefit of the changes made, e.g. improved personal outcomes, fewer incidents and financial savings
- Gather feedback from residents and relatives on a regular basis
- Regularly assess the structures and processes in place using CQC standards

⁸ M. Heismayr et al, 'Decreased food intake is a risk factor for mortality in hospitalised patients: The NutritionDay survey 2006', *Clinical Nutrition*, 2009, 28.

⁹ Nutrition Support in Adults (QS24), NICE, 2012.

¹⁰ Nutrition Support in Adults (CG32), NICE, 2006.

About the Malnutrition Task Force

The Malnutrition Task Force is an independent group of experts across health, social care and local government united to address the problem of preventable malnutrition and dehydration in older people.

Our vision

Prevention and treatment of malnutrition and dehydration should be at the heart of everything we do to ensure older people can live more independent, fulfilling lives.

Our mission

To ensure the prevention and treatment of malnutrition and dehydration is embedded in all care and community support services and that awareness is raised among older people and their families.

Key statistics

- Around 1 in 10 older people are malnourished or at risk of malnutrition. This equates to around 1 million older people in the UK¹
- As many as 37% of older people who have recently moved into care homes are at risk of malnutrition²
- The number of people aged 65 and over is projected to rise by nearly 50% in the next 20 years to over 16 million¹³

¹¹ J. M. M. Meijers et al, 'Estimating the costs associated with malnutrition in Dutch nursing homes', *Clinical Nutrition*, 2012, 31, 1.

¹² Available at: <http://www.bapen.org.uk/screeningformalnutrition/must/musttoolkit/themustitself>

¹³ *National Population Projections, 2010-Based Projections*, Office for National Statistics, 2011.



UK MALNUTRITION
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Have you fallen for the malnutrition myths?



It is normal to lose weight as you get older

It is not normal to lose weight as we age, and significant, unexplained weight loss may be a sign that somebody is malnourished or at risk of becoming malnourished.



Losing weight or losing your appetite in later life is not a serious issue

Significant, unintended weight loss makes someone more likely to get ill or have a fall, and slows down recovery time from illness or surgery.



Malnutrition does not exist in the UK anymore

There are around 3 million people in the UK who are malnourished or at risk of malnutrition, including one in ten people over the age of 65.

If you are worried about someone, a friend or neighbour, have a conversation with them about their food intake and appetite and encourage them to seek medical advice.

Find out more about self-screening here:
<https://www.malnutritionselfscreening.org/>

UK Malnutrition Awareness Week –
let's all have **MAW** conversations!





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NHS

East Lancashire
Clinical Commissioning Group

Get ready to take our malnutrition quiz!

Q1: What is the cost of malnutrition to the health and care system?

- A) 19,600
- B) 19.6 million
- C) 19.6 billion**
- D) 19.6 trillion

Q2: Roughly how many people suffer from malnutrition aged over 65?

- A) 13%
- B) 20%
- C) 27%
- D) 32%**

Q3: Losing weight is a normal part of ageing.

- A) True
- B) False**

Q4: Losing weight can be a significant issue.

- A) True**
- B) False



Q5: What percent of people with malnutrition still live in their own home?

- A) 93%**
- B) 61%
- C) 70%
- D) 23%

Q6: How many calories are in a two fingered Kit Kat?

- A) 56
- B) 106**
- C) 156
- D) 206

Q7: Malnutrition is incurable.

- A) True
- B) False**

Q8: This is the first ever Malnutrition Awareness Week in the UK?

- A) True**
- B) False



This week is UK Malnutrition Awareness Week.
We have prepared some activities for you to use all related
to food and drinks.

We hope you enjoy them!

Follow us on twitter - @ELMMB to show us your photos
and keep up to date with our other activities. Use the
#elccgnutrition and #MAW2018 so even more people can
see the work you do this week!





Activities Pack

Cake/Biscuit Decorating

Using your favourite shop bought or homemade biscuits or cakes, you can decorate these to suit you. You can use things such as icing sugar, sprinkles, cherries or whatever you like on your cakes or biscuits! You could even add food colouring if making homemade to add variety in colours. Make sure to take a photo and show us your creation this week!





Activities Pack

Fish and Chips Friday

Hold a “Chippy Friday” with Fish and Chips in newspaper! Fish and Chips reminds us all of the seaside so exchange stories of holidays to the seaside and enjoy the fresh fish and chips that would be on offer if we were there! Take a photo and show us your meal!





Activities Pack

Dine around the World

Ciao and Bon Appetit! Serve a meal from a different country or taste a different country each day of the week. This can be a great opportunity for people who may not have tried such foods. Take a photo and show us!

These are some examples:

India - Curry, Onion Bhajis, Samosas
Italy - Pasta, Pizza, Garlic Bread
Spain - Paella
Greece - Feta Cheese
Mexico - Nachos, Fajitas
Scotland - Haggis (or battered Mars Bars!!)
USA - Burgers, Ribs
France - Cheese, Pate, Crusty bread
England - See the next sheet!





Activities Pack

Dine around England

Take a trip around the country! Serve a meal from a different part of England or taste a different area each day of the week. This can be a great opportunity for people who may not have tried such foods. Take a photo and show us your tastings.

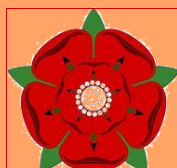
Lancashire- Chorley cakes, hotpot, black pudding, Lancashire cheese - creamy and crumbly — which do you prefer?!

Yorkshire- Yorkshire pudding, Wensleydale cheese, Rhubarb

Devon/Cornwall- Cornish Pasty, How do you have your cream scone? Jam or clotted cream first?

London- Chelsea Buns

Midlands- Pork Pies, Bakewell Tart, Red Leicester cheese. It's also the home to Cadbury's Chocolate!





Activities Pack

Hold an Afternoon Tea

Hold an afternoon tea. Serve a selection of sandwiches and small cakes and scones. Make it a big event with tea served from teapots and napkins. Reminisce about the old days over a cuppa and cake.

Take a photo and show us your tastings.





Activities Pack

Blind Tasting Competition

Using a variety of different foods and drinks, have a blind tasting competition. Using teams or as individuals, see who has the keenest sense of taste...prizes for the winner!





Activities Pack

Calorie Guessing Game

Pick five foods and five drinks and play a guessing game on how many calories are in each! Try and get as close as possible to the actual amount. There may be some surprises in store on how many calories are in some things!

THE GUESSING GAME



Activities Pack

Sandwich Making

Make your favourite sandwich from the very start. From picking your favourite type of bread to the spread and filling of your choice.





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UK MALNUTRITION AWARENESS WEEK

#ELCCGnutrition #MAW2018



BAPEN



MALNUTRITION

TASK FORCE

Lacking Nutrition?

Feeling DROWSY and lacking ENERGY?



Constantly ILL?



Getting CONFUSED?



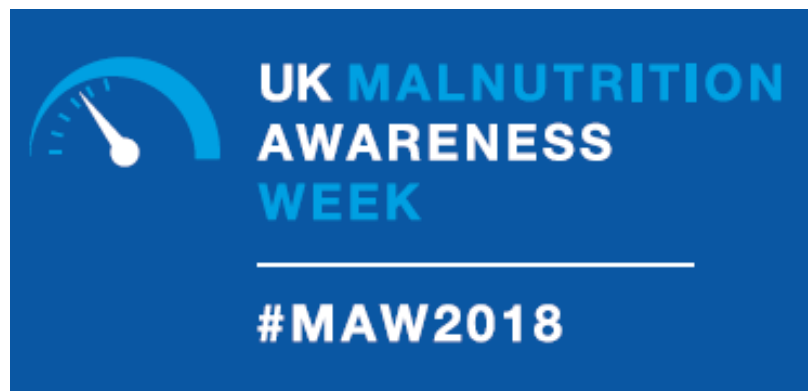
Frequent FALLS?



Struggling going to the TOILET?



Getting thinner is not a normal part of getting older. To help ensure good health in later life, it is important to maintain a healthy, stable weight.



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If you're worried about weight loss and have a small appetite, or have difficulty swallowing food, talk to your GP or Practice Nurse and perhaps ask a friend, relative or carer to go with you.



East Lancashire Clinical Commissioning Group



Steps for self-screening:

1. Visit the self-screening calculator at: www.malnutritionselfscreening.org/self-screening.html

2. Enter the weight you were 3-6 months ago before you began losing weight

3. Enter your height and weight into the online calculator (you can do this in either imperial or metric measurements)

4. You will be given a rating that will tell you whether or not you are likely to be at risk

5. Record your weight and your score from the self-screening tool so you can discuss them with your doctor, and use them for comparison in the future



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What does it mean?

LOW: It is unlikely that you are at risk – continue to eat as your are.

MEDIUM: There is some risk – try to eat 3 meals a day with snacks and nourishing drinks between. Chose full fat/calorie products . Monitor your weight and see your doctor if concerned.

HIGH: You should arrange to see your doctor who will be able to give advice or refer you to a dietitian.

For advice on fortifying food and drink call the ELCCG Nutrition Support Team on –
0800 953 9005 (option2)



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Ways to improve Nutrition

Encouragement & assist at meal times



Have meals little & with regular energy dense snacks between



Menu Plan

	Breakfast	Lunch	Dinner	Snacks	Drinks
Monday	Porridge	Chicken Curry	Beef Stew	Apple	Tea
Tuesday	Toast	Chicken Curry	Beef Stew	Apple	Tea
Wednesday	Porridge	Chicken Curry	Beef Stew	Apple	Tea
Thursday	Porridge	Chicken Curry	Beef Stew	Apple	Tea
Friday	Porridge	Chicken Curry	Beef Stew	Apple	Tea
Saturday	Porridge	Chicken Curry	Beef Stew	Apple	Tea
Sunday	Porridge	Chicken Curry	Beef Stew	Apple	Tea



Small portions on small plates

Use Feeding Aids



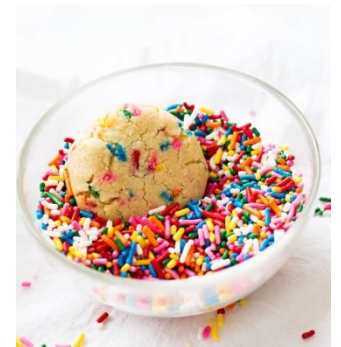
Flexible meal times



Food Fortification

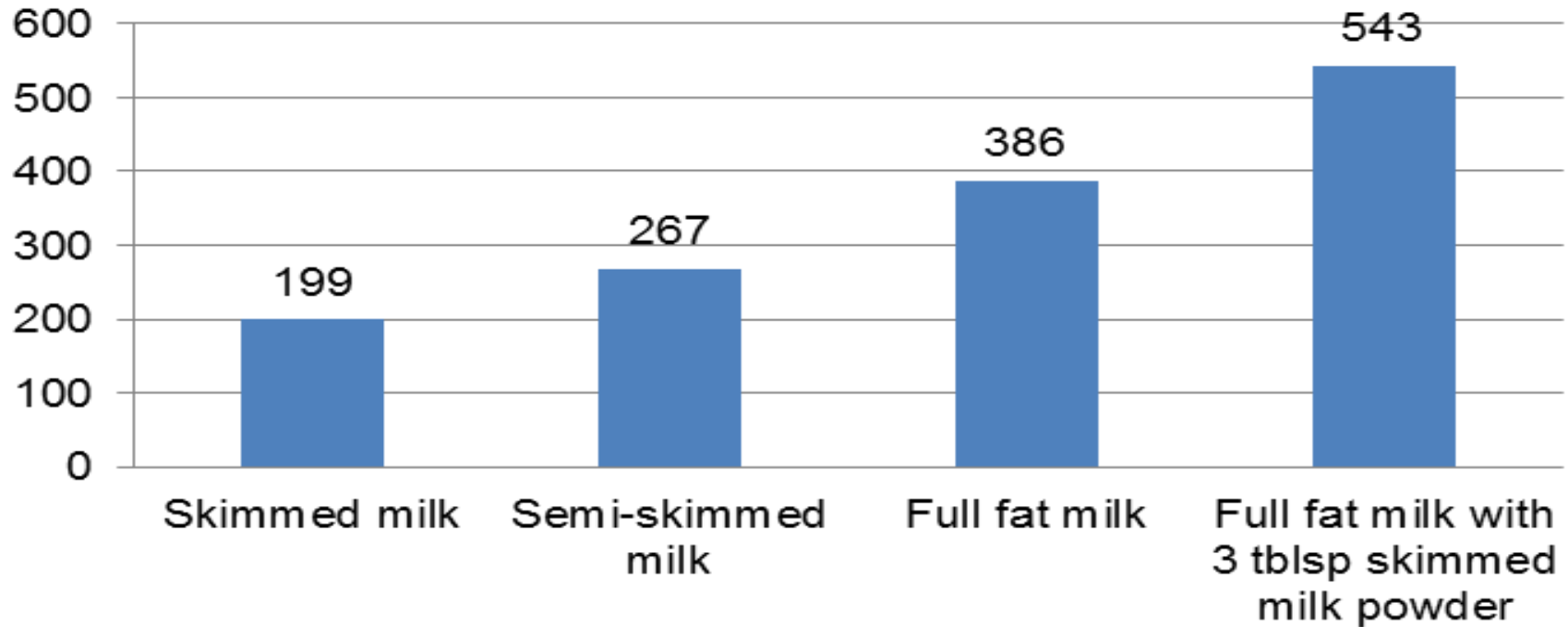


Adding in extra nutrition to
MAKE EVERY MOUTHFUL COUNT

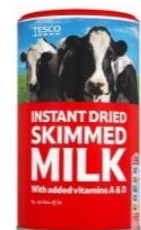


Enriching a pint of milk

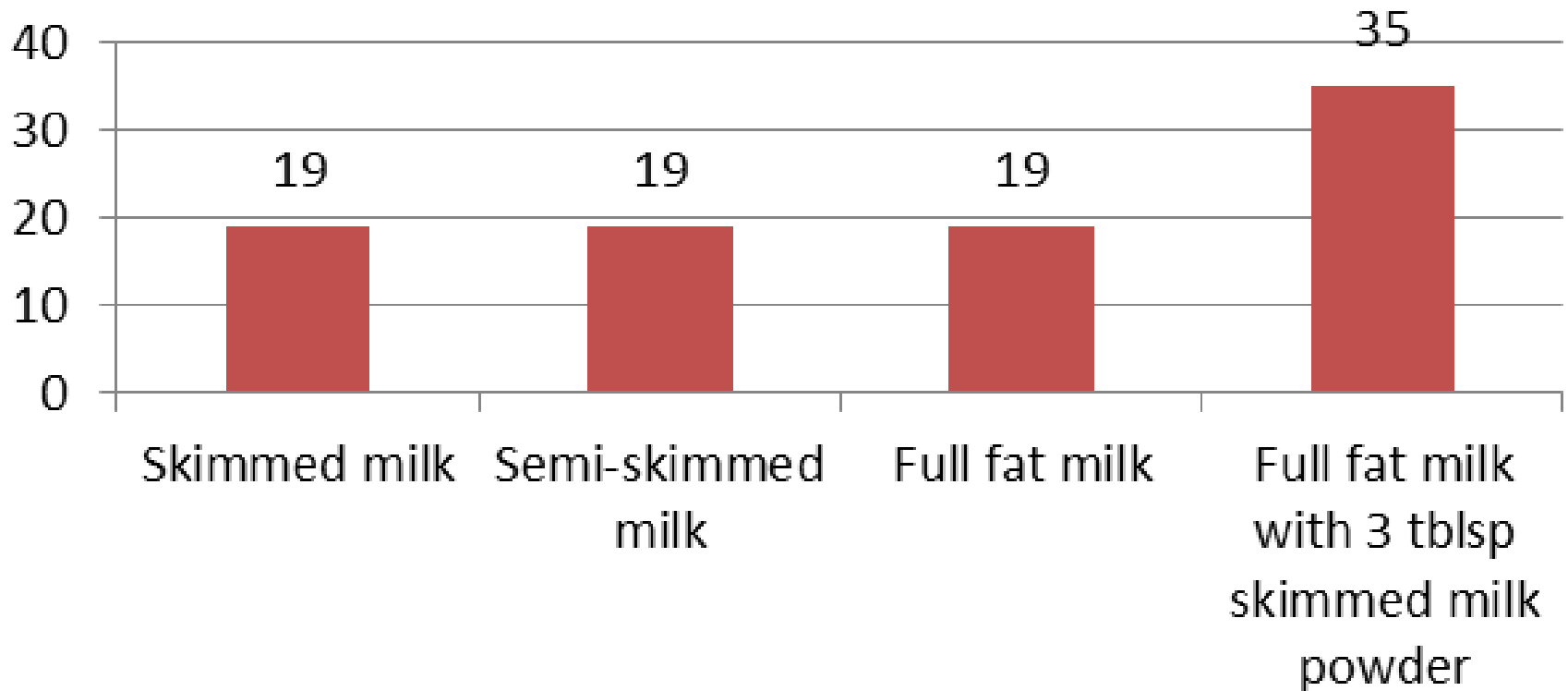
Calories



+



Protein (grams)



+



Nourishing drinks between meals

Luxurious Milk Shake Hot Chocolate/Malted Drink

Nutrition facts

Calories 264 kCal (13.2%)

Total fat 16.9g (24%)

Total carbohydrates 19.6g (9%)

Protein 9.1g (20%)

Ingredients

150ml full fat milk

1 tablespoon milk powder

2 tablespoons double cream

3 teaspoons hot chocolate powder or malted drink powder or milk shake powder or milkshake syrup

Method

Whisk together with a fork or whisk.



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Energy dense snacks

	Energy (Kcal)	Protein
5 Jelly Babies	100	1.5
1 Chocolate Digestive	74	1
Small Sausage roll	171	3
Crisps	132	1.6
Cake	123	2
2 biscuits and Cheese	244	8



SAMPLE FINGER FOOD MENU

Note: Some people may need to be offered the same food on several occasions before they accept it. A minimum one week trial of a finger food menu is recommended.

Breakfast	Cereal bar, 5 dried prunes, 1 glass orange juice, tea/coffee, OR	Hard boiled egg (shell removed), 1-2 wholemeal toast (cut into strips), 1 glass milk, 1 banana, tea/coffee
>Morning tea	Orange wedges, tea/coffee, OR	Cheese cubes and savoury crackers, tea/coffee
Lunch	Mini lamb burgers with cheese and lettuce in buns with thick-cut chips, ice cream in a cone, water, juice, cordial, OR	Mini salmon patties with baby sweet corn, potato wedges and green beans, fruit platter of cut up fresh fruits (remove skins and seeds), water, juice, cordial
Afternoon tea	Mini apple muffinTea/coffee, OR	Pikelets with margarine and jam, Milkshake or smoothie
Evening Meal	Thin puree soup (serve in cup) with bread and butter, Zucchini slice, served with cherry tomato (halved), carrot/celery sticks, salad leaves, Fruit juice, cordial, water, OR	Thin puree soup (serve in cup), Bread and butter, Chicken kebabs, tortilla wrap and yoghurt dip, side finger salad, Fruit juice, cordial, water
Supper	Warm milk drink and sweet biscuit, OR	Milk drink and fruit toast with butter

Offering finger foods can improve nutritional intake, and help maintain independence especially for people who like to walk about at mealtimes.



Food Fortifying

If your appetite has decreased, it is important to make what you eat count...every single mouthful counts after all!

Food fortification is a way of adding extra calories to our foods without adding any extra volume. This can also add more flavour and taste to our foods, and can be a great way of gaining weight.

This means food fortification is an excellent tool to fight malnutrition and so it is worthwhile trying some of the following ideas...





Cheese

Add cheese to:

Baked beans
Eggs
Soups
Sauces
Mashed potatoes
Sandwich fillings
Crackers/dips/breadsticks



Cream

Add cream to:

Porridge
Cereal
Soups
Casseroles/Stews
Sauces
Stewed, tinned or fresh fruit
Puddings
Coffee
Custard



Fortified milk

Fortified milk can be made by adding 3-4 tablespoons of milk powder to a pint of full fat milk, this can then be added to:

Soup
Puddings
Custard
Tea/coffee
Tinned fruit
Milkshakes/milky drinks
Breakfast cereal
Porridge



Butter

Add butter to:

Toast/scones/crumpets
Sandwiches
Jacket potatoes
Mashed potatoes

Peanut butter is also a good option to add to sandwiches.





East Lancashire Health Economy
Medicines Management Board

www.elmmb.nhs.uk 

FOOD   
FIRST

NUTRITION AND DIETETICS

Are you eating & drinking enough?

A guide to the MUST & GULP
screening tools



GULP Dehydration Risk Screening Tool

To complete **GULP**, tick the boxes which represent your findings. Add up the total tick scores and follow the risk care plan accordingly. **GULP** is to be completed at initial contact and as and when circumstances change i.e. following illness. **For service users on a fluid restriction seek medical advice before making or suggesting any changes to fluid intake.**

Name: _____ D.O.B: ____/____/____ NHS: ____-____-____

Date of assessment: ____/____/____ Initials of assessor: ____

GULP	Score 0	Score 1	Score 2
G auge 24hr fluid intake <i>Tick one box</i>	Intake greater than 1600ml <input type="checkbox"/>	Unable to assess intake <i>or</i> Intake between 1200ml - 1600ml <input type="checkbox"/>	Intake less than 1200ml <input type="checkbox"/>
U rine colour (use pee chart) <i>Tick one box</i>	Urine colour score 1-3 <input type="checkbox"/>	Unable to assess urine colour <input type="checkbox"/>	Urine colour score 4-8 <input type="checkbox"/>
L ook for signs, symptoms and risk factors for dehydration <i>Tick all boxes that apply</i>	No signs of dehydration <input type="checkbox"/>	If <i>any</i> of below reported: - Repeated UTIs - Frequent falls - Postural hypotension - Dizziness or light-headedness - Taking diuretics - Open or weeping wound - Hyperglycaemia <input type="checkbox"/>	If <i>any</i> of below reported: - Drowsiness - Low blood pressure - Weak pulse - Sunken eyes - Increased confusion or sudden change in mental state - Diarrhoea and/or vomiting - Fever <input type="checkbox"/>
P lan For plan add tick scores together: G+U+L=Plan <i>Tick risk care plan to follow</i>	Total score: _____		
	Low risk = score 0 <input type="checkbox"/> ●Encourage service user to continue with current fluid intake ●Place "Keeping Hydrated" leaflet in care plan	Medium risk = score 1-3 <input type="checkbox"/> ●Encourage service user to increase frequency or size of drinks ●Discuss "Keeping Hydrated" leaflet ●Ask service user to self-monitor urine colour and aim for urine colour 1-3	High risk = score 4-7 <input type="checkbox"/> ●Encourage service user to take an extra 1000ml of fluid per day by: ○ Offering 250ml drinks at each visit ○ Explaining guidance to family/carers ○ Providing "The Hydrant" and "Hydration Boosters" leaflets ●Discuss "Keeping Hydrated" leaflet



Self-Reported Fluid Intake – 24 hours





Record all drinks that you have in a 24 hour period (except alcohol). After each drink tick the box that represents the cup or glass that looks most like what you drank from (make a note if you don't manage the full drink). Complete estimated intake for each cup type based on the last box ticked. Add all types together to give your overall estimated daily fluid intake. You should aim to drink at least 1600ml - 2000ml (around 8 glasses) per day.

Name: _____

D.O.B: ___/___/___

NHS: ___-___-___

Date of assessment: ___/___/___

Type	Number of drinks								Estimated intake
	1	2	3	4	5	6	7	8	
 Plastic cup	200ml <input type="checkbox"/>	400ml <input type="checkbox"/>	600ml <input type="checkbox"/>	800ml <input type="checkbox"/>	1000ml <input type="checkbox"/>	1200ml <input type="checkbox"/>	1400ml <input type="checkbox"/>	1600ml <input type="checkbox"/>	= _____ ml
 Tea cup	200ml <input type="checkbox"/>	400ml <input type="checkbox"/>	600ml <input type="checkbox"/>	800ml <input type="checkbox"/>	1000ml <input type="checkbox"/>	1200ml <input type="checkbox"/>	1400ml <input type="checkbox"/>	1600ml <input type="checkbox"/>	= _____ ml
 Glass	250ml <input type="checkbox"/>	500ml <input type="checkbox"/>	750ml <input type="checkbox"/>	1000ml <input type="checkbox"/>	1250ml <input type="checkbox"/>	1500ml <input type="checkbox"/>	1750ml <input type="checkbox"/>	2000ml <input type="checkbox"/>	= _____ ml
 Mug	300ml <input type="checkbox"/>	600ml <input type="checkbox"/>	900ml <input type="checkbox"/>	1200ml <input type="checkbox"/>	1500ml <input type="checkbox"/>	1800ml <input type="checkbox"/>	2100ml <input type="checkbox"/>	2400ml <input type="checkbox"/>	= _____ ml
Other <i>Please describe</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= _____ ml
Estimated daily fluid intake									= _____ ml

Tip: Use a measuring jug to find out the volume of your cups and glasses at home as some hold more fluid than you think!



Hydration Boosters

You should aim to drink at least 1.6 – 2 litres (2.8 – 3.5 pints), around 8 glasses, of fluid per day to stay hydrated. Around 20% of our daily intake of fluid is contained within our food: if you find it difficult to increase the amount you drink, try opting for foods high in moisture listed below to maintain a good hydration status as all semi-solid foods count towards your fluid intake. (Please note tbsp = tablespoon).

Fruits & Vegetables:

- 2 rings of pineapple (80g) = **70ml**
- Stewed apple (85g) = **75ml**
- 4 florets of broccoli (85g) = **75ml**
- 3 tbsp of mixed vegetable (90g) = **75ml**
- 1 tomato (85g) = **80ml**
- Side salad (100g) = **95ml**
- Tinned fruit cocktail (115g) = **100ml**
- 1 slice of melon (150g) = **140ml**

Savoury Options:

- 1 boiled egg (50g) = **40ml**
- Gravy (50g) = **50ml**
- Cheese sauce (60g) = **50ml**
- 2 tbsp cottage cheese (80g) = **60ml**
- 2 tbsp of mash potato (90g) = **70ml**
- Scrambled eggs with milk (120g) = **80ml**
- 3 tbsp of baked beans (120g) = **90ml**

Sweet Options:

- 2 tbsp of cream (30g) = **30ml**
- Small chocolate mousse (60g) = **40ml**
- Small pot of fromage frais (60g) = **50ml**
- 2 tbsp Greek yogurt (90g) = **70ml**
- Ice lolly (70g) = **70ml**
- 2 scoops of ice cream (120g) = **75ml**
- Small bowl of porridge (110g) = **80ml**
- Individual trifle (115g) = **80ml**
- Custard (120g) = **90ml**
- Serve cereal with milk = **100ml**
- Jelly (120g) = **100ml**
- Instant whip (120g) = **120ml**
- Rice pudding (200g) = **160ml**



Tip: Choosing fluid rich meals throughout the day, such as cereal with milk in place of toast, soup in place of a sandwich, stew with mash in place of steak and chips, can quickly amount up to the equivalent of a large drink if not more!

MUST Form: Complete the Malnutrition Universal Screening Tool (MUST) on a regular basis (care homes/high risk complete monthly) for all service users. Use the MUST flowchart, BMI and percentage weight loss charts (see *Food First Resource Pack*) to complete, and use the form below to record your findings.

Name: _____ D.O.B: ____/____/____

Height (metres) _____ Actual / Estimate - please circle

Ulna length: _____ cm (if appropriate)

Date	Weight (kg)	BMI	Step 1 MUST Score (0,1,2)	Weight change over 3 months* (kg)	%Weight loss over 3 months (<5%, 5-10%, >10%)	Step 2 MUST Score (0,1,2)	Total MUST Score (Step 1 + Step 2) (0,1,2,3,4)	Nutritional Risk (0=Low, 1=Med, 2+=High)	Action Taken	Initials
								High/Med/Low		
								High/Med/Low		
								High/Med/Low		
								High/Med/Low		
								High/Med/Low		
								High/Med/Low		
								High/Med/Low		
								High/Med/Low		
								High/Med/Low		
								High/Med/Low		
								High/Med/Low		

*in Jan = use Oct weight, in Feb = use Nov weight, in Mar = use Dec weight, in Apr = use Jan weight, in May = use Feb weight, in June = use Mar weight,

in July = use Apr weight, in Aug = use May weight, in Sept = use Jun weight, in Oct = use Jul weight, in Nov = Aug weight, in Dec = use Sept weight

Nutritional Risk Checklist: When the Malnutrition Universal Screening Tool (MUST) cannot be completed, use this checklist to assess nutritional risk. Meet at least one of the criteria in the arrows below to get your nutritional risk. If you have any concerns, consult your GP or healthcare professional.

**Low Risk
of
Malnutrition**

- Eating and drinking well across the day
- Body Mass Index (BMI) is more than 20kg/m² (healthy weight for height) and weight is stable or increasing
- Mid Upper Arm Circumference (MUAC) is more than 23.5cm and weight is stable or increasing
- MUST score = 0

Try to maintain a healthy balanced diet.

If very overweight, try choosing healthier food alternatives.

**Medium Risk
of
Malnutrition**

- Eating and drinking is variable or of concern
- BMI 18.5-20kg/m² (appears thin) but weight is stable or increasing
- MUAC is less than 23.5cm but weight is stable or increasing
- BMI is more than 20kg/m² (healthy weight for height) but weight loss has become noticeable: clothes and or jewellery have become loose fitting
- MUST score = 1

Aim to increase intake by 500kcal per day to prevent further weight loss or to achieve and maintain a healthy weight.

See Food First resources.

**High Risk
of
Malnutrition**

- Eating and drinking is poor - e.g. missing meals or eating very small portions
- BMI is less than 18.5kg/m² (appears very thin/obvious wasting)
- MUAC is less than 23.5cm and weight loss has become noticeable
- Weight loss is significant
- Reduced appetite or swallowing difficulties
- Has underlying disease or psychosocial/physical disabilities likely to cause weight loss e.g. motor neurone disease, cancer, advanced dementia, depression.
- MUST score = 2+

Aim to increase intake by 500-1000kcal per day to prevent further weight loss and to achieve and maintain a healthy weight.

See Food First resources.



MUST Management Guidelines

Assess Malnutrition Universal Screening Tool (MUST) score each month and follow the guidelines below depending on what nutritional risk score has been recorded.

Score 0 = LOW RISK:

- Aim to maintain a healthy weight and follow a balanced diet.
- If overweight (BMI $>30\text{kg/m}^2$), encourage healthier alternatives.

Score 1 = MEDIUM RISK:

- Aim to **increase oral intake by an extra 500kcal per day** to prevent further weight loss or to achieve and maintain a healthy BMI ($>20\text{kg/m}^2$).
- At least 2 nourishing drinks, snacks or a fortified diet are offered as per the service user's preference.
- Record food and fluid intake for at least 3 days to highlight problem areas; be specific when recording quantities consumed.

Score 2+ = HIGH RISK:

- Aim to **increase oral intake by an extra 500-1000kcal per day** to prevent further weight loss and to achieve and maintain a healthy BMI ($>20\text{kg/m}^2$).
- At least 2 nourishing drinks, snacks and a fortified diet are offered as per the service user's preference.
- Record food and fluid intake for at least 3 days to highlight problem areas; be specific when recording quantities consumed.
- If weight is stable or increases after one month of following a fortified diet, continue to follow the above plan until MUST score is lowered.
- All service users who continue to lose weight after one month of following a fortified diet plan must be referred to a dietitian** as oral nutritional supplements may be indicated.
- All service users taking oral nutritional supplements must be under regular review by a dietitian.

Let's have

#MAWconversations



**UK MALNUTRITION
AWARENESS
WEEK**

#MAW2018



UK MALNUTRITION
AWARENESS
WEEK

#MAW2018

Understanding the risk of malnutrition as you age

One in 10 people who are aged over 65 are malnourished or at risk of becoming malnourished.¹ Although malnutrition is a problem in hospitals and care homes, in fact over 90% of people who are affected by malnutrition are living at home,¹ and that can make it hard to spot the signs that nutrition is becoming a problem.

Malnutrition is not an inevitable part of ageing, but many of the common causes of malnutrition (such as illness, loneliness, and loss of mobility) can affect older people more frequently.²

It is important to be on the lookout for the signs of malnutrition. The most common symptoms are a loss of appetite and weight loss. You should look out for whether your clothes, rings, jewellery and dentures feel loose as these are often small signs of weight loss that might be missed.

If you are worried about weight loss there is a quick self-screening test that you can do online if you have access to the internet or know somebody that can help you access the internet. It takes just five minutes and will help you establish whether you are at risk of becoming malnourished. Find out more at www.malnutritionselfscreening.org.

Remember, if you are worried about your weight loss you should seek the help of a healthcare professional.

References

1. BAPEN. Introduction to Malnutrition. Available at: www.bapen.org.uk/malnutrition-undernutrition/introduction-to-malnutrition?start=4
2. The Malnutrition Task Force. A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions. Available at: www.malnutritiontaskforce.org.uk/wp-content/uploads/2014/11/A-review-and-summary-of-the-impact-of-malnutrition-in-older-people-and-the-reported-costs-and-benefits-of-interventions.pdf

