

Alpha Patient Label here or record:

Name: .....

NHS No:

Hosp No:

D.O.B:    /    /       Male  Female

Ward: ..... Cons: .....



**ADULT 'MUST' ASSESSMENT ACTION PLAN**

Date of admission: ..... / ..... / .....	$\text{BMI (kg/ m}^2\text{)} = \frac{\text{weight (kg)}}{\text{height (m)}^2}$
Weight 3-6 months ago: ..... kg Reported / Actual / Estimated (delete as appropriate)	
Height: ..... m Reported / Actual / Estimated (delete as appropriate)	
Document reasons if unable to obtain actual height and / or weight: .....	

**If unable to obtain height and weight, use alternative measurements to estimate height from ulna length and BMI category from MUAC. Refer to chart WR5307.**

	Date	Weight (kg)	BMI	Step 1: BMI Score	Step 2: Unplanned weight loss in 3 – 6 months Score	Step 3: Acute Disease Effect Score	Step 4: Overall Risk of malnutrition. Add scores from steps 1, 2 and 3.	Step 5: Management Guidelines State if high, medium or low risk. Follow action plan.
Admission or Week 1		Initial weight on admission .....kg actual / estimate	..... actual / estimate					
Week 2		.....kg actual / estimate	..... actual / estimate					
Week 3		.....kg actual / estimate	..... actual / estimate					
Week 4		.....kg actual / estimate	..... actual / estimate					

**After 4 weeks start new documentation**

Additional advice for nursing staff to improve nutritional intake:

- Promote supported meal times on wards.
- For patients who are confused or suffer from dementia, check with relatives/carers whether finger foods may be more appropriate. These can be ordered from Catering Dept.
- Keep a fluid balance chart to note fluid intake. Offer fluids throughout the day to maintain hydration.
- For patients with communication difficulties please encourage their relatives/carers to complete "About me" booklet.
- Check whether patient has any special dietary requirements, food allergies / food sensitivities. Notify Catering Dept to order appropriate meals.

Date	Evaluation by Nurses	Sign / Print Name and Designation



Ward:.....Cons:.....

	Referrals to Dietician	Catering Depts
Worcestershire Royal Hospital	Ext. 33694	Ext. 30397 (CAT Number 33333)
Alexandra Hospital	Ext. 44120	Ext. 44926 (before lunch) Ext. 44925 (after lunch)
Kidderminster Hospital	Ext. 53330	

**PLEASE FOLLOW ACTION PLAN AND IMPLEMENT THE ADVICE BELOW ACCORDING TO THE LEVEL OF RISK**

<b>Aim:</b> - Identify risk of malnutrition.	<b>Goal:</b> - To maintain nutritional status. - To prevent unplanned weight loss.
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<b>"MUST" = 0: LOW RISK</b>	<b>Interventions (please tick)</b>	<b>Date</b>	<b>Sign</b>
<input type="checkbox"/>	Weekly weights.		
<input type="checkbox"/>	Repeat "MUST" score weekly unless patient's condition raises concern.		
<input type="checkbox"/>	If patient is eating less than half a meal on a regular basis follow MUST of 1 below.		

<b>"MUST" = 1: MEDIUM RISK</b>	<b>Interventions (please tick)</b>	<b>Date</b>	<b>Sign</b>
<input type="checkbox"/>	Start food record chart and document dietary intake for 3 days.		
<input type="checkbox"/>	Nurse to discuss with patient and family/carers regarding food preferences and notify Catering Department.		
<input type="checkbox"/>	If menu choices are not suitable Catering Dept to be contacted to discuss alternatives.		
<input type="checkbox"/>	Help patient make suitable choices from the menu.		
<input type="checkbox"/>	Choose portion size to suit their appetite.		
<input type="checkbox"/>	Offer snacks available on wards e.g. yoghurt, biscuits, fruit.		
<input type="checkbox"/>	Check whether relatives/carers can bring in snacks to tempt appetite e.g. individually wrapped favourite cakes, biscuits, chocolate, cheese and crackers.		
<input type="checkbox"/>	Offer nourishing drinks in preference to water e.g. milky tea / coffee, malted drinks, hot chocolate, milk, fruit juice		
<input type="checkbox"/>	Contact Catering Dept if patient is finding meals repetitive.		
<input type="checkbox"/>	Offer assistance at meal times to patients who have been allocated a red tray.		
<input type="checkbox"/>	If less than half of a meal is eaten, offer a supplement e.g. Fortisip Compact, Fortisip Compact Fibre or Forticreme.		
<input type="checkbox"/>	If savoury supplement is preferred, order Meritene soup available from Pharmacy.		
<input type="checkbox"/>	Document supplements offered on food chart.		
<input type="checkbox"/>	Repeat weekly weights.		
<input type="checkbox"/>	Repeat "MUST" screening weekly.		
<input type="checkbox"/>	To improve hydration encourage visitors to bring in beverages such as cartons of fruit juice, soft drinks in plastic bottles / cartons and individual sachets of malted drinks.		
<input type="checkbox"/>	If there are clinical concerns regarding food intake after implementing the above, please refer to dietitian.		

<b>"MUST" = 2 or more: HIGH RISK</b>	<b>Interventions (please tick)</b>	<b>Date</b>	<b>Sign</b>
<input type="checkbox"/>	Implement all actions above for MUST = 1 where patient is able to eat and drink safely.		
<input type="checkbox"/>	Refer to Dietitian stating MUST score.		

