



# Community Malnutrition Screening Tool (Adults)

based on the 'Malnutrition Universal Screening Tool' ('MUST')

Step 1  
(BMI score)

+

Step 2  
(weight loss score)

+

Step 3  
Acute Disease effect score

BMI kg/m <sup>2</sup>	
More than 20	<b>Score 0</b> <i>(More than 30 = obese)</i>
18.5 – 20	<b>Score 1</b>
Less than 18.5	<b>Score 2</b>

Unplanned weight loss % in past 3-6 months	
Less than 5%	<b>Score 0</b>
5-10%	<b>Score 1</b>
More than 10%	<b>Score 2</b>

If patient is acutely ill <b>and</b> there has been or is likely to be no nutritional intake for more than 5 days <b>Score 2*</b> <b>(*rarely needed in community)</b>
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## Step 4 Overall risk of Malnutrition

Add score together to give overall risk of malnutrition and complete screening record

**Refeeding Risk:** Those who have eaten little or nothing for 5 days should have nutritional support introduced gradually and be monitored closely. Those at high risk of malnutrition on 'MUST' may be at risk of re-feeding syndrome. Refer to page 19 of CG32 Nutrition Support in Adults: quick reference guide on [www.nice.org.uk](http://www.nice.org.uk) for further information

**Dysphagia:** Individuals with signs of dysphagia require further investigation, refer to Speech and Language Therapy

## Step 5 Management Guidelines for each score

<b>Score 0 = Low Risk</b> <ul style="list-style-type: none"> <li>Record aims of treatment and actions*</li> <li>Consider healthy diet information</li> <li>For printable information on healthy eating: <a href="#">Eating Well</a></li> </ul>	<b>Score 1 = Medium Risk = FOOD FIRST</b> <ul style="list-style-type: none"> <li>Record aims of treatment and actions*</li> <li>Manage factors which affect food intake **</li> <li>Follow the food first approach for improving nutrition</li> <li>For printable information on food first: <a href="#">Making the Most of Your Food</a></li> </ul>	<b>Score 2 or more = High Risk = FOOD FIRST</b> <ul style="list-style-type: none"> <li>Record aims of treatment and actions*</li> <li>Manage factors which affect food intake**</li> <li>Follow the food first approach for improving nutrition</li> <li>For printable information on food first: <a href="#">Making the Most of Your Food</a></li> <li>If patient cannot implement Food First advice, consider following 'Score 2 or more on review' box</li> </ul>
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## Step 6 Repeat 'MUST' Monthly

<b>Score 0 on REVIEW</b> <ul style="list-style-type: none"> <li>Reduce then discontinue ONS.</li> <li>Return to normal, balanced diet</li> </ul>	<b>Score 1 on REVIEW</b> <ul style="list-style-type: none"> <li>Continue with Food First approach and complete review care plan, repeat 'MUST' monthly.</li> <li>If deteriorating or ongoing concerns, consider treating as high risk (see 'Score 2 or more on review' box)</li> </ul>	<b>Score 2 or more on REVIEW</b> <ul style="list-style-type: none"> <li>Continue with FOOD FIRST approach, complete review on care plan, repeat 'MUST' monthly</li> <li>If weight decreased in the last month or patient unable to implement FOOD FIRST advice trial 2 x first choice powdered supplements***</li> <li>If powder not appropriate, consider ready-to-drink supplement</li> <li>For printed information: <a href="#">Oral Nutritional Supplements</a></li> <li>If ongoing concerns after 1 month on ONS refer to Dietitian****</li> </ul>
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\*Aims of treatment could include weight maintenance or gain, improved nutritional intake, wound healing, pressure area care, improvements in psychological or physical health

\*\*Factors which may affect appetite include nausea and/or vomiting, constipation, diarrhoea, alcohol and drug use, social concerns (ability to shop, cook and eat), availability of suitable meals

\*\*\*If appropriate, consider lactose intolerance, renal impairment, ability to prepare and purchase milk

\*\*\*\*Unless detrimental or no benefit expected from nutritional support e.g. terminal stage of illness