

# MUST Patient Care Pathway for Community Setting

## MUST = 0 (low risk)

Re-screen if clinical concern, on admission to a service or annually for vulnerable groups e.g. people over 75 years or people with chronic conditions or learning disabilities.

Examples of a clinical concern:

- unplanned weight loss (loose fitting rings/clothes)
- impaired swallow
- altered bowel habit
- prolonged illness
- ongoing poor appetite
- apathy or depression

For patients with unsafe swallow refer to SLT. For those with unsafe swallow considered to be at risk of malnutrition consider referral to dietetics for assessment and consideration of non-oral feeding.

## MUST = 1 (medium risk)

### Food First Action Plan

Encourage high energy diet and homemade or over the counter nourishing drinks.

- Key nutritional messages recommended include:
  1. Add food toppers to each meal/puddings
  2. Have two high energy snacks each day
  3. Have two homemade nourishing drinks or milky drinks each day
- Encourage patient/carer to watch **Managing Malnutrition** webinar on [www.patientwebinars.co.uk](http://www.patientwebinars.co.uk) website for self management information if appropriate
- Offer patient 'Eating well with a small appetite' leaflet for detailed food first advice if patient unable to access webinar.

### Re-screen using MUST after 2-3 months

Healthcare professional or carer's to re-screen. Patients who are able to self-screen may use [self screening tool](#)

#### If MUST = 1

- Continue Food First Action Plan
- Monitor every 2-3 months or encourage patient to self monitor [www.malnutritionselfscreening.org](http://www.malnutritionselfscreening.org)

If MUST = 2  
Refer to MUST = 2 actions

## MUST = 2 (high risk)

### Offer support with a Food First Action Plan

- Follow Food First Action Plan advice (as for MUST of 1).
- Offer nourishing recipes handout ([dairy](#) and [plant based](#) versions available) available on [Patient Webinars](#) website.

### Re-screen using MUST after 1 month\*

\*For those acutely unwell consider sooner review

### Continue Food First Action Plan if Improvement

An improvement could be either of the following:

- No further weight loss or slowing of weight loss
  - Weight stable (note: a variation of 5% is considered normal)
  - Weight gain or MUST score improved
- Monitor monthly or encourage self monitoring of weight.

If MUST score 2 or more and no improvement consider trial of [oral nutritional supplement \(ONS\)](#) Powdered ONS providing 600kcal daily recommended as 1<sup>st</sup> line. For those with kidney disease or dysphagia seek dietetic advice.

### Re-screen using MUST monthly

Review ONS effectiveness after 2 month trial – **Have ONS made a difference?** E.g. Improvement in weight/MUST score or weight stable

If YES, continue ONS until optimal weight achieved (usually BMI of 18.5-25kg/m<sup>2</sup>) or until weight stabilises then consider trial without ONS.

If NO,  
Consider a dietetic referral