

Appendix 1: The Malnutrition Universal Screening Tool (MUST) & What to do if the Patient Cannot be Weighed

The **MUST Tool** was developed by the Malnutrition Advisory Group of BAPEN.

For full explanation refer to www.bapen.org.uk/pdfs/must/must-full.pdf (*full tool*)

For frequently asked questions about the MUST tool: www.bapen.org.uk/pdfs/must/must_faq.pdf

The MUST tool uses three parameters to identify the overall risk of malnutrition - the BMI score, weight loss score and the acute disease effect score. In the community setting, the acute disease effect score can be generally omitted without affecting the validity of the tool.

What if the Patient Cannot be Weighed?

It is a CQC requirement that carehomes monitor their residents' weights and as such it is *not* acceptable for carehomes to operate without weighing scales appropriate for their residents.

(www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf)

However, if the patient is housebound and/or too unwell to be physically weighed, the MUST tool details **subjective criteria to help you assess the patient's nutritional risk using your clinical judgment**. Refer to the *full tool* (link above), which identifies the following criteria to use in this instance:

❖ **Clinical Impression:**

Thin/acceptable weight/overweight/obvious wasting (very thin)/ obesity (very overweight)

❖ **Unplanned Weight Loss:**

- Clothes &/or jewellery have become loose fitting (weight loss)
- History of decreased food intake/reduced appetite/swallowing problems over the last 3-6 months/underlying disease or psycho-social/physical disabilities likely to cause weight loss

Patients with Profound & Multiple Learning Disability

Whilst the tool is a validated screening tool for malnutrition appropriate for use across healthcare settings, for a minority of patient groups its application can prove more challenging. If the patient has profound and multiple learning disability, whereby their limbs have not fully developed or they have severe muscle wasting and are immobile/unable to walk:

- ❖ heights are difficult to obtain unless known if the person walked originally
- ❖ patients with PMLD may not co-operate with other means of identifying approximate height, and values calculated don't bear any relation to the actual as limbs are underdeveloped/wasted anyway
- ❖ many don't reach a "normal BMI"
- ❖ some types of syndrome have their own weight parameters/expectations

For these patients:

Weighing is essential – record and act on any significant changes/ongoing small weight loss that is out of the ordinary for that patient. If very underweight (even if the reported *norm* for the patient) don't assume this is acceptable - consider contacting the learning disability dietitian to discuss a referral anyway. If the patient won't tolerate weighing, use the **subjective criteria** detailed above. Are photos available of the patient – now and in last 6 months/last year – do they look visibly thinner now? Have family/friends raised concerns about weight loss/gain?

Considering the above will enable you to use your professional judgement in determining the patient's nutritional risk.