

Malnutrition care pathway for care home residents

Calculate MUST score

MUST 0 (low risk)

Complete a [nutritional care plan](#) (example on page 24).

If MUST 0 and pressure ulcer or poor wound healing, assess food and fluid intake ensuring adequate protein is being consumed. Consider using [food and fluid checklist](#) (page 11) and [food and fluid record chart](#) (page 28).

If no concern follow MUST 0 pathway.

If intake appears inadequate follow MUST 1 or more pathway ensuring sufficient protein intake. Consider a referral to a dietitian.

MUST 1 or more (medium or high risk)*

Include the following assessments and information in a [nutritional care plan](#) (example on page 24).

- Assess underlying causes and consider appropriate onward referrals. Consider using [underlying causes checklist](#) (page 9)**.
- Set a [nutritional aim](#) (supporting information on page 10).
- Assess food and fluid offered and consumed for 4 to 7 days. Consider using [food and fluid checklist](#) (page 11) and [food and fluid record chart](#) (page 28).
- Observe at least 2 mealtimes (including main meal). Consider using [mealtime observation checklist](#) (page 12).

Adopt 1, 2, 3 approach***:

- 1 pint of fortified milk a day
 - 2 nourishing snacks a day (including a high calorie fortified snack)
 - 3 fortified 2-course meals a day
- Consider offering 1 or 2 homemade fortified drinks a day, particularly if additional help on top of the 1,2,3 approach is needed, or there is a very poor intake or a high MUST score. Consider a multivitamin and mineral supplement (over the counter). Weigh weekly for MUST 2 or more, or if clinical concern.

Reassess MUST score monthly

Continue reviewing nutritional care plan and screen monthly using MUST.

Assess nutritional care plan and review progress towards nutritional aim until achieved. Consider dietitian referral if:

- BMI < 18
- candidate for artificial feeding via a tube
- nutritionally compromised by clinical condition, for example high stoma output
- MUST 2 or more and no progress following food first approach
- requiring dietary modification for newly diagnosed condition, for example swallowing difficulties (also consider referral to speech and language therapy)
- at risk of re-feeding syndrome ([nice.org.uk/guidance/cg32](https://www.nice.org.uk/guidance/cg32))

* Patients with complex nutritional needs, for example renal disease, cystic fibrosis or gastrointestinal disorders, require specialist advice and should be referred to dietetic services.

** If MUST 1 or more and pressure ulcer or poor wound healing, follow MUST 1 or more pathway with emphasis on high protein options and consider dietitian referral.

*** For obese residents whose appetite has returned to normal and whose weight has stabilised, consider aiming for weight maintenance with a healthy balanced diet and ensure sufficient protein for strength regain.