



Review Sheet



Last Reviewed  
20 Jan '23



Last Amended  
20 Jan '23



Next Planned Review in 12 months, or  
sooner as required.

Business impact



Changes are important, but urgent implementation is not required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy details how to support individuals with their nutrition and hydration requirements, as well as how to monitor what their requirements may be. Some changes have been made to include guidance on supporting service users to eat and drink, recommendation for a Nutrition Champion and information on Oral Nutritional Supplements. New food and fluid monitoring charts have been created to demonstrate the clinical need for monitoring. References have also been checked to ensure they remain current.

Relevant legislation:

- The Care Act 2014
- Equality Act 2010
- Food Safety Act 1990
- The Food Safety and Hygiene (England) Regulations 2013
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005

<p>Underpinning knowledge - What have we used to ensure that the policy is current:</p>	<ul style="list-style-type: none"> <li>• Author: The Royal Marsden NHS Foundation Trust. Edited by S.Lister, J.Hofland and H.Grafton., (2020), <i>The Royal Marsden Manual of Clinical Nursing Procedures</i>. [Online] Available from: [Accessed: ]</li> <li>• Author: Malnutrition Task Force, (2021), <i>Older people and malnutrition in the UK today</i>. [Online] Available from: <a href="https://www.malnutritiontaskforce.org.uk/sites/default/files/inline-files/State%20of%20the%20Nation%202020%20revise2a.pdf">https://www.malnutritiontaskforce.org.uk/sites/default/files/inline-files/State%20of%20the%20Nation%202020%20revise2a.pdf</a> [Accessed: 20/1/2023]</li> <li>• Author: Public Health Agency, (2014), <i>Nutritional guidelines and menu checklist for residential and nursing homes</i>. [Online] Available from: <a href="https://www.publichealth.hscni.net/publications/nutritional-guidelines-and-menu-checklist-residential-and-nursing-homes">https://www.publichealth.hscni.net/publications/nutritional-guidelines-and-menu-checklist-residential-and-nursing-homes</a> [Accessed: 20/1/2023]</li> <li>• Author: Managing Adult Malnutrition, (2023), <i>Managing Adult Malnutrition in the Community</i>. [Online] Available from: <a href="https://www.malnutritionpathway.co.uk/index">https://www.malnutritionpathway.co.uk/index</a> [Accessed: 20/1/2023]</li> <li>• Author: CQC, (2022), <i>Regulation 14: Meeting nutritional and hydration needs</i>. [Online] Available from: <a href="https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs">https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs</a> [Accessed: 20/1/2023]</li> <li>• Author: NICE, (2012), <i>Nutrition support in adults - Quality standard [QS24]</i>. [Online] Available from: <a href="https://www.nice.org.uk/guidance/qs24">https://www.nice.org.uk/guidance/qs24</a> [Accessed: 20/1/2023]</li> <li>• Author: NICE, (2017), <i>Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition</i>. [Online] Available from: <a href="https://www.nice.org.uk/Guidance/cg32">https://www.nice.org.uk/Guidance/cg32</a> [Accessed: 20/1/2023]</li> <li>• Author: Royal College of Speech &amp; Language Therapists, (2023), <i>The IDDSI Framework</i>. [Online] Available from: <a href="https://www.rcslt.org/members/clinical-guidance/dysphagia/the-iddsi-framework/#:~:text=The%20International%20Dysphagia%20Diet%20Standardisation%20Initiative%20(IDDSI)%20Framework,drinking%20and%20swallowing%20problems%20(dysphagia)%20across%20the%20lifespan.">https://www.rcslt.org/members/clinical-guidance/dysphagia/the-iddsi-framework/#:~:text=The%20International%20Dysphagia%20Diet%20Standardisation%20Initiative%20(IDDSI)%20Framework,drinking%20and%20swallowing%20problems%20(dysphagia)%20across%20the%20lifespan.</a> [Accessed: 20/1/2023]</li> <li>• Author: Skills for Care, (2022), <i>Care Certificate</i>. [Online] Available from: <a href="https://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx">https://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx</a> [Accessed: 20/1/2023]</li> </ul>
<p>Suggested action:</p>	<ul style="list-style-type: none"> <li>• Encourage sharing the policy through the use of the QCS App</li> <li>• Ensure the policy is discussed in planned supervision sessions with relevant staff</li> <li>• Ensure relevant staff are aware of the content of the whole policy</li> </ul>
<p>Equality Impact Assessment:</p>	<p>QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.</p>



## 1. Purpose

**1.1** Calico Group - Barley View recognises that good nutrition plays a vital role in wellbeing and health and that malnutrition or dehydration can have a huge impact on the physical and mental health of Service Users and their ability to carry out everyday activities. This policy provides a framework for the safe, nutritious and timely delivery of food and hydration for Service Users at Calico Group - Barley View that is acceptable to the Service User, whilst ensuring that assessment and individualised plans of care identify risk, choice and promote independence.

**1.2** This policy must be read in conjunction with the Dysphagia (Swallowing Difficulty) and Risk of Choking Policy and Procedure at Calico Group - Barley View.

Other relevant policies and procedures to refer to include:

- ┆ Menu Choice Policy and Procedure
- ┆ Supply of Service User's Own Food Policy and Procedure

**1.3** To support Calico Group - Barley View in meeting the following Key Lines of Enquiry/Quality Statements (New):

Key Question	Key Lines of Enquiry	Quality Statements (New)
CARING	C2: How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?	QSC2: Treating people as individuals
CARING	C3: How are people's privacy, dignity and independence respected and promoted?	QSC1: Kindness, compassion and dignity QSC3: Independence, choice and control
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
EFFECTIVE	E3: How are people supported to eat and drink enough to maintain a balanced diet?	QSE4: Supporting people to live healthier lives
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?	QSS4: Involving people to manage risks QSS5: Safe environments
SAFE	S3: How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs?	QSS6: Safe and effective staffing

**1.4** To meet the legal requirements of the regulated activities that {Calico Group - Barley View} is registered to provide:

- ┆ The Care Act 2014
- ┆ Equality Act 2010

- | Food Safety Act 1990
- | The Food Safety and Hygiene (England) Regulations 2013
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Human Rights Act 1998
- | Mental Capacity Act 2005



## 2. Scope

**2.1** The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Nurse
- | Volunteers
- | Care staff
- | Kitchen
- | Activities

**2.2** The following Service Users may be affected by this policy:

- | Service Users

**2.3** The following stakeholders may be affected by this policy:

- | Family
- | Representatives
- | External health professionals



## 3. Objectives

**3.1** Calico Group - Barley View appreciates the value of a high-quality dining experience, where it is viewed as a sociable and meaningful activity and all staff within Calico Group - Barley View play a role.

**3.2** Calico Group - Barley View promotes an inclusive culture which empowers the Service User to have choice in all aspects of their nutrition and hydration management.

**3.3** Staff have the competence to monitor and assess for malnutrition and dehydration and respond appropriately and in a timely manner.



## 4. Policy

**4.1** Staff will be trained and have the competence to support Service Users safely and compassionately within the realms of their role and responsibilities. As a minimum, all staff will create and maintain a safe environment that supports Service Users with food and drink and will adapt according to need.

**4.2** Care Workers will offer encouragement and practical assistance at all times as required, whilst maintaining privacy and dignity, especially when assisting Service Users.

**4.3** Calico Group - Barley View will ensure that all actions with regard to a Service User's nutrition and hydration will be carried out in line with the Mental Capacity Act 2005 and Code of Practice. In addition, all staff will ensure that all Service Users are treated equally and free from discrimination or exclusion. Where specific dietary requirements are requested to meet cultural or religious beliefs, this will be met.

**4.4** Arrangements will be made for any special diets or dietary supplements to be available to the Service User following the advice of an appropriately qualified or experienced healthcare professional and catering staff will have the knowledge, experience and skills to provide a nutritious menu that can be modified to meet individual needs.

**4.5** Communication systems will be effective between the catering staff and Care Workers. This will allow a smooth-running service with timely responses to changing needs.

**4.6** Care Workers will seek expert timely advice from appropriately trained professionals where there is an identified need to enhance oral intake, manage artificial nutritional support or manage complex medical conditions that may require modifications to diet or fluids.

To support Service Users to be as independent as possible, advice, guidance and resources will be available to support Service Users to make informed decisions around managing their own nutrition and hydration needs.

**4.7** Care Workers will seek expert timely advice from Occupational Therapists where there is an identified need to address seating in order to enhance Service User posture and positioning for nutritional and hydration intake.

To support Service Users to be as independent as possible, advice, guidance and resources will be available to support Service Users to be seated in order to maximise their nutritional and hydration well-being.

### 4.8 COVID-19

Calico Group - Barley View recognises that the COVID-19 pandemic and the need to ensure a safe, secure environment may affect certain aspects of the provision of Service Users' nutrition and hydration.

One impact could be on the need to limit communal dining and the unavoidable limitation on the social aspect associated with mealtimes. When this is necessary, the reasons will be explained to the Service User and others important to them. In circumstances where the Service User is isolated but requires social support in order to dine, and where it is possible, the Service User will be provided with the social aspect of dining from a Care Worker.

Access to SALT, dietitians and other external professional services that support Service Users with their nutrition and hydration may also be limited by COVID-19 restrictions. In all circumstances, where there is a need for additional input, Jodie Bland will liaise with the appropriate services and ensure that suitable advice, support and guidance are provided, although it is recognised by Calico Group - Barley View that this may be remote and in a different way than has historically been provided.

In all circumstances, the Registered Manager will follow the latest government guidelines to maintain the safety of the staff and Service Users at Calico Group - Barley View.



## 5. Procedure

### 5.1 Nutritional Screening

At the point of pre-assessment, information will be gathered and recorded in relation to nutritional and hydration preferences as well as gathering a medical history and information about food allergies and conditions that may affect the Service User's ability to eat and drink independently.

Staff will use the Malnutrition Universal Screening Tool (MUST) to assess for the risk of malnutrition and can refer to the Forms section of this policy for the guidelines and associated forms for use.

A Care Plan will be produced for all Service Users that details the wishes, preferences, abilities and support required in relation to meeting nutrition and hydration needs. The Service User must be encouraged to be as fully involved as possible. In the absence of the ability of a Service User to be involved, decisions will be made in accordance with the Mental Capacity Act 2005 and staff can refer to this policy for further guidance.

Food and fluid charts, when introduced, must be used for an agreed period, usually no more than 5-7 days, on an individual needs basis, to ascertain behaviours and patterns that can form management strategies to be recorded within the Service User's Care Plan. A selection of charts can be found in the Forms section of this policy.

### 5.2 Communications

Care Workers will establish professional relationships with Service Users to enable a greater understanding of their wishes, preferences and choices. This will be recorded within the Service User's care records. For Service Users who are proven to lack the capacity to be involved in planning their care, staff will adhere to the Mental Capacity Act 2005. Staff will seek the views of family members regarding the Service User's needs and preferences and refer to life histories for further information.

Service Users will be fully encouraged and provided with the opportunity to feel included in the design and delivery of food within Calico Group - Barley View. This will be achieved by ascertaining feedback and suggestions at every opportunity.

Where a Service User is unable to eat or drink or is demonstrating signs of deteriorating health due to reduced intake, a referral to the GP will be made and recorded. Care Workers are responsible for ensuring that any referrals are followed up and achieved.

### 5.3 The Dining Experience

The following core principles apply:

- | Mealtimes will be managed so that they are unhurried and a pleasurable experience
- | Calico Group - Barley View should support protected mealtimes
- | Service Users will have the choice of eating in their rooms or communal dining areas
- | The meal preparation, service and the individual dining area will be clean, hygienic and maintained to a high standard
- | Staff will ensure that Service Users are not waiting for long periods of time for meals
- | Service Users will be offered hand-washing facilities before and after dining
- | Food and drink will be presented in an appetising way, ensuring that food preferences are respected
- | When supporting Service Users, foods must be recognisable and not mixed on the plate
- | Any pureed meal will be provided as attractively as possible, with individual elements of the meal presented separately
- | Staff will be made available to help Service Users if they are unable to eat fully by themselves, and when this is offered, the staff member will be seated with the Service User and will provide support in a way that promotes the independence and dignity of the Service User
- | When COVID-19 guidance allows, staff will encourage carers, families and friends to visit and offer support at mealtimes
- | Condiments, such as salt, pepper and sauces, will be offered at mealtimes
- | A drink must be available and offered during the meal (unless clinically indicated otherwise by a specialist healthcare professional)
- | Staff will offer finger food to those who have difficulty using cutlery and provide adapted crockery and cutlery to enable people to feed themselves where appropriate



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- | Supplements will be given as prescribed and flavours requested in accordance with the Service User's likes and dislikes. Staff will request prescribing times of supplements that do not impact on the dining experience or the Service User's appetite
- | Menus will be meet recognised nutritional standards. A variety of menus are available, and staff can refer to the suite of catering policies and procedures for further details
- | Arrangements will be in place to ensure that there is access to food and fluids out of hours
- | Systems will be in place to enable and promote choice in diet selection, e.g. picture formats, plated options
- | Clothes protectors may be required to support Service Users. These will be offered to the Service User before dining and removed as soon as possible. Care Plans must include if clothes protectors are required

**5.4 Supporting a Service User to Eat and Drink**

One Service User will be supported by one staff member at a time.

- | Check if the Service User requires a specialised or modified diet
- | Ensure you have any equipment you may need, (specialised cutlery etc.)
- | Introduce yourself to the Service User, explain, discuss and gain consent
- | Wash your hands and apply PPE
- | Ensure the Service User has their glasses, dentures and/or hearing aid in place
- | Ensure the Service User is sitting in a comfortable, upright position
- | Ideally, Service Users will be supported to sit in a chair for mealtimes. However, for Service Users nursed in bed, the bed will be set at a 90-degree angle (unless clinically contraindicated)
- | Assist the Service User with a napkin or clothes protector as required
- | Where Service Users require full support, the staff member will sit at eye level and position themselves in front or slightly to one side of the Service User whom they are helping. However, if this is too much of a distraction for the Service User they are helping, staff will position themselves at their side
- | Offer small mouthfuls, but enough for the Service User to feel the food in their mouth
- | Allow adequate time for the Service User to chew and swallow each mouthful before continuing; avoid hovering with the next mouthful
- | Assist gently but never force
- | Maintain eye contact with the Service User; do not talk to others while assisting
- | Use verbal prompts. Talk clearly about the food you are offering (especially if it is pureed or if the Service User has a visual impairment)
- | Use a napkin to remove food particles from the Service User's face or clothes
- | Ask the Service User when they wish to have a drink:
  - | Support the glass or cup gently so that the flow of liquid is controlled
  - | Or use a straw if preferred and suitable
- | Observe the Service User for coughing, choking, a wet or gurgly voice, nasal regurgitation or effortful swallow
- | After the meal, assist the Service User to meet their hygiene needs
- | If food and drink are monitored, document in the Service User's Care Plan

**Equipment**

Specialised equipment will be readily available as identified in each individual Care Plan. Equipment will be checked before use to ensure that it is clean, well maintained and fit for purpose.

Staff must refer Service Users to appropriate health care professionals such as the speech and language therapist, occupational therapist or dietitian for support and guidance with managing concerns in relation to supporting Service Users to eat and drink.

**5.5 Management of Malnutrition**

Staff will, in the first instance, follow the MUST guidelines. In conjunction with this, staff must:

- | Have access to appropriate weighing scales, which are maintained and accurate

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- | Use The Nutrition Screening Assessment to assist in the development of the Care Plan for the Service User. The details will clearly reference the level of risk and be reviewed regularly to ensure that the content of the Care Plan is holistic and continues to cover all aspects of the Service User's nutrition and hydration needs
- | Refer to a dietitian as per MUST guidelines or if staff are concerned
- | Communicate with colleagues responsible for providing food for the Service User, and consider giving high-calorie foods, additional snacks and milky drinks
- | Encourage small, frequent meals and snacks with a focus on nutrient rich foods and drinks
- | Consider how to supplement standard meals with increased calories and protein by adding items such as cheese or using whole milk or enriched milk (4 tablespoons of milk powder in each pint of whole milk) in dishes
- | Consider the possible reasons and causes for the assessed malnutrition risk. The reasons could be:
  - | Needing assistance with feeding
  - | Difficulty swallowing
  - | Nausea or
  - | Other health issues not directly related to diet
- | Consider wider health issues in the Care Plan
- | Consider oral nutrition supplements by discussing with the Service User's GP
- | Seek further advice on nutrition screening, assessment and management from the local community dietetic team

**5.6 Oral Nutritional Supplements (ONS)**

- | ONS are typically used to supplement the diet when diet alone is insufficient to meet daily nutritional requirements. They are not intended as a food replacement
- | ONS should be given in accordance with an evidence-based pathway, prescribed by a dietitian
- | A Service User should be encouraged to take ONS when they most feel like taking them; this may be between meals, like a snack, first thing in the morning or before bed. Alternatively, ONS can be incorporated into everyday foods, e.g. in jellies and sauces

A Pathway for Using Oral Nutritional Supplements (ONS) in the Management of Malnutrition form is available in the forms section of this policy

**5.7 Hydration**

Staff must encourage fluid intake for all Service Users (unless indicated otherwise e.g. fluid restrictions in place), and to offer a selection of hot and cold drinks throughout the day, when awake at night and whenever people request them. Types of fluid are important and staff can refer to the [BDA website](#) to support advising Service Users of the recommendations.

Official Recommended fluid intakes vary (NHS Choices recommend 6-8 glasses per day, BDA recommend 1600ml for Women and 2000ml for Men), therefore it is important for staff to establish what is normal for the Service User. This information will be recorded in the Care Plan so that all staff are aware and can respond if they have concerns. For those Service Users that are unable to advise staff on what is normal for them, a fluid chart must be kept for 3 days to try and establish a pattern of preferred fluid intake. This can then form the basis for the Care Plan which must be reviewed as patterns and behaviours change. Staff need to also be aware of some of the common reasons as to why Service Users do not drink enough (e.g. fear of not getting to the toilet on time, unable to support themselves), and work with the Service User to resolve some of these issues.

Medical advice must be sought if a Service User has particular health problems that affect the maintenance of good hydration, which may require fluid restriction and close monitoring.

Staff need to be trained to look for the signs of dehydration (resources are available within the Further Reading section of this policy), record these concerns and report them to a senior member of staff on duty in a timely manner.

**5.8 Service Users with Swallowing Difficulties**

Staff will support Service Users who have swallowing difficulties and must refer to the Dysphagia (Swallowing Difficulty) and Risk of Choking Policy and Procedure which provides more detail around the use of modified diet and thickeners.

Any new changes to a Service User's swallow function will be reported to the GP and documented. Advice



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must be sought from the Speech and Language Team as to how Calico Group - Barley View can support the Service User.

**5.9 Artificial Nutrition and Hydration Support**

Jodie Bland will ensure that where Service Users require artificial support to meet their nutrition and hydration needs, this is met by competent trained staff, with the following available:

- | An individual, detailed Care Plan that provides clinical guidance on the oral and enteral nutrition regimes and support required, who to contact for support and guidance, a protocol for out-of-hours management and how to respond to changes in condition
- | Sufficient and well-maintained stocks and supplies of equipment
- | Evidence of staff competence and training in the required areas
- | PPE and appropriate management of infection control

All regimes will be prescribed by an appropriate specialist health care professional or the Service User's GP.

Staff can refer to the PEG Policy and procedure at Calico Group - Barley View.

**5.10 Supporting Service Users who are Obese or Bariatric**

With the agreement of the Service User, advice will be sought from a dietician as soon as possible after admission (if not already under the care of a dietician). If a Service User chooses to attempt to lose weight the dietician can give suitable guidance for safe weight loss.

Staff must never assume that an overweight Service User must be on a calorie-reducing diet without discussing this first with the Service User and making them aware of the risks of being obese. Service User choice is paramount, and this must be taken into account at all times.

**5.11 Nutrition Champion**

Consideration should be given to nominating a nutrition champion at Calico Group - Barley View who can ensure that standards of nutritional care are met, ideas for improvement are explored and that nutrition screening and appropriate nutritional Care Plans for Service Users are acted on.

**5.12 Training and Education**

- | New Care Workers will be expected to complete the Skills for Care, Care Certificate as part of their induction at Calico Group - Barley View. This includes completion of Unit 8, Fluids and Nutrition, which will provide a foundation of knowledge
- | All staff involved in supporting Service Users will receive training in the requirements for a pleasurable mealtime experience
- | Ongoing, staff will be expected to maintain and develop their knowledge and development further. This will be delivered and offered by different means which could include formal training or delivery via discussion through team meetings and supervisions
- | A range of resources will be available to support staff and there will be access to this policy and the suite of associated documents via the mobile app or desktop
- | Staff should make use of e-learning training available, e.g. BAPEN

**5.13 Audit and Review**

The audit programme for nutrition and hydration will be overseen by Jodie Bland. This will include observation of mealtimes and the dining experience as well as audits of the care records, staff performance, environment and monitoring weight loss/gain of Service Users.

Service User feedback will be sought through various means such as direct discussion, through satisfaction surveys and Service User forums.

Jodie Bland will make use of the Mock Inspection Toolkits available to demonstrate meeting the nutrition and hydration needs of a Service User.

Food waste from unserved meals will be routinely recorded by the Catering Team as a means of review. This will be discussed with Care Workers and Jodie Bland.

Care Plan audits will identify effective and accurate use of MUST and Care Plans.



## 6. Definitions

### 6.1 Artificial Nutrition and Hydration

- Artificial nutrition and hydration is a medical treatment that allows a person to receive nutrition (food) and hydration (fluids) when they are no longer able to take them by mouth

### 6.2 Malnutrition Universal Screening Tool (MUST)

- 'MUST' is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a Care Plan. It is for use in hospitals, community and other care settings and can be used by all care workers

### 6.3 Protected Mealtimes

- This originated in hospitals and is an initiative as part of the 'Better Hospital Food Programme', which encouraged wards to stop all non-urgent clinical activity during mealtimes so that patients could eat their meals without interruption and nursing staff could be available to offer help to those who needed it

### 6.4 Food Supplements

- Food supplements are concentrated sources of nutrients or other substances with a nutritional or physiological effect, whose purpose is to supplement the normal diet

### 6.5 BAPEN

- The British Association for Parental and Enteral Nutrition. It is a charitable association that raises awareness of malnutrition and works to advance the nutritional care of patients and those at risk of malnutrition in the wider community

### 6.6 SALT

- Speech And Language Therapy - Therapists provide life-changing treatment, support and care for people who have difficulties with communication, eating, drinking and swallowing



## Key Facts - Professionals

Professionals providing this service should be aware of the following:

- An up-to-date and current Care Plan will be in place to identify the Service User's specific nutrition and hydration needs and preferences
- All care and support surrounding nutrition and hydration will be provided in a person-centred way that promotes the Service User's independence, choice, and dignity
- Service Users will have their nutrition and hydration needs assessed on admission, and on a monthly basis
- All risks of malnutrition and dehydration will be assessed, and action is taken to address the issues
- Regardless of diet type, foods must be presented in an appetising manner and there needs to be an emphasis placed that dining is seen as a meaningful and pleasant experience
- Malnutrition and dehydration are high-risk areas and staff must have the skills to assess, monitor and support the Service User to manage this



## Key Facts - People affected by the service

People affected by this service should be aware of the following:

- 1 Calico Group - Barley View will ensure that your nutrition and hydration needs are assessed and reviewed
- 1 Your likes and dislikes, as well as any cultural or religious preferences, will be considered as part of your assessment
- 1 Calico Group - Barley View offers you a varied and nutritious menu
- 1 Staff with responsibilities for any aspect of the dining experience, food preparation and serving are trained and competent to carry out their role safely
- 1 You must feel in control of the menu choices and contribute to the design and delivery of foods within Calico Group - Barley View
- 1 For Service Users requiring a modified diet, this will be presented in the same appetising way as any other food on the menu
- 1 You can discuss any aspects of the food and dining experience with Jodie Bland



## Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

**BAPEN:**

<https://www.bapen.org.uk/>

**Public Health England - The Eatwell Guide:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/742750/Eatwell\\_Guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/742750/Eatwell_Guide.pdf)

**BDA (The Association of UK Dietitians):**

<https://www.bda.uk.com/>

**NICE - Diet, Nutrition and Obesity:**

[https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/diet--nutrition-and-obesity#pathwaysNICEguidanceonNutritionalSupportforAdults\(2006\)](https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/diet--nutrition-and-obesity#pathwaysNICEguidanceonNutritionalSupportforAdults(2006))

**The Hydrate Toolkit:**

<https://wessexahsn.org.uk/img/projects/Hydration%20toolkit%20V1.pdf>

**Malnutrition Task Force:**

<https://www.malnutritiontaskforce.org.uk/professionals/care-homes>

**Caroline Walker Trust - Eating Well: Supporting older people and older people with dementia - practical guide:**

<https://www.cwt.org.uk/wp-content/uploads/2014/07/EW-Old-Dementia-Practical-Resource.pdf>

**Alzheimer's Society - Eating and Drinking:**

[https://www.alzheimers.org.uk/info/20029/daily\\_living/10/eating\\_and\\_drinking](https://www.alzheimers.org.uk/info/20029/daily_living/10/eating_and_drinking)



## Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- 1 Calico Group - Barley View seek and implement creative, best practice ways in which nutrition is supported e.g. smoothies, snack stations, using activity to promote nutrition and hydration
- 1 Calico Group - Barley View has implemented a system using 'discreet signs' for people who need assistance with meals
- 1 SOFI is used to measure practice and benchmark the dining experience, outcomes are used as a means of ongoing improvement
- 1 Weight loss and weight gain in Service Users is monitored monthly and action is taken, where required
- 1 Communication systems between Calico Group - Barley View staff (as well as externally) are effective and people report positively about their experiences in relation to food and nutrition
- 1 The wide understanding of the policy is enabled by proactive use of the QCS app
- 1 Service Users are actively involved in the design and delivery of food and nutrition at Calico Group - Barley View
- 1 Calico Group - Barley View takes part in national initiatives and audits as a means of demonstrating transparency and enhancing learning
- 1 A Nutrition Champion is assigned, and this person can receive updates to support colleagues and drive best current practice recommendations



## Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
CC14 - Malnutrition Universal Screening Tool (MUST)	On admission and as per the provided guidelines.	BAPEN
CC14 - Nutrition Screening Assessment	When assessing nutritional needs, to provide detail for the Care Plan.	QCS
CC14 - Monthly MUST Score Record	Every month to record the ongoing results of the MUST score and any changes.	QCS
CC14 - Extended BMI Chart	To determine accurate recording of BMI for Obese or Bariatric Service Users.	National Heart, Lung, and Blood Institute
CC14 - Fluid Intake and Output Chart	To monitor the fluid intake and output.	QCS
Food Intake Chart - CC14	To monitor food intake.	QCS
CC14 - Pathway for Using Oral Nutritional Supplements (ONS) in the Management of Malnutrition	Using Oral Nutritional Supplements in Malnutrition	QCS

## 'MUST'

'MUST' is a five-step screening tool to identify **adults**, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

It is for use in hospitals, community and other care settings and can be used by all care workers.

### **This guide contains:**

- A flow chart showing the 5 steps to use for screening and management
- BMI chart
- Weight loss tables
- Alternative measurements when BMI cannot be obtained by measuring weight and height.

## The 5 'MUST' Steps

### **Step 1**

**Measure height and weight to get a BMI score using chart provided. *If unable to obtain height and weight, use the alternative procedures shown in this guide.***

### **Step 2**

**Note percentage unplanned weight loss and score using tables provided.**

### **Step 3**

**Establish acute disease effect and score.**

### **Step 4**

**Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.**

### **Step 5**

**Use management guidelines and/or local policy to develop care plan.**

Please refer to *The 'MUST' Explanatory Booklet* for more information when weight and height cannot be measured, and when screening patient groups in which extra care in interpretation is needed (e.g. those with fluid disturbances, plaster casts, amputations, critical illness and pregnant or lactating women). The booklet can also be used for training. See *The 'MUST' Report* for supporting evidence. Please note that 'MUST' has not been designed to detect deficiencies or excessive intakes of vitamins and minerals and is of **use only in adults**.

# Step 1 – BMI score (& BMI)

## Height (feet and inches)

		4'9½	4'10½	4'11	5'0	5'0½	5'1½	5'2	5'3	5'4	5'4½	5'5½	5'6	5'7	5'7½	5'8½	5'9½	5'10	5'11	5'11½	6'0½	6'1	6'2	6'3	6'3½	6'4½		
Weight (kg)	100	47	46	44	43	42	41	40	39	38	37	36	35	35	34	33	32	32	31	30	30	29	28	28	27	27	15 10	
	99	46	45	44	43	42	41	40	39	38	37	36	35	34	33	33	32	31	31	30	30	29	29	28	27	27	26	15 8
	98	46	45	44	42	41	40	39	38	37	36	36	35	34	33	32	32	31	30	30	29	29	28	28	27	27	26	15 6
	97	46	44	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	30	29	29	28	27	27	26	26	15 4
	96	45	44	43	42	40	39	38	38	37	36	35	34	33	32	32	31	30	30	29	29	28	28	27	27	26	26	15 2
	95	45	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	26	26	25	25	14 13
	94	44	43	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	25	25	14 11
	93	44	42	41	40	39	38	37	36	35	35	34	33	32	31	31	30	29	29	28	27	27	26	26	25	25	25	14 9
	92	43	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	14 7
	91	43	42	40	39	38	37	36	35	34	33	32	31	31	30	29	29	28	28	27	27	26	26	25	25	24	24	14 5
	90	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	24	14 2
	89	42	41	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	24	24	14 0
	88	41	40	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	23	23	13 12
	87	41	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	24	23	23	13 10
	86	40	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	23	13 8
	85	40	39	38	37	36	35	34	33	32	31	30	30	29	29	28	27	27	26	26	25	25	24	24	23	23	23	13 5
	84	39	38	37	36	35	35	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	23	23	22	22	13 3
	83	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	23	23	23	22	22	13 1
	82	38	37	36	35	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	22	12 13
	81	38	37	36	35	34	33	32	32	31	30	29	29	28	28	27	26	26	25	25	24	24	23	23	22	22	22	12 11
80	38	37	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	21	21	12 8	
79	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	22	21	21	21	12 6	
78	37	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	21	21	21	12 4	
77	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	24	23	23	22	22	21	21	21	12 2	
76	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	23	23	22	22	22	21	21	21	21	12 0	
75	35	34	33	32	32	31	30	29	29	28	27	27	26	25	25	24	24	23	23	22	22	22	21	21	20	20	11 11	
74	35	34	33	32	31	30	30	29	28	28	27	26	26	25	24	24	23	23	22	22	22	21	21	20	20	20	11 9	
73	34	33	32	32	31	30	29	29	28	27	26	26	25	25	24	24	23	23	22	22	21	21	20	20	19	19	11 7	
72	34	33	32	31	30	30	29	28	27	27	26	26	25	24	24	23	23	22	22	21	21	20	20	20	19	19	11 5	
71	33	32	32	31	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	21	21	20	20	19	19	19	11 3	
70	33	32	31	30	30	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	20	20	19	19	19	19	11 0	
69	32	32	31	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	20	19	19	18	18	10 12	
68	32	31	30	29	29	28	27	27	26	25	25	24	24	23	22	22	21	21	21	20	20	19	19	18	18	18	10 10	
67	31	31	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	18	10 8	
66	31	30	29	28	27	26	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	18	18	18	18	10 6	
65	30	30	29	28	27	26	25	25	24	24	23	22	22	21	21	20	20	19	19	19	18	18	18	18	17	17	10 3	
64	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	18	17	17	10 1	
63	30	29	28	27	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	18	17	17	17	17	9 13	
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60	28	27	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	18	18	17	17	17	17	16	9 6	
59	28	27	26	26	25	24	24	23	22	22	21	21	20	20	19	19	19	18	18	17	17	17	16	16	16	16	9 4	
58	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	19	18	18	18	17	17	16	16	16	15	9 2	
57	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	17	16	16	16	15	15	9 0	
56	26	26	25	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	17	17	16	16	16	15	15	8 11	
55	26	25	24	24	23	23	22	21	21	20	20	19	19	19	18	18	17	17	17	16	16	16	15	15	15	15	8 9	
54	25	25	24	23	23	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	15	14	14	8 7	
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52	24	24	23	23	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	16	15	15	15	14	14	14	8 3	
51	24	23	23	22	22	21	20	20	19	19	18	18	18	17	17	16	16	16	16	15	15	15	14	14	14	14	8 0	
50	23	23	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	15	14	14	14	14	13	7 12	
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48	23	22	21	21	20	20	19	19	18	18	17	17	17	16	16	15	15	15	14	14	14	14	14	13	13	13	7 8	
47	22	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	7 6	
46	22	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	13	12	12	7 3	
45	21	21	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	13	12	12	12	7 1	
44	21	20	20	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	12	12	12	6 13	
43	20	20	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	12	12	12	11	6 11	
42	20	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	13	12	12	12	12	11	11	6 9	
41	19	19	18																									



# Step 1

BMI score

+

# Step 2

Weight loss score

+

# Step 3

Acute disease effect score

BMI kg/m <sup>2</sup>	Score
>20 (>30 Obese)	= 0
18.5-20	= 1
<18.5	= 2

Unplanned weight loss in past 3-6 months	
%	Score
<5	= 0
5-10	= 1
>10	= 2

If patient is acutely ill **and** there has been or is likely to be no nutritional intake for >5 days  
**Score 2**

If unable to obtain height and weight, see reverse for alternative measurements and use of subjective criteria

Acute disease effect is unlikely to apply outside hospital. See 'MUST' Explanatory Booklet for further information

# Step 4

Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition  
Score 0 Low Risk   Score 1 Medium Risk   Score 2 or more High Risk

# Step 5

Management guidelines

**0 Low Risk**  
**Routine clinical care**

- Repeat screening  
Hospital – weekly  
Care Homes – monthly  
Community – annually for special groups e.g. those >75 yrs

**1 Medium Risk**  
**Observe**

- Document dietary intake for 3 days
- If adequate – little concern and repeat screening
  - Hospital – weekly
  - Care Home – at least monthly
  - Community – at least every 2-3 months
- If inadequate – clinical concern – follow local policy, set goals, improve and increase overall nutritional intake, monitor and review care plan regularly

**2 or more High Risk**  
**Treat\***

- Refer to dietician, Nutritional Support Team or implement local policy
- Set goals, improve and increase overall nutritional intake
- Monitor and review care plan  
Hospital – weekly  
Care Home – monthly  
Community – monthly

\* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

**All risk categories:**

- Treat underlying condition and provide help and advice on food choices, eating and drinking when necessary.
- Record malnutrition risk category.
- Record need for special diets and follow local policy.

**Obesity:**

- Record presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity.

Re-assess subjects identified at risk as they move through care settings

See The 'MUST' Explanatory Booklet for further details and The 'MUST' Report for supporting evidence.

## Step 2 – Weight loss score

<b>Score 0</b> Wt loss < 5%	<b>Score 1</b> Wt loss 5 - 10%	<b>Score 2</b> Wt loss > 10%
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### Weight loss in last 3 to 6 months

<b>Score 0</b> Wt loss < 5%	<b>Score 1</b> Wt loss 5 - 10%	<b>Score 2</b> Wt loss > 10%
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### Weight loss in last 3 to 6 months

**Current weight**

kg	Less than (kg)	Between (kg)	More than (kg)
30	1.6	1.6 - 3.3	3.3
31	1.6	1.6 - 3.4	3.4
32	1.7	1.7 - 3.6	3.6
33	1.7	1.7 - 3.7	3.7
34	1.8	1.8 - 3.8	3.8
35	1.8	1.8 - 3.9	3.9
36	1.9	1.9 - 4.0	4.0
37	1.9	1.9 - 4.1	4.1
38	2.0	2.0 - 4.2	4.2
39	2.1	2.1 - 4.3	4.3
40	2.1	2.1 - 4.4	4.4
41	2.2	2.2 - 4.6	4.6
42	2.2	2.2 - 4.7	4.7
43	2.3	2.3 - 4.8	4.8
44	2.3	2.3 - 4.9	4.9
45	2.4	2.4 - 5.0	5.0
46	2.4	2.4 - 5.1	5.1
47	2.5	2.5 - 5.2	5.2
48	2.5	2.5 - 5.3	5.3
49	2.6	2.6 - 5.4	5.4
50	2.6	2.6 - 5.6	5.6
51	2.7	2.7 - 5.7	5.7
52	2.7	2.7 - 5.8	5.8
53	2.8	2.8 - 5.9	5.9
54	2.8	2.8 - 6.0	6.0
55	2.9	2.9 - 6.1	6.1
56	2.9	2.9 - 6.2	6.2
57	3.0	3.0 - 6.3	6.3
58	3.1	3.1 - 6.4	6.4
59	3.1	3.1 - 6.6	6.6
60	3.2	3.2 - 6.7	6.7
61	3.2	3.2 - 6.8	6.8
62	3.3	3.3 - 6.9	6.9
63	3.3	3.3 - 7.0	7.0
64	3.4	3.4 - 7.1	7.1

kg	Less than (kg)	Between (kg)	More than (kg)
65	3.4	3.4 - 7.2	7.2
66	3.5	3.5 - 7.3	7.3
67	3.5	3.5 - 7.4	7.4
68	3.6	3.6 - 7.6	7.6
69	3.6	3.6 - 7.7	7.7
70	3.7	3.7 - 7.8	7.8
71	3.7	3.7 - 7.9	7.9
72	3.8	3.8 - 8.0	8.0
73	3.8	3.8 - 8.1	8.1
74	3.9	3.9 - 8.2	8.2
75	3.9	3.9 - 8.3	8.3
76	4.0	4.0 - 8.4	8.4
77	4.1	4.1 - 8.6	8.6
78	4.1	4.1 - 8.6	8.7
79	4.2	4.2 - 8.7	8.8
80	4.2	4.2 - 8.9	8.9
81	4.3	4.3 - 9.0	9.0
82	4.3	4.3 - 9.1	9.1
83	4.4	4.4 - 9.2	9.2
84	4.4	4.4 - 9.3	9.3
85	4.5	4.5 - 9.4	9.4
86	4.5	4.5 - 9.6	9.6
87	4.6	4.6 - 9.7	9.7
88	4.6	4.6 - 9.8	9.8
89	4.7	4.7 - 9.9	9.9
90	4.7	4.7 - 10.0	10.0
91	4.8	4.8 - 10.1	10.1
92	4.8	4.8 - 10.2	10.2
93	4.9	4.9 - 10.3	10.3
94	4.9	4.9 - 10.4	10.4
95	5.0	5.0 - 10.6	10.6
96	5.1	5.1 - 10.7	10.7
97	5.1	5.1 - 10.8	10.8
98	5.2	5.2 - 10.9	10.9
99	5.2	5.2 - 11.0	11.0

# Alternative measurements and considerations

## Step 1: BMI (body mass index)

### If height cannot be measured

- Use recently documented or self-reported height (if reliable and realistic).
- If the subject does not know or is unable to report their height, use one of the alternative measurements to estimate height (ulna, knee height or demispan).

## Step 2: Recent unplanned weight loss

If recent weight loss cannot be calculated, use self-reported weight loss (if reliable and realistic).

## Subjective criteria

If height, weight or BMI cannot be obtained, the following criteria which relate to them can assist your professional judgement of the subject's nutritional risk category. Please note, these criteria should be used collectively not separately as alternatives to steps 1 and 2 of 'MUST' and are not designed to assign a score. Mid upper arm circumference (MUAC) may be used to estimate BMI category in order to support your overall impression of the subject's nutritional risk.

### 1. BMI

- Clinical impression – thin, acceptable weight, overweight. Obvious wasting (very thin) and obesity (very overweight) can also be noted.

### 2. Unplanned weight loss

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

### 3. Acute disease effect

- Acutely ill and no nutritional intake or likelihood of no intake for more than 5 days.

Further details on taking alternative measurements, special circumstances and subjective criteria can be found in *The 'MUST' Explanatory Booklet*. A copy can be downloaded at [www.bapen.org.uk](http://www.bapen.org.uk) or purchased from the BAPEN office. The full evidence-base for 'MUST' is contained in *The 'MUST' Report* and is also available for purchase from the BAPEN office.

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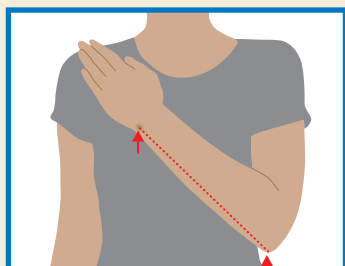


## Alternative measurements: instructions and tables

If height cannot be obtained, use length of forearm (ulna) to calculate height using tables below.

(See The 'MUST' Explanatory Booklet for details of other alternative measurements (knee height and demispan) that can also be used to estimate height).

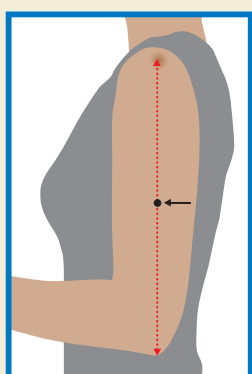
### Estimating height from ulna length



Measure between the point of the elbow (olecranon process) and the midpoint of the prominent bone of the wrist (styloid process) (left side if possible).

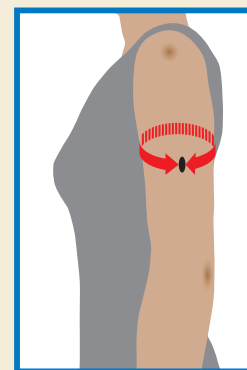
Height (m)	men (<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
	men (≥65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
Ulna length (cm)		32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
Height (m)	Women (<65 years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66
	Women (≥65 years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63
Ulna length (cm)		32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
Height (m)	men (<65 years)	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
	men (≥65 years)	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
Ulna length (cm)		25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
Height (m)	Women (<65 years)	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
	Women (≥65 years)	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40
Ulna length (cm)		25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5

### Estimating BMI category from mid upper arm circumference (MUAC)



The subject's left arm should be bent at the elbow at a 90 degree angle, with the upper arm held parallel to the side of the body. Measure the distance between the bony protrusion on the shoulder (acromion) and the point of the elbow (olecranon process). Mark the mid-point.

Ask the subject to let arm hang loose and measure around the upper arm at the mid-point, making sure that the tape measure is snug but not tight.



If MUAC is <23.5 cm, BMI is likely to be <20 kg/m<sup>2</sup>.

If MUAC is >32.0 cm, BMI is likely to be >30 kg/m<sup>2</sup>.

The use of MUAC provides a general indication of BMI and is not designed to generate an actual score for use with 'MUST'. For further information on use of MUAC please refer to *The 'MUST' Explanatory Booklet*.

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<b>Service User Name</b>	
<b>Date of Birth</b>	
<b>Date of assessment</b>	
<b>Planned frequency of review</b>	<b>Annual / Every 6 months / Every 3 months / Monthly</b>
<b>Name of person completing the assessment</b>	
<b>Role of the person completing the assessment</b>	

**Basic Information:**

No.	Question	Yes	No	Don't know	N/A	Action Needed in Care Plan
1	Is there a history of weight gain?					
2	Is there a history of weight loss?					
3	If there is a history of weight loss, is this unplanned?					
4	Is the Service User's food intake stable?					
5	Has the food intake increased?					
6	Has the food intake reduced?					
7	Is the Service User taking oral nutritional supplements?					
8	Does the Service User drink more than 6 to 8 cups per day?					
9	Does the Service User drink less than 6 cups per day?					

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**Does the Service User have:**

No.	Question	Yes	No	Don't know	N/A	Action Needed in Care Plan
10	Problems with swallowing?					
11	The involvement of a speech and language therapist?					
12	Problems with chewing?					
13	A sore throat or mouth?					
14	Poorly fitting or painful dentures?					

**When eating, is the Service User:**

No.	Question	Yes	No	Don't know	N/A	Action Needed in Care Plan
15	Independent in all aspects of eating?					
16	In need of some help?					
17	Needing assistance with positioning?					
18	Needing help in cutting up food?					
19	Needing full assistance to eat a meal?					
20	In need of increased time to eat a meal?					



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**Dietary Requirements:**

No.	Question	Yes	No	Don't know	N/A	Action Needed in Care Plan
21	No special diet					
22	High protein or high energy diet					
23	Diabetic					
24	Heart protective					
25	Dysphagia Diet only					

**Where does the Service User like to eat?**

No.	Question	Yes	No	Don't know	N/A	Action Needed in Care Plan
26	Own room					
27	With company					
28	Does not express a preference					

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**NUTRITION SCREENING RECORD: ADMISSION AND MONTHLY MUST SCORE**

For all individuals: record risk, agree on goals of intervention, monitor

<b>Service User Name:</b>	<b>Date of Birth:</b>
<b>Admission Height (m):</b>	<b>Admission Weight (kg):</b>
<b>Admission Impression (circle as appropriate):</b> Very thin / Thin / Healthy weight / Overweight / Obese	<b>Usual Weight:</b>

	Date	Weight (kg)	BMI Score	Nutrition Risk 0 = low, 1 = med, 2+ = high	Action Taken: Care Plan?	Initials
<b>Admission</b>						
<b>Monthly Screening Score 1</b>						
<b>Monthly Screening Score 2</b>						
<b>Monthly Screening Score 3</b>						
<b>Monthly Screening Score 4</b>						
<b>Monthly Screening Score 5</b>						
<b>Monthly Screening Score 6</b>						
<b>Monthly Screening Score 7</b>						
<b>Monthly Screening Score 8</b>						
<b>Monthly Screening Score 9</b>						
<b>Monthly Screening Score 10</b>						
<b>Monthly Screening Score 11</b>						

## Body Mass Index Table

	Normal						Overweight					Obese						Extreme Obesity																		
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body Weight (pounds)																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*.

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Service User Name:					Date:	
Clinical need for monitoring (please circle)						
Suspected or confirmed urine infection		Suspected or confirmed constipation	Dry skin/tissue viability issues	Struggles to access/drink fluids without support		Other (please state):
Date monitoring commenced:			Duration of monitoring:		Target daily intake:	
Special instructions:					Signature:	
Time	Type	Amount offered	Amount taken	Fluid intake running total	Output	Staff initials
0100						
0200						
0300						
0400						
0500						
0600						
0700						
0800						
0900						
1000						
1100						
1200						
1300						
1400						
1500						
1600						
1700						
1800						
1900						
2000						
2100						
2200						
2300						
2400						
<b>Totals:</b>						
<b>Guidance – Approximate Amounts: (please complete)</b>						
Standard glass =		Standard cup =		Standard beaker =		

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Service User Name:				Date:	
Clinical need for monitoring (please circle)					
MUST score 1 or greater	Recent weight loss	Loss of appetite	Struggles to access/eat food without support	Other (please state)	
Date monitoring commenced:			Duration of monitoring:		
Special instructions: (assistance, modified diet)				Signature:	
Time	Food offered and amount	Amount taken (mouthfuls, ¼, ½, ALL)	Comments: (if food declined, list alternatives offered and actions taken)	Staff initials	
Breakfast					
Morning Snack					
Lunch					
Afternoon snack					
Evening meal					
Night time snack					

# Pathway for using Oral Nutritional Supplements (ONS) in the Management of Malnutrition

NB: timing and duration will vary depending on appetite and nutritional requirements – this is a guide based on evidence and best practice.

## Individual identified as high risk (page 8)

### Chronic Conditions e.g. COPD, Cancer, Frailty:

Longer term needs  
2 ONS per day (range 1-3) in addition to oral intake<sup>30,42,43</sup> for up to 12 weeks duration according to clinical condition /nutritional needs

Prescribe 1 'starter pack', check compliance then monthly prescription of preferred ONS (1-3 per day). Pharmacists can advise on flavours

Provide red leaflet: 'Nutrition Drinks (known as oral nutritional supplements) Advice for patients and carers'

Consider ACBS (Advisory Committee for Borderline Substances) indications (see page 7)

Communicate goals and expected outcomes across care settings

At 12 weeks

### Acute illness/recent hospital discharge:

ONS Prescription for 4-6 weeks (1-3 ONS per day\*) in addition to oral intake<sup>55</sup>

Provide red leaflet: 'Nutrition Drinks (known as oral nutritional supplements) Advice for patients and carers'

Consider ACBS (Advisory Committee for Borderline Substances) indications (see page 7)

Communicate goals and expected outcomes across care settings

At 4-6 weeks

### Monitor Progress:

Check compliance with ONS prescription; amend type/flavour if necessary to maximise nutritional intake  
Review goals set before intervention

Consider weight change, strength, physical appearance, appetite, ability to perform activities of daily living  
Monitor every 1-3 months or sooner if clinical concern

### Goals met/Good progress:

Encourage oral intake and reinforce dietary advice

Consider reducing to 1 ONS per day for 2 weeks before stopping

Maximise nutritional intake, consider powdered nutritional supplements which can be prescribed or self purchased, if suitable (see advice on pages 6 and 7)

Monitor progress, consider treating as 'medium risk' (see page 8)

### Goals not met/Limited progress

Evaluate compliance to ONS and dietary advice; amend prescription as necessary, increase number of ONS per day

Reassess clinical condition, if no improvement, consider more intensive nutrition support or seek advice from a Dietitian or GP

Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions

### When to stop ONS prescription

Goals of intervention have been met

Individual is clinically stable/acute episode has abated

Individual is back to their normal eating and drinking pattern<sup>50</sup> and is no longer at risk of malnutrition

If no further nutritional intervention would be appropriate

ONS – oral nutritional supplements/sip feeds/nutrition drinks as per BNF section 9.4.2<sup>50</sup>

*Advice on ONS prescription according to consensus clinical opinion.*

*ONS prescription-units to prescribe per day e.g. 2 ONS = 2 bottles/units of ONS per day*

*\* Some individuals may require more than 3 ONS per day – seek dietetic advice*