

MUST (Malnutrition Universal Screening Tool)

Handout.

What is nutritional screening?

Nutritional screening is a quick, simple procedure that should be undertaken during the first meeting with the patient. Best practice is to undertake this screening as part of the admission or initial assessment of a person and that it is completed within the first 24 hours of arriving in a care setting. This review should be undertaken by a doctor, a registered nurse, or an HCA. It is critical for the early identification of the existence or high risk of malnutrition.

People at risk of malnutrition.

- Older people
- Immune compromised (cancer patients, HIV)
- Chronic neurological conditions i.e MND, MS
- Stroke victims
- people with chronic (long-term) disorders - for example, eating disorders, such as anorexia and bulimia

What is malnutrition?

Malnutrition is a condition which is caused by an imbalance between what a person eats and the nutrients that they need to maintain good health.

Consequences of being malnourished.

- Will visit the GP more often.
- Have a reduced quality of life.
- More prescription payments.
- More admissions in hospitals and longer stays.

Why screen for malnutrition?

- So appropriate action plans can be taken
- Malnutrition is often unrecognised
- Malnutrition has detrimental physiological, clinical and economic effects;

Clinical concern includes, unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose fitting clothes, or a prolonged illness

What is MUST?

MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition or obesity. 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.

The 5 Steps.

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.
2. Note percentage unplanned weight loss and score using tables provided.
3. Establish acute disease effect and score.
4. Add scores from steps 1, 2 and 3 together to obtain overall risk of malnutrition.
5. Use management guidelines and/or local policy to develop care plan.

Ulna Measurements



By measuring the ulna (cm) you can get an estimated height (m) for the service user.

Measure between the point of the elbow and the midpoint of the prominent bone of the wrist (left side if possible). Calculate measurements with table below.

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
HEIGHT (m)	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
HEIGHT (m)	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
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
HEIGHT (m)	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
HEIGHT (m)	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

Estimating BMI from mid upper arm circumference (MUAC)



If MUAC is <23.5 cm, BMI is likely to be <20 kg/m²

If MUAC is >32.0 cm, BMI is likely to be >30 kg/m²