



Review Sheet



Last Reviewed
18 Feb 2026



Last Amended
18 Feb 2026



This policy will be reviewed as needs require or at the following interval:
Annual

<p>Business Impact:</p>	 <p>MEDIUM</p> <p>Changes are important, but urgent implementation is not required, incorporate into your existing workflow.</p>
<p>Reason for this Review:</p>	<p>Scheduled review</p>
<p>Changes Made:</p>	<p>Yes</p>
<p>Summary:</p>	<p>This policy will support staff with the nutrition and hydration requirements of Residents. It has been reviewed with minor changes to sections 5.3 and 5.7. References have been checked and updated.</p>
<p>Relevant Legislation:</p>	<ul style="list-style-type: none"> • 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:</p>	<ul style="list-style-type: none"> • Author: The Royal Marsden NHS Foundation Trust. Edited by S.Lister, J.Hofland and H.Grafton., (2020), The Royal Marsden Manual of Clinical Nursing Procedures [Book] Wiley Blackwell • Author: Public Health Agency, (2014), Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes [Online] Available from: https://www.publichealth.hscni.net/publications/nutritional-guidelines-and-menu-checklist-residential-and-nursing-homes [Accessed: 18/02/2026] • Author: Managing Adult Malnutrition, (2021), Managing Adult Malnutrition in the Community [Online] Available from: https://www.malnutritionpathway.co.uk/index [Accessed: 18/02/2026] • Author: CQC, (2025), Regulation 14: Meeting Nutritional and Hydration Needs [Online] Available from: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-14-meeting-nutritional-hydration-needs [Accessed: 18/02/2026] • Author: Malnutrition Task Force, (2024), Older People and Malnutrition in the UK Today [Online] Available from: https://www.malnutritiontaskforce.org.uk/sites/default/files/2024-

	<p>11/State%20of%20the%20Nation%202024%20F.pdf [Accessed: 18/02/2026]</p> <ul style="list-style-type: none"> • Author: NICE, (2012), Nutrition Support in Adults - Quality standard [QS24] [Online] Available from: https://www.nice.org.uk/guidance/qs24 [Accessed: 18/02/2026] • Author: Royal College of Speech & Language Therapists, (2026), The IDDSI Framework [Online] Available from: https://www.rcslt.org/members/clinical-guidance/dysphagia/the-idssi-framework/#:~:text=The%20International%20Dysphagia%20Diet%20Standardisation%20Initiative%20(IDDSI)%20Framework,drinking%20and%20swallowing%20problems%20(dysphagia)%20across%20the%20lifespan. [Accessed: 18/02/2026] • Author: Skills for Care, (2025), Care Certificate [Online] Available from: https://www.skillsforcare.org.uk/Learning-development/Care-Certificate/Care-Certificate.aspx [Accessed: 18/02/2026] • Author: NICE, (2017), Nutrition Support for Adults: Oral nutrition support, enteral tube feeding and parenteral nutrition [Online] Available from: https://www.nice.org.uk/Guidance/cg32 [Accessed: 18/02/2026]
Suggested Action:	<ul style="list-style-type: none"> • Encourage sharing the policy through the use of the QCS App
Equality Impact Assessment:	<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>

Quality
Corton House & Brewster Court
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Annual Meeting 2025



1. Purpose

1.1 To provide a framework for the safe, nutritious and timely delivery of food and hydration for Residents at Corton House & Brewster Court that is acceptable to the Resident, whilst ensuring that assessment and individualised plans of care identify risk, choice and promote independence.

1.2 This policy should be read in conjunction with the Overarching Catering Policy and Procedure and suite of other catering policies and procedures at Corton House & Brewster Court.

Staff should also refer to the Dysphagia (Swallowing Difficulty) and Risk of Choking Policy and Procedure at Corton House & Brewster Court.

1.3

Key Question	Quality Statements
CARING	QSC2: Treating people as individuals
CARING	QSC1: Kindness, compassion and dignity QSC3: Independence, choice and control
EFFECTIVE	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
EFFECTIVE	QSE4: Supporting people to live healthier lives
SAFE	QSS4: Involving people to manage risks QSS5: Safe environments
SAFE	QSS6: Safe and effective staffing

1.4 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



2. Scope

2.1 Roles Affected:

- Registered Manager

- Other management
 - Nurse
 - Volunteers
 - Care staff
 - Kitchen
 - Activities
- 2.2 People Affected:**
- Residents
- 2.3 Stakeholders Affected:**
- Family
 - Representatives
 - External health professionals



3. Objectives

3.1 Corton House & Brewster Court appreciates the value of a high-quality dining experience, where it is viewed as a sociable and meaningful activity and all staff within Corton House & Brewster Court play a role.

3.2 Corton House & Brewster Court promotes an inclusive culture which empowers the Resident 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 Corton House & Brewster Court 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 Residents and their ability to carry out everyday activities.

4.2 Staff will be trained and have the competence to support Residents 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 Residents with food and drink and will adapt according to need.

4.3 Care Workers will offer encouragement and practical assistance at all times as required, whilst maintaining privacy and dignity, especially when assisting Residents.

4.4 Corton House & Brewster Court will ensure that all actions with regard to the Resident'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 Residents 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.

4.5 Arrangements will be made for any special diets or dietary supplements to be available to the Resident 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.

4.6 Effective communication systems will be in place to ensure that specialist dietary types and Resident's preferences with diet are shared between the catering staff and the care team, from admission through to communicating changes as they occur.

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

4.8 Care Workers will seek expert timely advice from occupational therapists where there is an identified need to address seating in order to enhance Resident posture and positioning for nutritional and hydration intake.

To support Residents to be as independent as possible, advice, guidance and resources will be available to support Residents to be seated in order to maximise their nutritional and hydration wellbeing.



5. Procedure

5.1 Nutritional Screening and Assessment

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 Resident'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 Residents that details:

- Wishes, preferences
- Religious and cultural needs
- Abilities and support required in relation to meeting nutrition and hydration needs
- Requirements to sustain life, support the agreed care and treatment, and support ongoing good health
- Dietary intolerances, allergies, medication contraindications
- Timing of meals, and the provision of appropriate and sufficient quantities of food and drink

Staff should inform the kitchen of all new Residents dietary requirements and any changes to existing Residents dietary requirements. A **Kitchen Information Sheet** can be found in the Forms section of this policy.

The Resident must be encouraged to be as fully involved as possible. In the absence of the ability of the Resident 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.

The Care Plan and assessment will be subject to a review as a minimum, monthly or as the Resident's condition requires.

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 Resident'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 Residents to enable a greater understanding of their wishes, preferences and choices. This will be recorded within the Resident's care records. For Residents 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 Resident's needs and preferences and refer to life histories for further information.

Residents will be fully encouraged and provided with the opportunity to feel included in the design and delivery of food within Corton House & Brewster Court. This will be achieved by ascertaining feedback and suggestions at every opportunity.

Where the Resident 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
- Corton House & Brewster Court should support protected mealtimes
- Residents 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
- Food must be served and maintained at the right temperature for the whole mealtime
- Staff will ensure that Residents are not waiting for long periods of time for meals
- Residents 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 Residents, foods must be recognisable and not mixed on the plate
- Any puréed meal will be provided as attractively as possible, with individual elements of the meal presented separately
- Staff will be made available to help Residents if they are unable to eat fully by themselves, and when this is offered, the staff member will be seated with the Resident and will provide support in a way that promotes the independence and dignity of the Resident
- 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

- Supplements will be given as prescribed, and flavours requested in accordance with the Resident's likes and dislikes. Staff will request prescribing times of supplements that do not impact on the dining experience or the Resident's appetite
- Menus will 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 are made for Residents to receive their meals at a different time if they are absent or asleep when their meals are served
- Snacks or other food are available between meals for those who prefer to eat 'little and often'
- 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 Residents. These will be offered to the Resident before dining and removed as soon as possible. Care Plans must include if clothes protectors are required

5.4 Supporting the Resident to Eat and Drink

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

- Check if the Resident requires a specialised or modified diet
- Ensure you have any equipment you may need, (e.g. specialised cutlery)
- Introduce yourself to the Resident, explain, discuss and gain consent
- Wash your hands and apply PPE (personal protective equipment)
- Ensure the Resident has their glasses, dentures and/or hearing aid in place
- Ensure the Resident is sitting in a comfortable, upright position
- Ideally, Residents will be supported to sit in a chair for mealtimes. However, for Residents nursed in bed, the bed will be set at a 90-degree angle (unless clinically contraindicated)
- Assist the Resident with a napkin or clothes protector as required
- Where Residents require full support, the staff member will sit at eye level and position themselves in front or slightly to one side of the Resident whom they are helping. However, if this is too much of a distraction for the Resident they are helping, staff will position themselves at their side
- Offer small mouthfuls, but enough for the Resident to feel the food in their mouth
- Allow adequate time for the Resident to chew and swallow each mouthful before continuing; avoid hovering with the next mouthful
- Assist gently but never force
- Maintain eye contact with the Resident; 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 Resident has a visual impairment)
- Use a napkin to remove food particles from the Resident's face or clothes
- Ask the Resident 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 Resident for coughing, choking, a wet or gurgly voice, nasal regurgitation or effortful swallow

- After the meal, assist the Resident to meet their hygiene needs
- If food and drink are monitored, document in the Resident's Care Plan or on their food and fluid charts, if in use

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 Residents to appropriate healthcare professionals such as the speech and language therapist, occupational therapist or dietitian for support and guidance with managing concerns in relation to supporting Residents 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
- Use **The Nutrition Screening Assessment in the Forms section**, to assist in the development of the Care Plan for the Resident. 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 Resident'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 Resident, 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 extra butter or cheese
 - Using whole milk or fortified milk (4 tablespoons of milk powder in each pint of whole milk) in dishes
 - Add dressings to salads and sandwiches
 - Add jam, honey or syrup to cereals, porridge, toast and puddings
- Avoid low fat and low sugar products
- 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 Resident's GP
- Seek further advice on nutrition screening, assessment and management from the local community dietetic team

Additional information on food enrichment can be found in the Further Reading Section of this policy.

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
- The Resident 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

Water must be available and accessible to Residents at all times.

Staff must encourage fluid intake for all Residents (unless indicated otherwise e.g. fluid restrictions in place) and 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 Association of UK Dietitians (BDA) to support advising Residents of the recommendations. A link can be found in the Further Reading section of this policy.

Official recommended fluid intakes vary (NHS Choices recommends 6-8 glasses per day, BDA recommends 1600ml for Women and 2000ml for Men). Therefore it is important for staff to establish what is normal for the Resident. This information will be recorded in the Care Plan so that all staff are aware and can respond if they have concerns. For those Residents 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 Residents do not drink enough (e.g. fear of not getting to the toilet on time, unable to support themselves), and work with the Resident to resolve some of these issues.

Medical advice must be sought if the Resident 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 Residents with Swallowing Difficulties

Staff will support Residents 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 the Resident's swallow function will be reported to the GP and documented. Advice must be sought from the Speech and Language Team as to how Corton House & Brewster Court can support the Resident.

5.9 Artificial Nutrition and Hydration Support

Mr Jason David Parker will ensure that where Residents 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 healthcare professional or the Resident's GP.

Staff can refer to the PEG Policy and Procedure at Corton House & Brewster Court.

5.10 Supporting Residents who are Plus Size, Obese or Bariatric

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

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

Staff can refer to the Supporting Plus Size, Obese and Bariatric Service User's Care Policy and Procedure.

5.11 Nutrition Champion

Consideration should be given to nominating a nutrition champion at Corton House & Brewster Court 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 Residents 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 Corton House & Brewster Court. This includes completion of Unit 8, Fluids and Nutrition, which will provide a foundation of knowledge
- All staff involved in supporting Residents 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 Mr Jason David Parker. 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 Residents.

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

Mr Jason David Parker will make use of the Mock Inspection Toolkits available to demonstrate meeting the nutrition and hydration needs of the Resident.

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 Mr Jason David Parker.

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



7. Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Malnutrition and dehydration are high-risk areas and staff must have the skills to assess, monitor and support the Resident to manage this
- 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
- An up-to-date and current Care Plan will be in place to identify the Resident'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 Resident's independence, choice, and dignity
- Residents 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



8. Key Facts - People Affected by The Service

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

- You can discuss any aspects of the food and dining experience with Mr Jason David Parker
- Corton House & Brewster Court will ensure that your nutrition and hydration needs are assessed and reviewed
- For Residents requiring a modified diet, this will be presented in the same appetising way as any other food on the menu
- Your likes and dislikes, as well as any cultural or religious preferences, will be considered as part of your assessment
- Corton House & Brewster Court offers you a varied and nutritious menu
- Staff with responsibilities for any aspect of the dining experience, food preparation and serving are trained and competent to carry out their role safely



Further Reading

BAPEN:

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

BAPEN - Food First/Food Enrichment:

<https://www.bapen.org.uk/education/nutrition-support/nutrition-by-mouth/food-first-food-enrichment/>

BDA (The Association of UK Dietitians):

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

NHS - The Hydrate Toolkit:

<https://healthinnovationwessex.org.uk/news/1655/good-hydration-for-older-people-toolkit-now-available>

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

**Outstanding Practice**

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

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

**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 - Extended BMI Chart	To determine accurate recording of BMI for Obese or Bariatric Residents.	National Heart, Lung, and Blood Institute
Nutrition Screening Assessment	When assessing nutritional needs, to provide detail for the Care Plan.	QCS
Monthly MUST Score Record	Every month to record the ongoing results of the MUST score and any changes.	QCS
Fluid Intake and Output Chart	To monitor the fluid intake and output.	QCS
Food Intake Chart	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
Kitchen Information Sheet	To inform the kitchen of the service user's dietary requirements.	QCS

Nutrition Screening Assessment

Resident's Name	
Date of Birth	
Date of assessment	
Planned frequency of review	Annual / Every 6 months / Every 3 months / Monthly
Name of person completing the assessment	
Role of the person completing the assessment	

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 Resident's food intake stable?		
5	Has the food intake increased?		
6	Has the food intake reduced?		
7	Is the Resident taking oral nutritional supplements?		
8	Does the Resident drink more than 6 to 8 cups per day?		
9	Does the Resident drink less than 6 cups per day?		

Does the Resident 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 Resident:

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?		

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 Resident 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		

Monthly MUST Score Record

NUTRITION SCREENING RECORD: ADMISSION AND MONTHLY MUST SCORE

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

Resident's Name:	Date of Birth:
Admission Height (m):	Admission Weight (kg):
Admission Impression (circle as appropriate): Very thin / Thin / Healthy weight / Overweight / Obese	Usual Weight:

*Nutrition Risk: 0 = low, 1 = med, 2+ = high

	Date	Weight (kg)	BMI Score	Nutriti on Risk*	Action Taken: Care Plan Care Plan	Initials
Admission						
Monthly Screening Score 1						
Monthly Screening Score 2						
Monthly Screening Score 3						
Monthly Screening Score 4						
Monthly Screening Score 5						
Monthly Screening Score 6						
Monthly Screening Score 7						

Continued

	Date	Weight (kg)	BMI Score	Nutriti on Risk*	Action Taken: Care Plan Care Plan	Initials
Monthly Screening Score 8						
Monthly Screening Score 9						
Monthly Screening Score 10						
Monthly Screening Score 11						

Fluid Intake and Output Chart

Resident's 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						
Totals:						
Guidance – Approximate Amounts: (please complete)						
Standard glass =		Standard cup =		Standard		
		beaker =				

Food Intake Chart

Resident's 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				

Kitchen Information Sheet

Resident's Name:		Room No:	
Any Special Dietary Requirements (Diabetic, vegetarian, IDDSI):			
Foods I Like:			
Foods I Dislike:			
Drinks I Like:			
Drinks I Dislike:			
Any Food Allergies:			
Any religious, cultural or personal requirements for food preparation:			
Any specialist equipment required:			
Breakfast – Do you enjoy a cooked breakfast or a continental breakfast?			
Preferred portion size (please circle):	Small / Medium / Large		
Do you prefer a pre-lunch drink or with meals? (Wine, sherry, other)			
Where do you prefer to eat your meals?	Breakfast		
	Lunch		
	Dinner		
Any requirements that may help make your meals more enjoyable:			
Completed by:		Date:	
Review:			

'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	
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	28	28	27	27	15 8
98	46	45	44	42	41	40	39	38	37	36	36	35	34	33	32	32	31	30	30	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	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	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	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	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	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	14 7
91	43	42	40	39	38	37	36	36	35	34	33	32	31	31	30	29	29	28	28	27	27	26	25	25	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	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	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	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	13 10
86	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 8
85	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 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	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	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	12 13
81	38	37	36	35	34	33	32	32	31	30	29	29	28	28	27	26	26	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	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	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	12 4
77	36	35	34	33	32	32	31	30	29	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	20	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	20	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	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	11 9
73	34	33	32	32	31	30	29	29	28	27	26	26	25	25	24	24	23	23	22	22	22	21	21	20	20	11 7
72	34	33	32	31	30	30	29	28	27	27	26	26	25	24	24	23	23	22	22	22	21	21	20	20	20	11 5
71	33	32	32	31	30	29	28	28	27	26	26	25	25	24	23	23	22	22	22	21	21	21	20	20	19	11 3
70	33	32	31	30	30	29	28	27	27	26	25	25	24	24	23	23	22	22	22	21	21	20	20	19	19	11 0
69	32	32	31	30	29	28	28	27	26	26	25	24	24	23	23	22	22	22	21	21	20	20	19	19	18	10 12
68	32	31	30	29	29	28	27	27	26	25	25	24	24	23	22	22	22	21	21	21	20	20	19	18	18	10 10
67	31	31	30	29	28	28	27	26	26	25	24	24	23	23	22	22	22	21	21	20	20	19	18	18	18	10 8
66	31	30	29	29	28	27	26	26	25	25	24	23	23	22	22	22	21	21	20	20	19	19	18	18	18	10 6
65	30	30	29	28	27	27	26	25	25	24	24	23	22	22	21	21	21	20	20	19	19	18	18	18	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	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	9 13
62	29	28	28	27	26	25	25	24	24	23	22	22	21	21	20	20	20	19	19	18	18	18	17	17	16	9 11
61	29	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	17	16	9 8
60	28	27	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	17	16	16	9 6
59	28	27	26	26	25	24	24	23	22	22	21	21	20	20	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	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	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	16	16	16	15	15	8 11
55	26	25	24	24	23	23	22	21	21	20	20	19	19	18	18	18	17	17	17	16	16	16	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	8 7
53	25	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	8 5
52	24	24	23	23	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	8 3
51	24	23	23	22	22	21	20	20	19	19	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	16	16	16	15	15	15	14	14	14	14	13	7 12
49	23	22	22	21	21	20	20	19	19	18	18	17	17	16	16	15	15	15	14	14	14	14	14	13	13	7 10
48	23	22	21	21	20	20	19	19	18	18	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	12	7 6
46	22	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	7 3
45	21	21	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	12	7 1
44	21	20	20	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	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	11	6 11
42	20	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	12	12	11	11	6 9
41	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	14	13	13	13	12	12	12	12	11	11	6 6
40	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	13	12	12	12					

Step 1

BMI score

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

+

Step 2

Weight loss score

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

+

Step 3

Acute disease effect score

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

Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%
-----------------------------------	--------------------------------------	------------------------------------

Weight loss in last 3 to 6 months

Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%
-----------------------------------	--------------------------------------	------------------------------------

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 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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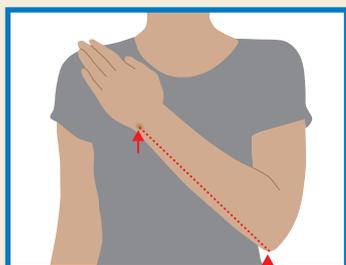


Alternative measurements: instructions and tables

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).

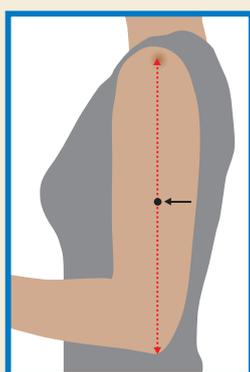
Estimating height from ulna length



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).

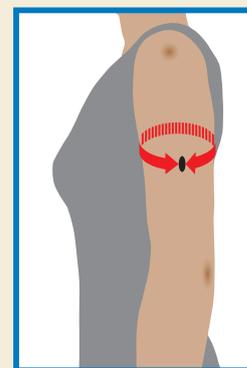
Height (m)	men (<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
	men (≥65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
Ulna length (cm)		32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
Height (m)	Women (<65 years)	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/m².

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

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*.

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*.

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^{30,42,43} 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 intake⁵⁵
 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 pattern⁵⁰ 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 9.4.2⁵⁰

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*