Community Malnutrition Resource Pack
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Chichester
Base: The Lodge, St. Richard's Hospital, Spitalfield Lane, Chichester, PO19 6SE
Main Office Telephone No: 01243 831498
Fax: 01243 831497
Email: wshnt.chichesterdietitians@nhs.net
Community Dietitians: 01243 788122 ext. 2410
Home Enteral Feeding Dietitians: 01243 831776
(regarding any patient with a feeding tube)

Worthing & Southlands
Base: Worthing Hospital, Lyndhurst Road, Worthing, BN11 2DH
Main Office Telephone No: 01903 286779
Fax: 01903 285235
Email: worthing.dietitians@wsht.nhs.uk
Home Enteral Feeding Dietitians: 01903 205111 ext. 85882
(regarding any patient with a feeding tube)

Department Website: http://www.westernsussexhospitals.nhs.uk/services/dietitians/

Other Useful Contacts

Community Speech and Language Therapy
Chichester/Selsey/Bognor Regis/Arundel/Midhurst Tel: 01243 623614
Worthing Tel: 01273 242298
Email (for both teams): SC-TR.WestSussexSouthSLT-Adults@nhs.net
Crawley/Horsham Tel: 01293 600300 ext. 3764
Email: SC-TR.WestSussexNorthSLT-Adults@nhs.net
Introduction to Malnutrition

What is Malnutrition?
Malnutrition is a state of nutrition in which a deficiency of energy, protein and/or other nutrients causes measurable adverse effects on the body including its composition, the way it functions and clinical outcome\(^1\).

Who is at Risk of Malnutrition?
Groups at risk of malnutrition include individuals with\(^1\):

**Acute illness**

**Chronic diseases** e.g. COPD, cancer, inflammatory bowel disease

**Chronic progressive diseases** e.g. dementia, neurological conditions

**Debility** e.g. frailty, immobility, depression, recent hospital discharges

**Social issues** e.g. poverty, inability to cook and shop, poor support

How Big is the Problem?
More than 3 million people in the UK are at risk of malnutrition; of these, 93% are living in the community\(^2\).

Research suggests that a third of people recently admitted to hospital or into care homes are malnourished or at risk of malnutrition\(^3\).

How Much Does Malnutrition Cost?
Disease-related malnutrition costs in excess of £13 billion per year, based on malnutrition prevalence figures and associated costs of health and social care\(^4\). This is due to:

- More hospital admissions
- Longer length of stay in hospital
- Greater healthcare needs in the community e.g. more GP visits, medicines
Introduction to Malnutrition

Causes of Malnutrition

Malnutrition occurs when nutritional intake does not meet requirements due to:

- reduced dietary intake (variety of causes)
- increased nutritional requirements (often disease-related)
- reduced ability to absorb nutrients (often disease-related)

The diagram below demonstrates the ‘vicious cycle’ of malnutrition, where the consequences of poor nutritional intake increase the risk of malnutrition further. Without appropriate and timely screening and intervention, the cycle continues and the problem worsens, leading to poorer outcomes for the individual.
‘Malnutrition Universal Screening Tool’

Why Screen for Malnutrition?

Nutritional screening is essential to identify and implement appropriate care plans for individuals who are malnourished or at risk of malnutrition.

An individual is considered at risk of malnutrition if they have:

- A body mass index (BMI) of less than 20kg/m$^2$
- Unintentional weight loss of greater than 5% in the last 3-6 months

How to Screen for Malnutrition

The ‘Malnutrition Universal Screening Tool’ (‘MUST’) is a validated screening tool that can be used across care settings to identify those individuals aged 18 years and over who are malnourished or at risk of malnutrition.

An individual should be screened on their first contact and then upon clinical concern or more regularly if they are found to be at risk of malnutrition.

The following pages will guide you through the process of calculating a ‘MUST’ score and appropriate care planning depending on the determined level of risk.

Please see appendix A for ‘MUST’ form for community patients
"MUST" Overview

**STEP 1**
BMI Score
- >20kg/m²  Score 0
- 18.5—20kg/m²  Score 1
- <18.5kg/m²  Score 2

**STEP 2**
Weight loss score
- <5%  Score 0
- 5-10%  Score 1
- >10%  Score 2

**STEP 3**
Acute disease effect score
- Unlikely to apply in the community
- If acutely ill and no intake for >5 days  Score 2

**STEP 4**
Overall Risk of Malnutrition
Add scores together: Step 1 + Step 2 + Step 3
- ‘MUST’ Score 0  Low Risk of Malnutrition
- ‘MUST’ Score 1  Medium Risk of Malnutrition
- ‘MUST’ Score ≥2  High Risk of Malnutrition

**STEP 5**
Management Guidelines
See Page 17

*The 'Malnutrition Universal Screening Tool' ('MUST') is adapted and reproduced here with the kind permission of BAPEN (British Association for Parenteral and Enteral Nutrition). For further information on 'MUST' see [www.bapen.org.uk](http://www.bapen.org.uk).
Step 1: BMI Score

To calculate BMI you need an accurate height and weight.

**Height**

- Use a height stick/stadiometer where possible. The individual should be stood upright and looking straight ahead, with shoes removed and feet flat with heels against height stick.
- Measure in metres (m) where possible or refer to **Height Conversion Chart (Appendix B)** to convert from feet and inches.
- If you are unable to measure height:
  - use recently documented or self-reported height (if reliable or realistic)
  - consider using **ulna length** to estimate height

**Estimating Height from Ulna Length**

Ask the individual to bend an arm (non-dominant if possible), with their palm facing down and fingers at the opposite shoulder.

Using a tape measure, measure the length in centimetres to the nearest 0.5cm from the elbow to the mid-point of the prominent bone of the wrist.

Use the table below to convert this measurement into an **estimated** height:

<table>
<thead>
<tr>
<th>Ulna length (cm)</th>
<th>Men(&lt;65 years)</th>
<th>Men(&gt;65 years)</th>
<th>Women(&lt;65 years)</th>
<th>Women(&gt;65 years)</th>
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<tbody>
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<tr>
<td>Women(&gt;65 years)</td>
<td>1.61</td>
<td>1.60</td>
<td>1.58</td>
</tr>
</tbody>
</table>
Step 1: BMI Score

Weight

- Use clinical scales where possible and ensure they are regularly calibrated
- Ensure the scales read zero without the individual standing/sitting on them
- Use the same scales for an individual where possible and try to weigh under consistent conditions e.g. same time of day, same clothing
- If using chair or hoist scales, ensure the individual’s body is not touching the bed or floor
- Measure in kilograms (kg) if possible or refer to Weight Conversion Chart (Appendix C) to convert from stones and pounds
- Please see page 14 if you are unable to weigh the individual

Other Factors to Consider When Assessing Weight

Fluid disturbances: The presence of oedema will impact on the accuracy of an individual’s BMI particularly in those that are underweight. Consider allowing the following when weighing someone with oedema:

Barely detectable oedema: <2kg  Severe oedema: 10kg+

When calculating weight changes consider how much may be due to fluid shifts. Use in conjunction with assessment of condition, visible weight and food intake.

Plaster casts: allow for the following depending on material, size and site

Upper limb: <1kg  Lower limb and back: 0.9 - 4.5kg

Amputations: use the following to calculate actual body weight for amputees

<table>
<thead>
<tr>
<th>Amputation Type</th>
<th>Formula</th>
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</thead>
<tbody>
<tr>
<td>Below knee</td>
<td>Current weight (kg) x 1.063</td>
</tr>
<tr>
<td>Full leg</td>
<td>Current weight (kg) x 1.18</td>
</tr>
<tr>
<td>Forearm</td>
<td>Current weight (kg) x 1.022</td>
</tr>
<tr>
<td>Full arm</td>
<td>Current weight (kg) x 1.05</td>
</tr>
</tbody>
</table>
Calculating Body Mass Index (BMI)

Body Mass Index (BMI) provides an indication of whether an individual is under-weight, a healthy weight or overweight based on height and weight measurements.

BMI is calculated using the following equation:

\[
\text{Body Mass Index (BMI)} = \frac{\text{Weight in kilograms (kg)}}{\text{Height in metres (m)}^2}
\]

Step 1 (BMI) Score

Once you have calculated BMI, you can calculate the Step 1 score:

- **BMI 20kg/m\(^2\) or more**  
  Score 0  
- **BMI between 18.5 – 20kg/m\(^2\)**  
  Score 1  
- **BMI below 18.5kg/m\(^2\)**  
  Score 2

How to Use the BMI Score Chart (Appendix D)

The BMI Score Chart provides an easy way to determine step 1 score

1. Find individual’s height along the top (feet/inches) or bottom (m)
2. Find individual’s weight along the left side (kg) or right side (stones/pounds)
3. Determine where the height and weight measurement cross on the chart  
   - the black number is the individual’s BMI (kg/m\(^2\))  
   - the coloured bands (red, yellow, green, white) relate to step 1 score

*See page 11 for a worked example of using the BMI Score Chart*
Step 1: BMI Score Chart - Example

1. Locate height (m) on bottom of the chart (measurements in feet and inches along the top)
2. Locate weight (kg) on left side of the chart (measurements in stones and pounds along right hand side)
3. Find where the two measurements cross on the chart. In this example:
   - BMI is 19kg/m²
   - Step 1 Score = 1 (as falls within yellow band)

Example: Fred is 1.68m tall and weighs 54kg
Step 2: Weight Loss Score

Calculating Percentage Weight Loss

Step 2 looks at the amount of unintentional weight loss in the past 3-6 months. This would therefore not apply to individuals who are trying to lose weight.

To calculate percentage weight loss you need

- The individual’s current weight
- Previous weight (ideally from 3-6 months ago)

If actual weight is not available then use self-reported weight loss (if reliable and realistic). Percentage weight loss can be calculated using the following equation:

\[
\text{% weight loss} = \frac{\text{Weight 3-6 months ago} - \text{Current Weight}}{\text{Weight 3-6 months ago}} \times 100
\]

Please see page 15 if you are unable to calculate weight loss.

Step 2 (Weight Loss) Score

Once you have calculated percentage weight loss you can calculate Step 2 score:

- Less than 5% weight loss  
  Score 0
- Between 5-10% weight loss  
  Score 1
- More than 10% weight loss  
  Score 2

How to Use Weight Loss Score Chart (Appendix E)

The Weight Loss Score Chart provides an easy way to determine step 2 score

1. Find current weight in left hand column (rounding weight up or down to nearest whole kg)
2. Read across the coloured columns and find where the individual’s previous weight lies to determine step 2 score

See page 13 for a worked example of using Weight Loss Score Chart
Step 2: Weight Loss Score Chart - Example

1. **Current weight** is 44kg (to nearest kg) - locate this in the left hand column

2. Read across and find where previous **weight** lies to determine step 2 score.
   - In this example, if her previous weight was
     - less than 46.3kg **Score 0**
     - between 46.3 - 48.9kg **Score 1**
     - more than 48.9kg **Score 2**
   - As Mrs Jones previously weighed 45.3kg she would score 0 (as this is less than 46.3kg)

Example: Daphne was 45.3kg three months ago and now weighs 43.9kg
What if the Individual Cannot be Weighed?
If you are unable to weigh the individual then you will be unable to calculate a BMI score. Consider using mid-upper arm circumference (MUAC) to estimate BMI range to use alongside your subjective assessment.

Estimating BMI using MUAC*

The individual’s 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 individual to let their arm hang loose and measure around the upper arm at the mid-point, making sure that the tape measure is snug but not tight.

The average of two separate measurements should be taken to avoid error.

If MUAC is >32.0 cm, BMI is likely to be >30 kg/m²
If MUAC is <23.5 cm, BMI is likely to be <20 kg/m²

MUAC can also be used to reflect weight changes over a period of time for individuals who can not be weighed.
What If Weight Loss Cannot be Calculated?

If an individual cannot recall their previous weight consider contacting their GP or other healthcare providers where they may have previous weights available.

If weight loss cannot be calculated use clinical judgement and visual assessment to estimate. In particular, consider:

- Loose fitting clothes and/or jewellery
- Loose fitting dentures
- Protruding collar bone or sunken facial features

You may also consider:

- History of decreased food intake/reduced appetite
- Swallowing problems over 3-6 months
- Underlying disease or psycho-social/physical disabilities likely to cause weight loss

If you are unable to weigh the individual use clinical judgement for each step of ‘MUST’ based on subjective measurements (MUAC, visual impression, loose fitting clothing/jewellery/dentures) to estimate whether risk category is **LOW**, **MEDIUM** or **HIGH**.
Step 3: Acute Disease Effect Score (ADE)  

The ADE Score is unlikely to apply to individuals in the community therefore **Score 0**

**Score 2** if the individual is acutely unwell and there has been or is likely to be **no** nutritional intake for 5 days or more as they will be at risk of malnutrition. This includes those who are critically ill and those who have swallowing difficulties (e.g. after stroke).

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Step 4: ‘MUST’ Score*

Add scores together to calculate ‘MUST’ score and overall risk of malnutrition.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>+</th>
<th>Step 2</th>
<th>+</th>
<th>Step 3</th>
<th>=</th>
<th>Step 4</th>
</tr>
</thead>
<tbody>
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<td>BMI Score</td>
<td></td>
<td>Weight Loss Score</td>
<td></td>
<td>Acute Disease Effect Score</td>
<td></td>
<td>‘MUST’ score</td>
</tr>
</tbody>
</table>

- ‘MUST’ Score 0: Low Risk
- ‘MUST’ Score 1: Medium Risk
- ‘MUST’ Score ≥2: High Risk
Step 5: Management Guidelines

Follow recommended management guidelines relating to ‘MUST’ score. These are included on the ‘MUST’ Form for Community Patients (Appendix A)

‘MUST’ Score 0 Low Risk
- Care Home Residents: re-screen monthly
- Community Patients: re-screen as part of routine clinical care or upon concern
- Document nutritional aim and action taken

‘MUST’ Score 1 Medium Risk
- Document nutritional aim and action taken
- Provide and discuss ‘Eat Better, Feel Better’ leaflet
- Weigh and re-screen monthly

‘MUST’ Score 2 High Risk
- Document nutritional aim and action taken
- Consider underlying cause of malnutrition and treat/refer as appropriate
- Provide and discuss ‘Eat Better, Feel Better’ leaflet
- Consider over-the-counter supplement drink
- Weigh and re-screen monthly
- If no improvement consider treating as per Score ≥3 below

‘MUST’ Score ≥3 High Risk
- As above (Score 2) AND
- Consider one month trial of oral nutritional supplements (ONS) in line with ONS formulary - discuss with GP
- Weigh and re-screen at least monthly, more often if significant concerns
- If no improvement after one month, consider referral to Dietitian (see page 26)
Why Set Nutritional Aims?

The ‘MUST’ score only indicates the risk of malnutrition for that individual.

This risk must be discussed and considered with the individual and/or others involved in their care e.g. relatives, carers to develop an appropriate care plan.

Consider the aims of intervention which may include (but are not limited to)

- Preventing further weight loss
- Promoting weight gain
- Improving strength/function
- Promoting wound healing
- Quality of life

Consider the individual’s condition e.g. disease stage, current treatment, and adjust the aims of intervention accordingly. In some groups, e.g. palliative care, progressive neurological conditions and those in the advanced stages of illness, nutritional intervention may not result in any physical improvement. However, it may be considered to help slow decline or improve quality of life for the individual.

Once nutritional aims have been agreed, document clearly in the individual’s care plan along with action points agreed to achieve this aim.

Once the aim of intervention and the care plan have been agreed, progress should be monitored regularly. The intervention can then be modified according to the individual’s progress.
Malnutrition can be caused by a variety of physical, mental and social issues. If you have identified that an individual is at risk of malnutrition, it is important to consider the reasons why.

The table below details some common causes of poor intake that need to be considered and treated where possible to help reduce the risk of malnutrition.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Action(s) to Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the individual recently been unwell?</td>
<td>Consider medical review/treatment, or close monitoring if appears to be improving</td>
</tr>
<tr>
<td>Is the individual experiencing nausea, constipation or diarrhoea?</td>
<td>Consider medical review/treatment</td>
</tr>
<tr>
<td>Does the individual have problems with chewing?</td>
<td>Consider Dentist review if dental hygiene is poor, loose teeth/dentures</td>
</tr>
<tr>
<td>Does the individual have problems with swallowing (dysphagia)?</td>
<td>Consider Speech &amp; Language Therapist referral for swallowing assessment and guidance</td>
</tr>
<tr>
<td>Does the individual have problems using crockery/cutlery?</td>
<td>Consider Occupational Therapist referral to advise on adapted cutlery/crockery</td>
</tr>
<tr>
<td></td>
<td>Consider use of finger foods</td>
</tr>
<tr>
<td>Social factors e.g. ability to shop, prepare and serve meals, social</td>
<td>Social services referral</td>
</tr>
<tr>
<td>isolation, poverty, bereavement?</td>
<td>Meal delivery services</td>
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<tr>
<td></td>
<td>Ready meals/convenience foods</td>
</tr>
<tr>
<td>Is the individual experiencing taste changes?</td>
<td>Consider medical review/treatment</td>
</tr>
<tr>
<td>Does the individual have a sore/dry mouth?</td>
<td>Consider medical review/treatment</td>
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Refer to ‘Eat Better, Feel Better’ Leaflet (Appendix F)

This leaflet can also be accessed from the Western Sussex Dietitians website http://www.westernsussexhospitals.nhs.uk/services/dietitians/

This leaflet can be provided to any individual with a ‘MUST’ score of 1 or more if this is deemed appropriate. The leaflet provides ideas for making an individual’s diet more nourishing.

We advise individuals to aim for 600 extra calories per day as a minimum target to help:

- Maintain weight if they are currently losing weight
- Increase weight if they are currently stable

To achieve this, we recommend:

- Regular snacks in between meals
- Adding ‘food boosters’ to meals (also known as food fortification)
- Nourishing drinks, including over-the-counter supplements

It is important that you discuss this information with the patient and take into account their personal preferences to help find potential solutions. You may need to consider:

- Who does the food shopping?
- Who prepares the meals?
- Available food storage and cooking equipment
- Financial situation

See page 27 for contact details of local social care and meal delivery services.
Complan and Meritene Energis (formerly ‘Build Up’) nutritional supplements are available over the counter from most pharmacies and supermarkets. Other suitable products may be available.

Most products can be made up with water (if not ready to drink) but we recommend making up the products with full fat/fortified milk where possible to maximise nutritional content.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Available Flavours</th>
<th>Serving Size &amp; Instructions</th>
<th>Calories/Protein per portion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complan</td>
<td>Milkshakes: Banana, Strawberry, Chocolate, Vanilla, Original (neutral)</td>
<td>55g sachet Mix with 200ml water or milk</td>
<td>Mixed with water: ~240kcal, 8-9g protein</td>
</tr>
<tr>
<td></td>
<td>Soup: Chicken</td>
<td></td>
<td>Mixed with semi-skimmed milk: ~330kcal, 15g protein</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mixed with full fat milk: ~370kcal, 15g protein</td>
</tr>
<tr>
<td>Complan Smoothie</td>
<td>Juicy Berry, Tropical</td>
<td>250ml carton</td>
<td>272kcal/10g protein</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>272kcal/9g protein</td>
</tr>
<tr>
<td>Complan Milkshake</td>
<td>Strawberry, Chocolate</td>
<td>250ml carton</td>
<td>214kcal/9g protein</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>222kcal/9g protein</td>
</tr>
<tr>
<td>Meritene Energis Shake</td>
<td>Chocolate, Strawberry, Vanilla</td>
<td>30g sachet Mix with 200ml semi-skimmed milk/water</td>
<td>200kcal/16g protein (made with milk) 106kcal/9g protein (made with water)</td>
</tr>
<tr>
<td>Meritene Energis Soup</td>
<td>Chicken, Vegetable</td>
<td>50g sachet Mix with 150ml hot water</td>
<td>207kcal/7g protein</td>
</tr>
</tbody>
</table>

Don’t forget, other ingredients e.g. cream, ice-cream can also be added to increase the nutritional content further.
Consider Trial of Oral Nutrition Supplements (ONS)

What are Oral Nutritional Supplements?
ONS are classified as foods for special medical purposes. They may be required to increase energy and/or protein intake when diet alone is insufficient to meet nutritional requirements. Most supplements will also contain vitamins and minerals.

When to Consider Using ONS
ONS should be used in conjunction with high energy dietary advice. Refer to pages 17-21 for further information.

Consider first line supplement options when either:

- ‘MUST’ score 2 with no improvement following high energy dietary guidance after 1 month
- ‘MUST’ score 3 and above

Refer to ONS formulary for first line supplement options available at: http://www.coastalwestsussexformulary.nhs.uk/docs/formulary/

Refer to the Dietitian if an individual on thickened fluids with a ‘MUST’ score ≥2 requires ONS.

Contact the Dietitian for further advice if:
- Considering the prescription of non-formulary ONS
- ONS advice required for specific conditions e.g. diabetes, renal failure

Other Considerations When Prescribing ONS

- Consider prescribing ‘starter packs’ or mixed flavours to allow the patient to trial the supplements before ordering a long term supply
- Consider the individual’s ability to open a bottle, make up a powdered supplement or collect the prescription from the pharmacy
- Consider taste preferences e.g. sweet or savoury to improve compliance and prevent ‘taste fatigue’
- Consider special dietary requirements e.g. vegan, gluten-free.
How to Increase ONS Compliance

- Serve milkshake-style ONS cold and savoury ONS warm (do not boil)
- Serving ONS in a glass/cup may make them more appealing
- Encourage ONS use between meals to avoid filling up on them
- Consider using neutral flavoured ONS in recipes or for food fortification
- Once opened, store ONS in refrigerator and use within 24 hours

How to Review ONS Prescription

Review in line with ‘MUST’ management guidelines and individual’s nutritional aims:

Aims met/Good progress:
- Reinforce high energy dietary advice
- Consider reducing ONS gradually
- Monitor progress and consider treating as medium risk

Aims not met/Limited progress:
- Reinforce high energy dietary advice
- Check ONS compliance and amend prescription as necessary,
- Reassess clinical condition and nutritional aim
- Consider Dietitian referral

Stop ONS prescription if:
- Nutritional aim has been met
- Individual is clinically stable
- Individual is no longer at risk of malnutrition
- Individual is back to normal eating and drinking pattern
- Individual is non-compliant
- Clinical input is no longer appropriate
**What About Individuals With Diabetes?**

Poorly controlled diabetes is likely to result in weight loss therefore it is important to try and stabilise blood sugars. However, restricting intake to stabilise blood sugars is likely to result in further weight loss and increased risk of malnutrition.

Consider reviewing diabetic medication and consider other causes of poor control, such as underlying infections, before advising on dietary restriction.

For individuals at risk of malnutrition, ‘sugary’ food and drink should still be limited. Use of diabetic products e.g. chocolate or jam is NOT recommended.

A high protein/fat diet can still be recommended, including:

- Full fat dairy products (milk, cheese, yoghurt)
- ‘Food boosters’ such as butter, cream, mayonnaise, peanut butter
- ‘Cream of’ soups
- Eggs, meat & fish with sauces

If considering ONS for individuals with diabetes:

- Use savoury/milk-based ONS instead of sweeter juice-based varieties
- Encourage individuals to sip ONS slowly
- Increase frequency of blood glucose monitoring
- If you have any concerns, refer to the Dietitian

**What About Individuals With Heart Disease?**

Individuals may be concerned about increasing their intake of high fat products if they are being treated for high cholesterol. In the short-term, a high fat diet is unlikely to cause significant problems.

If a patient requires a long-term high fat diet and there is concern regarding their cholesterol levels, suggest products high in monounsaturated (cardioprotective) fats e.g. olive oil, olive oil-based spreads, nuts and oily fish.
What About Individuals Who Require a Texture-Modified Diet?

Patients requiring a texture-modified diet i.e. fork-mashable, pre-mashed or pureed diet are often at a higher risk of malnutrition due to:

- Restricted food choices - not all food can be processed to appropriate consistency
- Some patients find mashed/pureed foods unpalatable
- Processing food often requires adding liquid e.g. stock, water, which ‘dilutes’ the nutritional value of the food. This means the patient has to consume more to receive the same level of nutrition (which is often unmanageable amounts)

‘Food boosters’ e.g. cream, butter, cheese, milk powder are useful ways to add extra calories to mashed/pureed foods without adding significant volume.

Consider use of appropriate snacks e.g. custard, mousse, yogurts, soft cheese.

What About Individuals Who Need Thickened Fluids?

Thickeners should only be used with guidance from a Speech and Language Therapist following a swallowing assessment.

Always ensure the recommended amount of prescribed thickener is used as it is not always the same for each product.

If an individual on thickened fluids requires ONS, please contact the Dietitians or Speech and Language Therapists who can advise on appropriate thickening methods or alternative products.

If you have any questions regarding the suitability of these suggestions for your patient then please contact Dietitians or Speech & Language Therapists (see page 3) or discuss with GP/Specialist for further advice.
How to Refer to the Dietitians

Please use ‘Refer to Dietitian (Adult Outpatients/Community)’ Form (Appendix G) which can also be accessed from the Western Sussex Dietitians website: http://www.westernsussexhospitals.nhs.uk/services/dietitians/

Incomplete forms will be returned to the referrer. If you are unsure if a referral is appropriate please contact the Dietitians first to discuss before sending.

Patients can be referred by their GP or visiting healthcare professional. Please note that we do not accept referrals directly from care agencies or care homes.

To help us triage referrals appropriately and use our time effectively:

- Please identify patients that could attend an outpatient clinic appointment
- Ensure all demographic information provided is accurate and up-to-date
- Initial contact with the patient is usually made by telephone. Advise us if we need to contact a relative/carer to arrange an assessment
- Let us know if the patient has been assessed by a Speech and Language Therapist and/or has been advised to modify their diet or fluids
- Please confirm that the recommended management guidelines have been implemented prior to referral
- **Medical history/Current medication**: provide as much information as possible
- **Reason for Referral**: ensure this is clearly specified and inform us if the clinical condition of the patient changes and the referral becomes more urgent/no longer appropriate
- **Anthropometry and Weight History**: ensure measurements are as accurate as possible. Include a copy of any weight charts/‘MUST’ screening forms if available
- **Referrer Details**: provide your full name, job title and contact details so that you can be contacted if there are any queries regarding the referral. You will be informed via letter regarding any dietetic assessment
Other Useful Information Sources

Malnutrition and ‘MUST’
BAPEN http://www.bapen.org.uk/screening-for-malnutrition/must/introducing-must
Managing Adult malnutrition in the Community www.malnutritionpathway.co.uk
Malnutrition Taskforce www.malnutritiontaskforce.org.uk/resources.html

Nutritional Products
British National Formulary—information on ONS
www.medicinescomplete.com/mc/bnf/current/PHP8853-borderline-substances.htm
Complan www.complan.com
Meritene Energis www.nestlehealthscience.co.uk/products/meritene-energis

Other Sources of Dietary Information
BDA Food Facts Leaflets www.bda.uk.com/foodfacts/home
Coeliac UK www.coeliac.org.uk/home
Diabetes UK www.diabetes.org.uk

Meal Delivery Services
Meals on Wheels WRVS 01243 777209 for details of local services
Wiltshire Farm Foods 0800 773 773 www.wiltshirefarmfoods.com
Oakhouse Foods 0845 643 2009 www.oakhousefoods.co.uk
Sussex Farmhouse Meals 0845 070 2222 www.sussexfarmhousemeals.co.uk

West Sussex Carepoint (for social services enquiries)
Phone: 01243 642121
E-mail: socialcare@westsussex.gov.uk
Website: www.westsussex.gov.uk/social-care-and-health
References

1. Managing Adult Malnutrition in the Community, including a pathway for the appropriate use of oral nutritional supplements (ONS) Produced by a multi-professional consensus panel May 2012. Available electronically at www.malnutritionpathway.co.uk


* The 'Malnutrition Universal Screening Tool' ('MUST') is adapted and reproduced here with the kind permission of BAPEN (British Association for Parenteral and Enteral Nutrition). For further information on 'MUST' see www.bapen.org.uk.
Appendices

Appendix A  ‘MUST’ Form for Community Patients
Appendix B  Height Conversion Chart
Appendix C  Weight Conversion Chart
Appendix D  BMI Score Chart
Appendix E  Weight Loss Score Chart
Appendix F  ‘Eat Better, Feel Better’ Leaflet
Appendix G  ‘Referral To Dietitian (Adult Outpatient/Community)’ Form
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