

Malnutrition action plan - for Care homes

Use the **MUST Tool** to calculate nutritional risk score monthly as per care home guidelines:

If the resident has a pressure ulcer grade 2 or above, treat as high risk even if MUST score is 0.

For patients at **Medium** and **HIGH** risk of malnutrition:

1) Identify Appropriate nutrition goal:

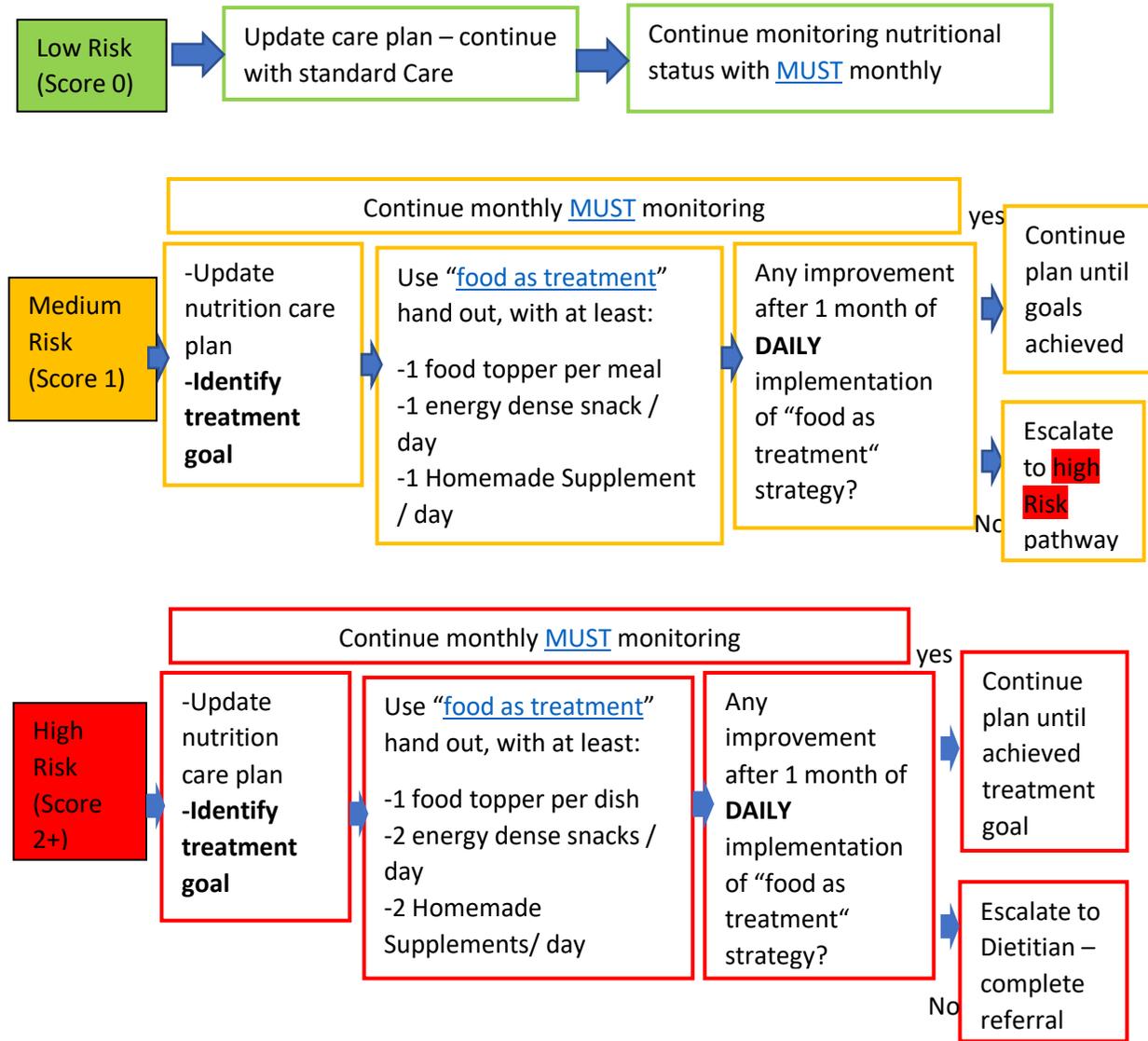
Goal	What to measure at each review
Improve nutritional status/ weight	<ul style="list-style-type: none"> • Weigh & calculate MUST score before & after intervention
Maintain nutritional status/weight	<ul style="list-style-type: none"> • Weigh & calculate MUST score before & after intervention
Minimise decline in nutritional status	<ul style="list-style-type: none"> • Rate of weight loss/percentage of weight lost before & after intervention
Facilitate wound healing	<ul style="list-style-type: none"> • Wound severity/size before & after intervention

2) Identify any symptoms which may impact on food intake/appetite and discuss with MDT if **homely remedies not effective**:

- Dry/ sore mouth
- Nausea/ vomiting
- Constipation
- Fullness/ bloating / discomfort
- chewing / dentition issues
- heart burn/ acid reflux
- Swallowing issues (e.g coughing after eating/ food sticking)

3) Identify appropriate Action plan and document clearly the "Food as treatment" intervention implemented:

- document if patient refuses snack /drink / fortification
- Consider using chart to ensure care plan is implemented daily
- Consider using MARS Chart stickers to ensure plan is implemented daily



Developed by	CPCCG Dietitian for Primary Care & CPFT Dept. Nutrition and Dietetics
Version	V 1.0
Date Issued	2020, July
Date for Review	2022, July

MUST 1 ; Medium risk;

Week :1-4 you will need to follow this plan for at 1 month and rescreen using MUST		Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Sunday			
		Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Food Topper <i>(include at each meal)</i>	Breakfast																												
	Lunch																												
	dinner																												
nourishing snack	<i>(at least 1 per day)</i>																												
Homemade supplement	<i>(at least 1 per day)</i>																												

MUST 2: High Risk

Week :1-4 you will need to follow this plan for at least 1 month and rescreen using MUST		Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				Sunday			
		Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Food Topper <i>(include at each meal or snack)</i>	Breakfast																												
	Lunch																												
	dinner																												
nourishing snack	<i>(at least 2 per day)</i>																												
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