



# Learning Outcomes

- To be able to understand and complete MUST screening accurately
- Understand how to use the BAPEN MUST online screening tool
- Understand and familiarise yourself with the Bucks care home MUST management guidelines
- How to complete a nutrition and hydration care plan – know what to include.
- Understand a food first approach and the benefits for this.
- Understand when it is appropriate to refer to a dietitian
- To be confident in screening for malnutrition risk and implementing good nutrition and hydration practices for all residents.



# Why MUST is important for you & your residents

- The Care Quality Commission (CQC) regulation 14, as set out in the Health and Social Care Act (2008), states that “people who use services have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and dehydration while they receive care and treatment”.
- Identifying malnutrition risk in community settings prevents hospital admissions.
- Adequate nutrition and hydration can prevent falls due to frailty.

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# MUST- The Basics

- **What is MUST?**
  - It is the Malnutrition Universal Screening Tool [MUST Online Calculator - Malnutrition Universal Screening Tool \(bapen.org.uk\)](https://www.bapen.org.uk/must-online-calculator)
- **What is it used for?**
  - It is used to identify individuals at risk of malnutrition or are malnourished so that they can be treated.
- **What is malnutrition?**
  - It is a lack of adequate nutrients in the diet causing poor health and quality of life.
- **Why is it important?**
  - Care home residents are at higher risk of malnutrition than older people living in their home



# How malnutrition impacts health

- Depression
- Weakness and immobility
- Impaired muscle strength and increased risk of falls
- Increased risk of pressure sores and impaired wound healing
- Impaired immune function and increased risk of infections
- Delayed recovery
- Poor quality of life
- Increased mortality

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# Who is responsible for MUST?

- **It is everyone's responsibility**
  - All care home staff including catering, should work together to identify and treat malnutrition.
- **When malnutrition has been identified, all staff, managers and catering teams need to be updated and informed**
  - This is to ensure care plans are updated and implemented



# Measurements required for MUST



Weight in kilograms (kg)



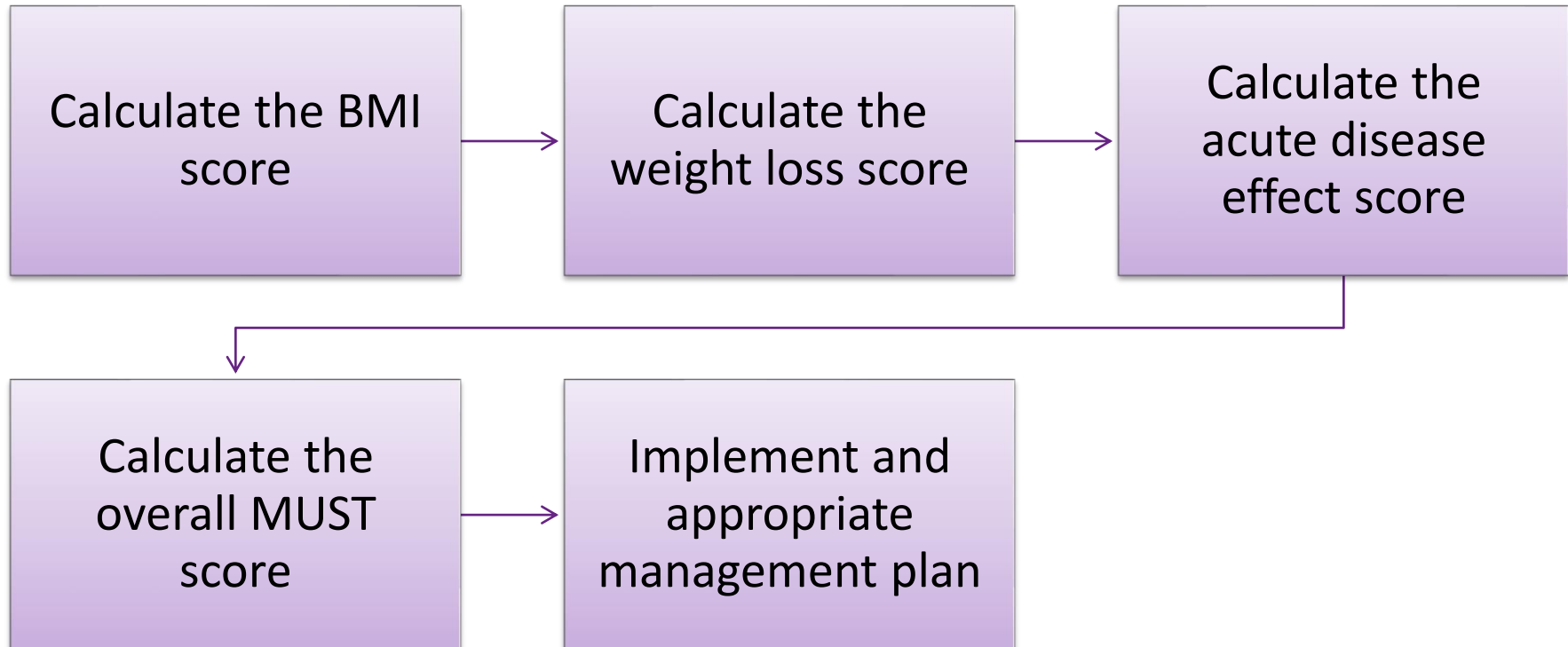
Height in metres (m)



Ideally a 6 month weight history



# The 5 MUST Steps





# MUST Step 1 - BMI

BMI requires a weight and height measurement

Weight should be measured monthly and weekly if the resident is high risk.

If a resident can't be weighed then record the reason on the MUST chart and use MUAC (Mid upper arm circumference) instead



# Things that affect accurate weight recording

- Using different scales
- Positioning of resident on the scales
- Oedema (fluid retention) – ensure this is highlighted when recording the weight and take a MUAC as an additional measurement.
- Broken scales
- Human error – if a weight looks “off” consider reweighing the resident if tolerated.



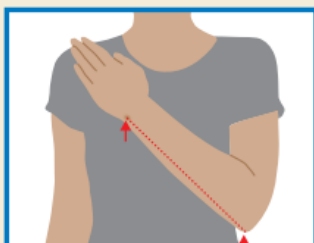
# Measuring height

- Take a residents height on admission only
- If a height can not be taken, refer to the patients GP record if possible – sense check this to ensure the height makes sense for the resident.
- If able, ask a resident or their family member what their height is, if you are unable to take a measurement.
- If you are unable to do any of the above then you will need to estimate the residents height.
- Ulna length can be used to estimate height as a last resort.



# How to take Ulna Length

## 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
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

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## What is Body Mass Index (BMI)

- Body mass index is a measure of weight related to height.
- It is a calculation based on an individual's height in metres and weight in kilograms.
- There are 5 main categories:
  - Underweight – under 18.5kg/m<sup>2</sup>
  - Healthy range – between 18.5 and 24.9kg/m<sup>2</sup>
  - Overweight – Between 25 and 29.9kg/m<sup>2</sup>
  - Obese – 30 and 39.9kg/m<sup>2</sup>
  - Severe Obesity – 40kg/m<sup>2</sup> and over



## How to score BMI using MUST

- A BMI more than 20kg/m<sup>2</sup> = Score 0
- A BMI between 18.5 – 20kg/m<sup>2</sup> = Score 1
- A BMI less than 18.5kg/m<sup>2</sup> = Score 2

Our resource “Healthcare professional guide MUST resource” has more detailed information on this.

[Healthcare Professional guide to MUST](#)

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## MUST Step 2 – weight loss score

A current weight and a weight history from 3-6 months ago is required.

If 6 months worth of weight history is not available then use the residents highest weight.

If this information is not available then use subjective data to determine if a resident has lost a significant amount of weight recently

- This could be loose clothing or dentures (that fit 3-6 months ago, ongoing poor oral intake, reports from carer.
- Subjective data will not generate a weight loss score and clinical judgement will need to be used to determine how a resident should be treated.



# Causes of weight loss

- These might include the following:
  - Reduced or poor food intake
  - Recent illness e.g vomiting, diarrhoea, infection, UTI
  - Hospital admission
  - Resolved oedema – fluid loss will usually result in a significant weight loss over a short period ( days/week)
- If there is no obvious cause for the weight loss then discuss with the GP.





# Weight loss when a resident is overweight

- It still matters!
  - A resident being overweight is not a reason to not monitor weight or MUST if there has been reduced oral intake or other risk factors
- Unintentional weight loss in an overweight person is still a risk of malnutrition
- The weight loss score on MUST will identify individuals at risk



## How to score weight loss

- Using the BAPEN online MUST calculator will automatically calculate the percentage weight loss
- How to score:
  - Less than **5%** weight loss = **Score 0**
  - Between **5-10%** weight loss = **Score 1**
  - More than **10%** weight loss = **Score 2**



# MUST Step 3 – Acute Disease effect score

- **Score 0**
  - For almost all residents in the community
  
- **Score 2**
  - only if resident is acutely ill and has had or is likely to have no nutritional intake for more than 5 days, this is unlikely to occur in the community



# MUST Step 4 – Overall MUST Score

- Add together the BMI score, Weight loss score, Acute disease effect score
- Highest score is 6 however it is rare to see anything over 4 in a community setting

MUST SCORE	Malnutrition Risk
0	Low Risk
1	Medium Risk
2 or More	High Risk



# BAPEN MUST Calculator Demonstration

## Objective Measurements



Complete all relevant fields and click/tap the 'show results' button.

Clear all values

<b>Current weight (Metric)</b>	<input type="text" value="50"/>	<input type="text" value="kg"/>	<input type="button" value="Imperial"/>	<input checked="" type="button" value="Metric"/>
<b>Current height (Metric)</b>	<input type="text" value="1.65"/>	<input type="text" value="m"/>	<input type="button" value="Imperial"/>	<input checked="" type="button" value="Metric"/>
<b>Weight 3-6 months ago (Metric)</b>	<input type="text" value="55"/>	<input type="text" value="kg"/>	<input type="button" value="Imperial"/>	<input checked="" type="button" value="Metric"/>
<b>Was the weight loss unplanned?</b>	<input type="text" value="Select"/>		Select yes if the weight loss was unplanned.	
<b>Acute disease effect (ADE)**</b>	<input type="text" value="ADE"/>		**Acute Disease Effect (ADE) - select yes if acutely ill  and if there has been or is likely to be no nutritional intake for more than 5 days. Note that ADE is unlikely to occur outside hospital.	

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# MUST Step 5 – Management Plan

- Things to consider:
  - May not be appropriate if resident was previously overweight and regaining of weight would be detrimental. Consider preventing further unintentional weight loss
  - Was weight loss planned/intentional – no need to treat
  - Weight loss was due to resolved oedema



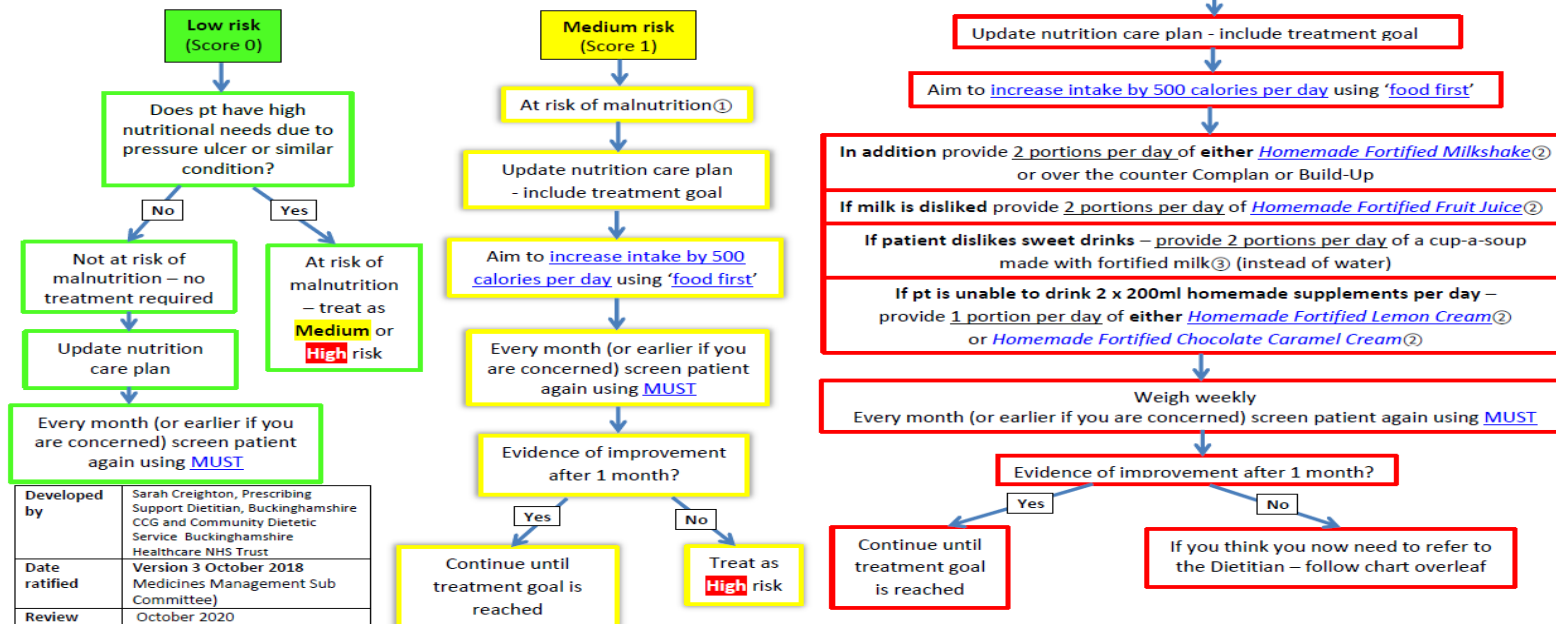
# Management Plan – Treating Malnutrition



# Care Home MUST Management guideline

Care Home MUST management guidelines – \*Make sure these have been followed before requesting sip feed prescription or referring to the Dietitian\*

- ① If a patient is currently **overweight** or was overweight prior to unplanned weight loss, consider whether regaining weight is in their best interests. If weight regain is not in the patients best interests, consider treating patient as lower risk category to avoid significant weight regain. Record reason for this in nutrition care plan
- ② All **Homemade Supplements** **must** be made **exactly** according to the recipes provided by Aylesbury Vale & Chiltern CCGs
- ③ Make **fortified milk** by adding 3 – 4 tablespoons dried, skimmed milk powder to each pint of full fat milk



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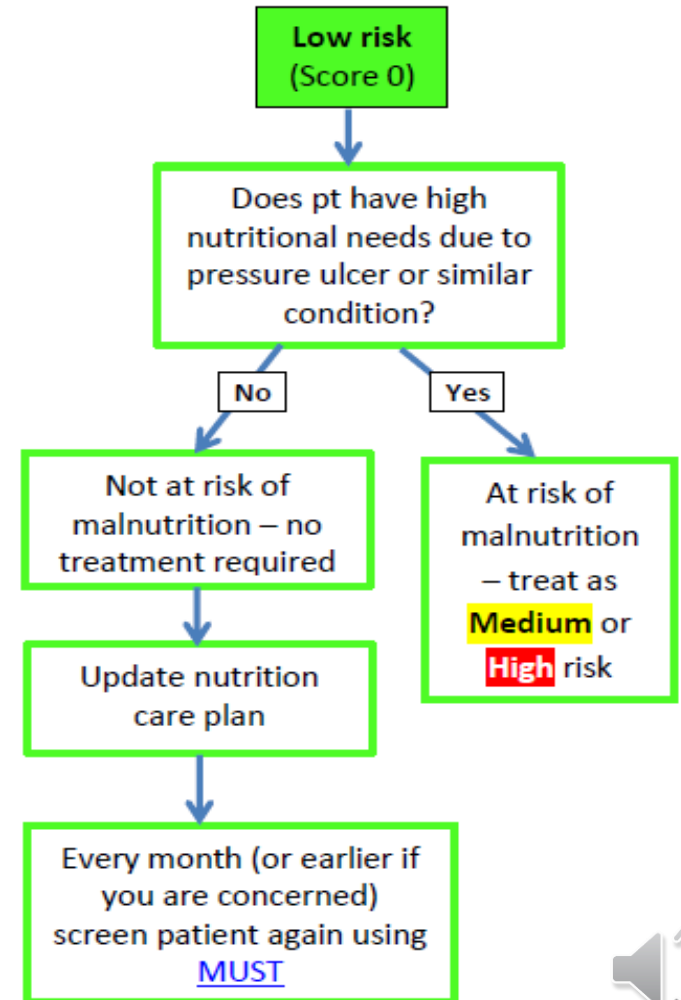
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# MUST Management Guideline – Low Risk

- The flow chart highlights when a low risk patient may be at risk of malnutrition
- Use corresponding Low Risk care plan for this patient group when score = 0



## MUST **Low risk** Nutrition Care Plan

RESIDENTS NAME..... ROOM.....

DATE CARE PLAN STARTED.....

For each date recorded below, initial all actions which have been taken

Action to be taken by all staff	Date					
Weigh resident monthly. If you cannot weigh resident, record reason why and measure MUAC monthly instead						
Each month (or earlier if you are concerned) record BMI score, weight loss score, acute disease effect score & MUST score on residents MUST recording sheet						
Identify treatment goal and record this in the notes section overleaf						
Encourage resident to eat 3 balanced meals per day (Intake each day should include: 3 portions bread/pasta/rice/cereal/potato + 2 – 3 portions meat/fish/cheese/eggs/nuts/pulses/Quorn + 2 – 3 portions milk/cheese/yogurt + 5 portions fruit/vegetables + at least 1600ml fluid)						
Every month review and update this care plan If residents MUST risk changes – change the care plan						
Record progress towards treatment goal in the notes section overleaf						

- Resident requires help with choosing meals and snacks
- Resident requires modified tableware
- Resident requires help with eating and drinking
- Resident requires modified texture\* food:  Soft  Pureed  Thickened fluids
- \*Advised by Speech and Language Therapist due to swallowing difficulty*

*Tick any special requirements that apply:*

Residents current food preferences are: .....

.....

.....

.....



## Nutrition for the Low Risk resident

- Ensure the resident is provided with 3 meals per day
- Ensure meals are balanced with enough calories (energy), protein, carbohydrates, micronutrients (vitamins and minerals) and fibre.
- Ensure resident has access to fluid throughout the day
- Ensure food is within reach, palatable, and enjoyable for the resident.

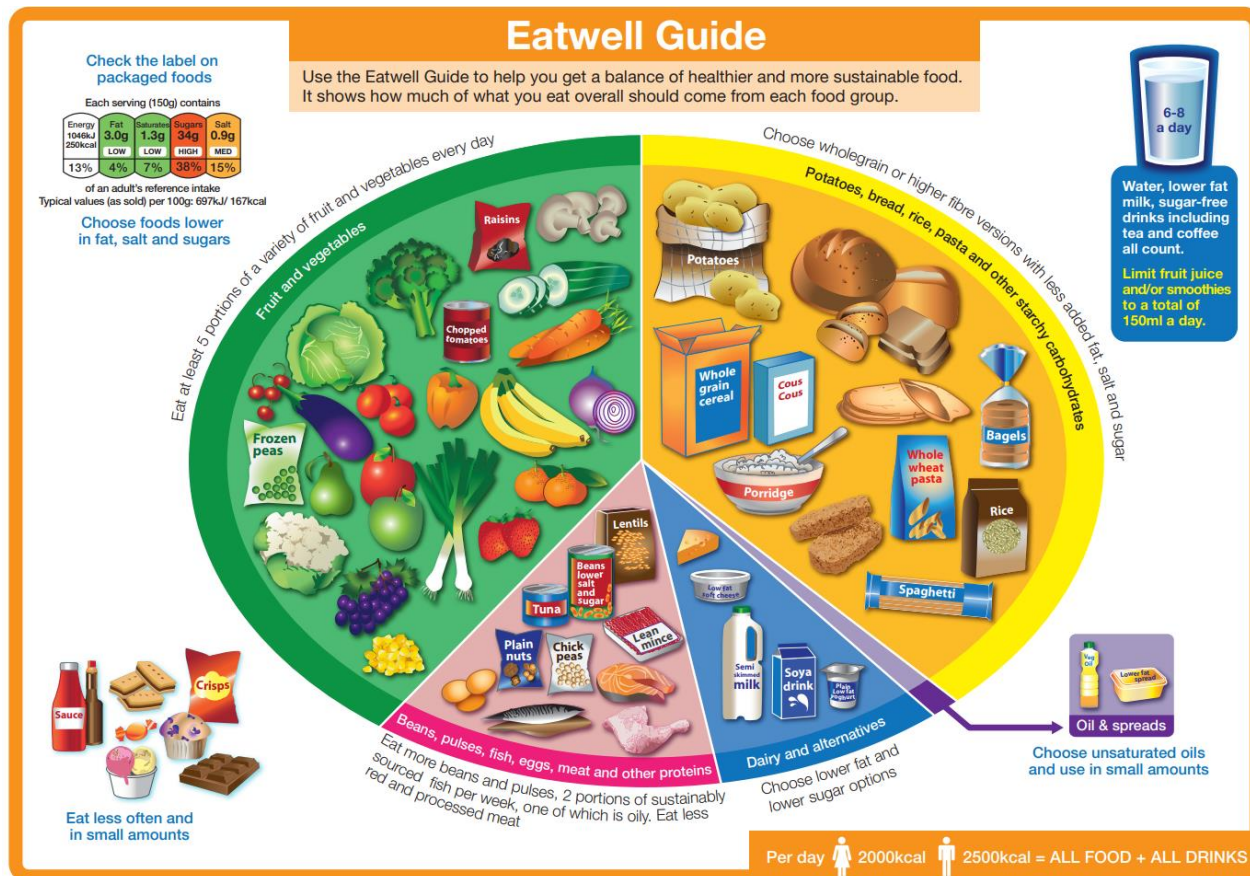
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# Eatwell Guide



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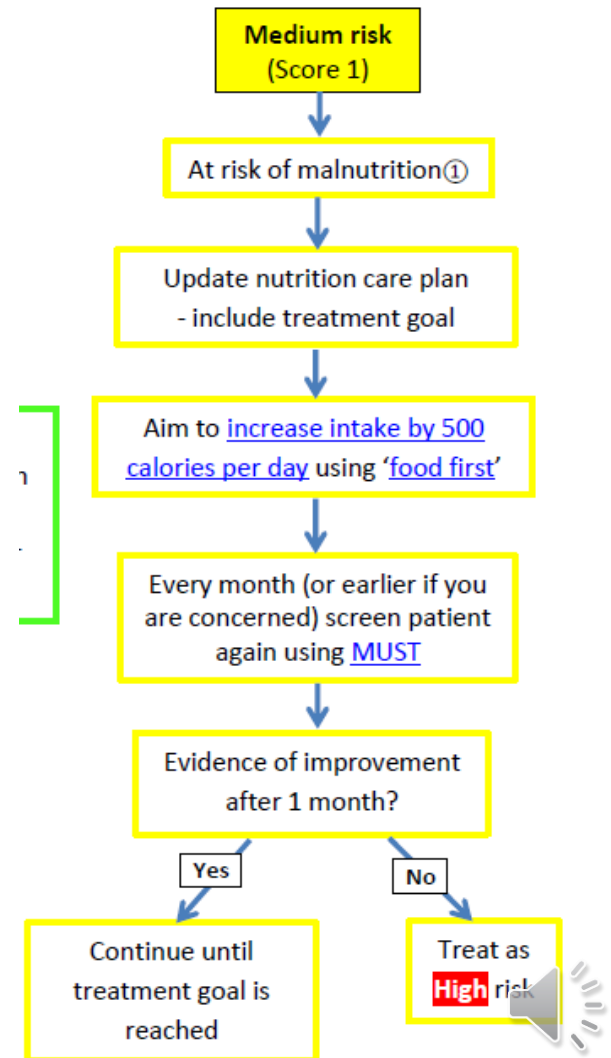
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# MUST Management Guideline – Medium Risk

- Use the flow chart to ensure you do not miss a step
- Use the food first guidelines to increase calorie intake by 500 calories per day
- If no improvement after 1 month follow High Risk guidance



## MUST **Medium risk** Nutrition Care Plan

RESIDENTS NAME..... ROOM.....

DATE CARE PLAN STARTED.....

For each date recorded below, initial all actions which have been taken

Action to be taken by all staff	Date					
Weigh resident monthly. If you cannot weigh resident record, reason why and measure MUAC monthly instead						
Each month (or earlier if you are concerned) record BMI score, weight loss score, acute disease effect score & MUST score on residents MUST recording sheet						
Identify treatment goal and record this in the notes section overleaf						
Inform kitchen that resident is at <b>Medium risk</b> of malnutrition						
Encourage resident to eat 3 balanced meals per day (intake each day should include: 3 portions bread/pasta/rice/cereal/potato + 2 – 3 portions meat/fish/cheese/eggs/nuts/pulses/Quorn + 2 – 3 portions milk/cheese/yogurt + 5 portions fruit/vegetables + at least 1600ml fluid)						
Work with kitchen to increase residents intake by 500 calories per day by: - Fortifying all residents meals (use high calorie/protein ingredients) - Encouraging high calorie/protein snacks between meals twice per day						
If newly identified as medium risk, accurately record all food eaten for 3 days & use food charts to inform all staff about residents food preferences, time of day when resident eats best etc						
Every month review and update this care plan If residents MUST risk changes – change the care plan						
Record progress towards treatment goal in the notes section overleaf						
If no improvement observed after 4 weeks, change to <b>High risk</b> care plan						

- Resident requires help with choosing meals and snacks
- Resident requires modified tableware
- Resident requires help with eating and drinking
- Resident requires modified texture\* food:  Soft  Pureed  Thickened fluids

*Tick any special requirements that apply:*

\*Advised by Speech and Language Therapist due to swallowing difficulty

Residents current food preferences are: .....

.....  
 .....  
 .....



# Nutrition for the Medium Risk Resident

- Ordinary food – same as low risk resident e.g 3 balanced meals per day
- A food first approach – ensure the kitchen is informed that the resident requires food fortification to meals and drinks.
- Encourage high calorie and high protein snacks between meals – aim for additional 500kcal
- Use the food first guides available on our website



### Food First: Guide to fortifying food

**What is food fortification?** Adding household ingredients to normal food to increase its nutritional content without increasing the amount of food which needs to be eaten.

**What is the aim of food fortification?** Together with 2 - 3 small, between meal snacks and milky drinks, to increase nutritional intake by 500 calories per day.

#### How to fortify foods

##### Top tips



- You do not have to fortify every food that you eat
- Identify which foods/drinks you eat best and fortify these
- Use the most nutritious ingredients to fortify food, not just cream or butter (these provide only calories with no protein and very few vitamins/minerals)
- Use enough of the fortifier to make a difference - e.g. 1 tablespoon of skimmed milk powder added to one portion of mashed potato.

Fortifier	Added amount provides (+ energy (kcal) + protein (g))	Use in food and drinks
 Skimmed milk powder	4 tablespoons per 1 pint full fat milk - 500 kcal + 40g  Or 1 tbsp per drink - 55 kcal + 5.5g	<ul style="list-style-type: none"> <li>• Cereal &amp; porridge</li> <li>• Custard</li> <li>• Sauces &amp; creamy soups</li> <li>• Mash</li> <li>• Beverages</li> <li>• Cup a soup</li> </ul>
 Cheese (hard or soft)	4 tablespoons grated cheddar - 180 kcal + 10g  1 tablespoon full fat cream cheese - 66 kcal + 0.5g	<ul style="list-style-type: none"> <li>• Scrambled egg</li> <li>• Omelettes</li> <li>• Sauces &amp; soups</li> <li>• Mash</li> <li>• Pasta/pizza</li> </ul>





### Food First: High Calorie Snacks

- Even the smallest snack can help boost your energy and protein intake
- To gain weight/stop losing weight people generally need to eat at least another 500 calories per day in addition to their normal calorie intake
- Try to have 2 to 3 snacks per day as well as your regular meals and try to choose a variety of different snacks

#### Savoury Snacks



Snack	Energy content	Protein content
<input type="checkbox"/> 3 cocktail sausages	90 calories	4.5 grams
<input type="checkbox"/> 1 Mini Scotch egg	72 calories	3.5 grams
<input type="checkbox"/> 1 oatcake with 1 teaspoon of peanut butter	81 calories	2 grams
<input type="checkbox"/> 1 carrot cut into sticks with 2 tablespoons of hummus	100 calories	2 grams
<input type="checkbox"/> Half a slice of bread with pate*	111 calories	4 grams
<input type="checkbox"/> 1 cracker with a small chunk of cheese*	112 calories	5.5 grams
<input type="checkbox"/> Mini pork pie	118 calories	3 grams
<input type="checkbox"/> 1 dessert spoon of peanuts	120 calories	5 grams
<input type="checkbox"/> 1 small packet of crisps	133 calories	1.5 grams



\*Energy content can be increased by fortifying with cream cheese, nut butter, butter or margarine.





### Food First: Quick guide to eating an extra 500 calories per day


To stop losing weight and/or to help weight gain generally we need to eat at least an extra 500 calories per day. Listed below are suggestions which can help you to increase your intake by 500 calories per day. The foods suggested will also help to increase your intake of protein, vitamins and minerals.

In addition to your usual intake, try one of the following every day:

If you like milk and milk products	Total calories: 582	
<ul style="list-style-type: none"> <li>• Drink 1 extra glass (200ml) full fat milk</li> </ul>	140 calories	
<ul style="list-style-type: none"> <li>• Use fortified milk* (see overleaf) on cereal and in all cups of tea and coffee</li> </ul>	110 calories	
<ul style="list-style-type: none"> <li>• Eat 2 small snacks in between meals. E.g. 1 tub of rice pudding &amp; 1 thick &amp; creamy yoghurt</li> </ul>	332 calories	

If you don't like or cannot take milk/milk products	Total calories: 499	
<ul style="list-style-type: none"> <li>• Drink 1 extra glass (200ml) of fruit smoothie</li> </ul>	100 calories	
<ul style="list-style-type: none"> <li>• Have an extra teaspoon of jam on bread or toast</li> </ul>	50 calories	
<ul style="list-style-type: none"> <li>• Eat 2 small snacks in between meals. E.g. 1 cereal bar &amp; 1 dessertspoon of peanuts</li> </ul>	274 calories	
<ul style="list-style-type: none"> <li>• At your main meal fortify vegetables and potatoes with 2 teaspoons of margarine/butter</li> </ul>	75 calories	

If you have a sweet tooth	Total calories: 516	
<ul style="list-style-type: none"> <li>• Drink 1 extra glass (200ml) of fruit juice</li> </ul>	80 calories	
<ul style="list-style-type: none"> <li>• Eat 2 small snacks in between meals. E.g. 1 chocolate mini-roll &amp; 2 cream biscuits</li> </ul>	223 calories	
<ul style="list-style-type: none"> <li>• Have an extra small pudding after lunch or tea, e.g. 1 individual trifle</li> </ul>	188 calories	
<ul style="list-style-type: none"> <li>• Add an extra teaspoon of sugar to your cereal or hot drinks</li> </ul>	25 calories	

If you prefer savoury flavours	Total calories: 571	
<ul style="list-style-type: none"> <li>• Eat 2 small snacks in between meals. E.g. 1 mini pork pie &amp; 1 packet of crisps</li> </ul>	251 calories	
<ul style="list-style-type: none"> <li>• At your main meal fortify vegetables &amp; potatoes with 1 tablespoon of grated cheese</li> </ul>	40 calories	
<ul style="list-style-type: none"> <li>• Drink 1 extra mug (200ml) of instant soup made with hot fortified milk instead of water</li> </ul>	280 calories	



## Food First: How to prepare a pint of fortified milk

Full fat milk (also called full cream or whole milk) contains a range of nutrients including calories, protein and calcium, therefore it is useful to help maintain or increase your weight. Milk powder can be added to full fat milk to make it even more nutritious.

It is vital to drink enough fluid. Whilst water and squash are hydrating, they are not very high in calories.

### Fortified Milk Recipe



Ingredients	Nutritional Information
1 pint of full fat milk	Contains approximately 370 kcal and 18g of protein
4 tablespoons of dried milk powder (60g)	Contains an additional 220 kcal and 22g of protein
Combining the above ingredients will make 1 pint of fortified milk containing 590 calories and 40g of protein	

### Where to purchase dried milk powder

Most supermarkets will stock dried milk powder; you will find it in the long-life milk section. Dried skimmed milk powder is recommended as it contains more protein than dried full cream milk powder.



## Food Record Charts

- Should be completed for all medium and high risk patients
- They can identify what the patient has eaten and drank, the quantity, if a meal was skipped
- They are only useful if they are completed fully and accurately
- They must be looked at and used as part of clinical judgement when managing and treating malnutrition



# MUST Management Guideline – High Risk

- As per the medium risk plan, an additional 500 calories should be given using food first
- As well as 2 portions per day of either homemade fortified milkshake, fortified fruit juice, fortified cup a soup or 1 portion of homemade pudding. Recipes can be found on our website.
- If no evidence of improvement after 1 month then use additional flowchart to assess if dietetic referral is required.



## MUST High risk Nutrition Care Plan

RESIDENTS NAME..... ROOM.....

DATE CARE PLAN STARTED.....

For each date recorded below, initial all actions which have been taken

Action to be taken by all staff	Date					
Weigh resident weekly. If you cannot weigh resident, record reason why and measure MUAC weekly instead						
Each month (or earlier if you are concerned) record BMI score, weight loss score, acute disease effect score & MUST score on residents MUST recording sheet						
Identify treatment goal and record this in the notes section overleaf						
Inform kitchen that resident is at <span style="background-color: red; color: white; padding: 2px;">High risk</span> of malnutrition						
Encourage resident to eat 3 balanced meals per day (Intake each day should include: 3 portions bread/pasta/rice/cereal/potato + 2 – 3 portions meat/fish/cheese/eggs/nuts/pulses/Quorn + 2 – 3 portions milk/cheese/yogurt + 5 portions fruit/vegetables + at least 1600ml fluid)						
Work with kitchen to increase residents intake by 500 calories per day by: - Fortifying all residents meals (use high calorie/protein ingredients) - Encouraging high calorie/protein snacks between meals, twice per day						
Request kitchen to provide 2 portions per day of 'Fortified milkshake' made to CCG recipe. If resident requires alternative homemade supplement record reason for this overleaf ( <i>Fortified milkshake is most nutritionally complete choice</i> )						
Record each time a 'Fortified milkshake' or other homemade supplement is provided for the resident as you would for prescribed products ( <i>this can be recorded on the residents MAR</i> )						
If newly identified as high risk, accurately record all food eaten for 3 days & use food charts to inform all staff about residents food preferences, time of day when resident eats best etc						
Every month review and update this care plan If residents MUST risk changes – change the care plan						
Record progress towards treatment goal in the notes section overleaf						
If no improvement observed after 4 weeks, discuss with GP whether sip feed prescription or referral to a Dietitian may be appropriate						

- Resident requires help with choosing meals and snacks
- Resident requires modified tableware
- Resident requires help with eating and drinking
- Resident requires modified texture\* food:  Soft  Pureed  Thickened fluids

*Tick any special requirements that apply:*

Residents current food preferences are: .....

.....

.....

.....

.....

\*Advised by Speech and Language Therapist due to swallowing difficulty



## Food First: Homemade supplements

When you are not able to eat enough to meet your needs, these recipes can be used to supplement your food intake between meals and snacks. They are not suitable as a sole source of nutrition.

**Fortified milkshake - makes 1 portion**  
Most nutritionally complete choice



Ingredients	Directions
<ul style="list-style-type: none"> <li>• 1/3 of pint/180ml full fat milk</li> <li>• 6 heaped teaspoons 30g skimmed milk powder</li> <li>• 4 heaped teaspoons 20g vitamin fortified milkshake powder (Nesquik)</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• 5 heaped teaspoons/25g Ovaltine Original Add Milk Drink</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• 5 heaped teaspoons/25g Horlicks Traditional</li> </ul>	<ul style="list-style-type: none"> <li>• Mix milk powder and milkshake powder together in a glass</li> <li>• Gradually mix in milk and stir well</li> </ul> <p><b>Serve 2 portions per day</b></p> <p><b>1 portion = 220ml</b></p>

Product comparison per portion	Calories	Protein	Carbohydrate	Fat
• Fortified Nesquik	310	18g	40g	8g
• Fortified Ovaltine Original Add Milk Drink	315	19g	44g	8g
• Fortified Horlicks Traditional	319	19g	43g	8g



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**Fortified Fruit Juice - makes 1 portion**  
Suitable for those who don't like milky drinks



Ingredients	Directions
<ul style="list-style-type: none"> <li>• 180ml fruit juice (try using juice with added vitamins such as Vitafit (Lidl) or Tropicana Multivitamins)</li> <li>• 40ml undiluted high juice squash* or cordial (not sugar free/diet/no added sugar)</li> <li>• 10g (2 x 5g sachets) egg white powder. Found in the home-baking section of most supermarkets</li> </ul>	<ul style="list-style-type: none"> <li>• Mix undiluted cordial or squash into egg white powder (do not whisk)</li> <li>• Gradually mix in fruit juice</li> </ul> <p><b>Serve 2 portions per day</b></p>



Recipes	1 portion (220ml) contains:
<ul style="list-style-type: none"> <li>• High juice blackcurrant squash + cranberry juice</li> <li>• High juice orange squash + pineapple juice</li> <li>• Elderflower cordial + apple juice</li> <li>• High juice cranberry squash + orange juice</li> </ul>	<ul style="list-style-type: none"> <li>• 212 calories, 8.4g protein, 42.4g carbohydrate, 0g fat</li> <li>• 205 calories, 8.4g protein, 38g carbohydrate, 0g fat</li> <li>• 238/250 calories, 8.6g protein, 46.6/52g carbohydrate, 0g fat</li> <li>• 182 calories, 9.4g protein, 34.2g carbohydrate, 0g fat</li> </ul>

\*High juice squash can be found in the squash and cordial aisle of most supermarkets. It contains a combination of fruit juice and concentrated fruit.

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# High Risk Only

- Only high risk residents need homemade supplements
- It should be recorded on the document opposite **every time** a homemade supplement is given to a resident.
- Homemade supplement recording provides evidence that the care plan is being implemented.

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## Food First: Homemade supplement record sheet

Patient name :	Date of Birth:	Room number :
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- Patient is at **High** risk of malnutrition according to MUST and requires homemade supplements daily (see [Care Home MUST management guidelines](#))
- Homemade supplements must be made according to the recipes provided by Buckinghamshire Clinical Commissioning Group
- Provide most appropriate [homemade supplement](#):
  - Fortified milkshake 2 portions per day **1st choice** (most nutritionally complete)
  - Or fortified fruit juice 2 portions per day (only provide this if patient doesn't like milky drinks)
  - Or fortified soup 2 portions per day (only provide this if patient doesn't like sweet drinks)
  - Or fortified lemon cream once per day / Fortified chocolate caramel cream once per day (only provide **one** of these if resident is unable to drink 2 portions of fortified milkshake, fortified juice or fortified soup every day)

Record which homemade supplement should be offered .....	Record at what time/s this should be offered .....
---	---

Date	Time	Homemade supplement given	Amount taken (None, ¼, ½, ¾, all)	Initials



# Prescribed Sip Feeds

- When are they required?
  - When a resident cannot take the homemade supplement – a reason must be provided e.g dysphagia
- Remember:
  - Supplements contain nothing that can not be found in food
  - Are often less palatable than homemade versions
  - Must be taken every day at the therapeutic dose (normally 2 per day)
  - Contain no magic ingredients and will only work if the resident can take the required dose.



# Nutrition Care Plan – SMART Goals



Specific – what is your goal



Measureable – how will you measure it e.g weight gain



Achievable – ensure goal is realistic for the resident



Relevant – Is the goal relevant to what you and the resident



Time bound – Set a time frame to achieve the goal (use care plan as a guide)

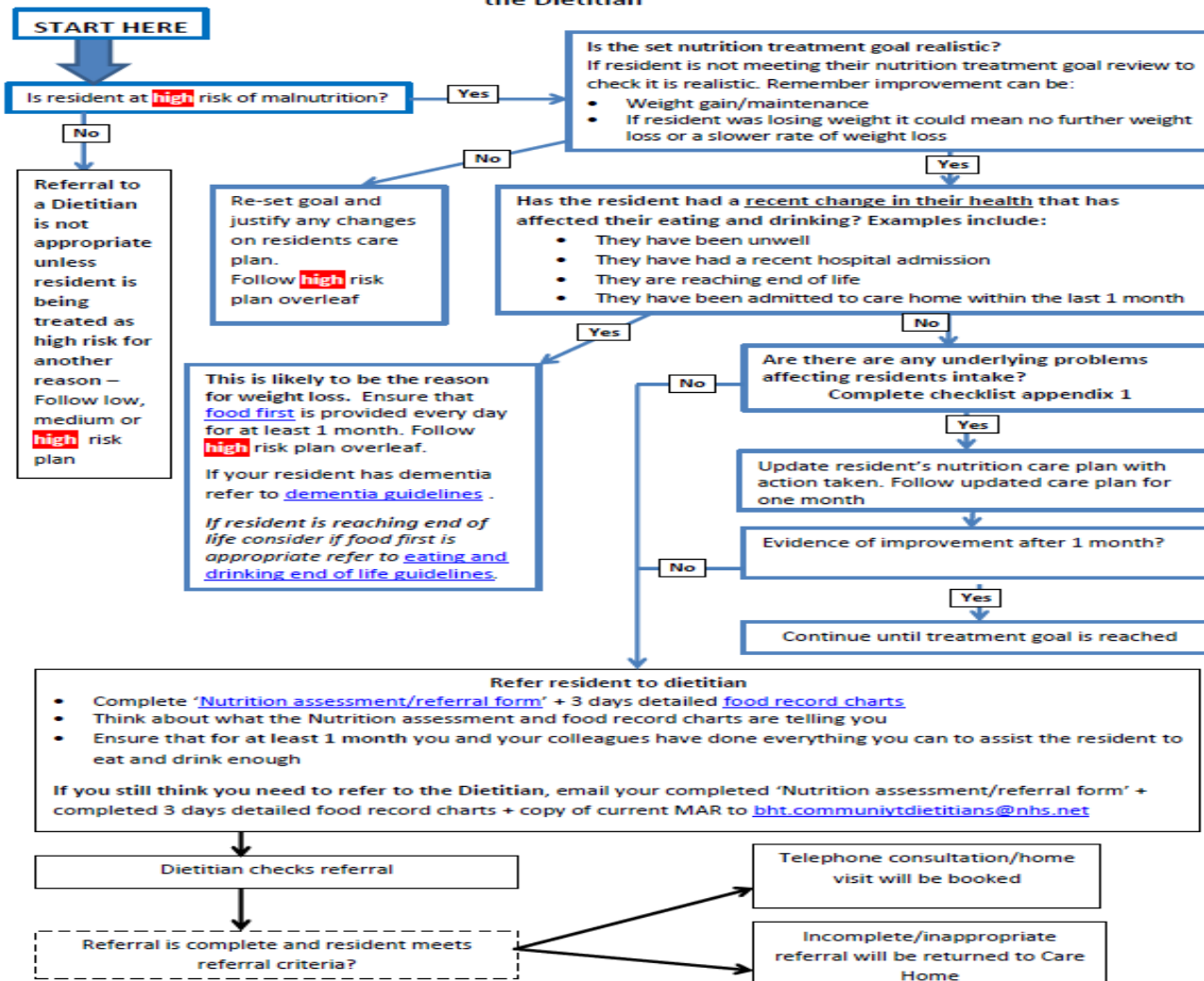


# Referral to a Dietitian – Is it necessary?

- Before referring to a dietitian please use the flow chart from our website to assess whether this is necessary.
- We are happy to speak to you to discuss a patient before you refer to ensure a referral is appropriate.



## MUST Management Guidelines - Thinking about referring a care home resident to the Dietitian



### Appendix 1- Checklist to assess and address underlying problems potentially affecting a resident's food & fluid intake

Complete this form to identify any underlying factors that could be disrupting the resident's ability to eat and drink whilst trialling Food First for 1 month

Name of resident: \_\_\_\_\_

Problem	Tick action taken and record on residents nutrition care plan
Swallowing problems	<input type="checkbox"/> Refer to <a href="#">Speech and Language Therapist</a> for swallowing assessment
Chewing problems/ Poor Dentition/ Sore mouth	<input type="checkbox"/> Assess Oral Hygiene <input type="checkbox"/> Get sore mouth treated <input type="checkbox"/> Check teeth/dentures fit & request dental assessment if appropriate
Nausea/ Vomiting	<input type="checkbox"/> Refer to GP for an assessment
Constipation	<input type="checkbox"/> Ensure sufficient fluid and <a href="#">fibre intake</a> <input type="checkbox"/> Keep bowel chart and discuss with GP if laxatives are required
Unable to feed independently	<input type="checkbox"/> Position correctly <input type="checkbox"/> Provide assistance/supervision at meal and snack times <input type="checkbox"/> Consider referral to Occupational Therapist or Physiotherapist <input type="checkbox"/> Provide appropriate cutlery/crockery
Difficult /unable to communicate preferences	<input type="checkbox"/> Consider pictorial or large print menu <input type="checkbox"/> Refer to <a href="#">Speech and Language Therapist</a> for communication assistance
Consistently not finishing meals despite assistance  <u>or</u>  Consistently refusing food or fluid	<input type="checkbox"/> Assess comfort at mealtimes – bowels, pain, positioning <input type="checkbox"/> If concerned pain is affecting food & fluid intake seek medical review <input type="checkbox"/> If concerned resident may be depressed seek medical advice <input type="checkbox"/> Provide assistance throughout mealtimes <input type="checkbox"/> Find out likes/dislikes & mealtime preferences from resident or relatives <input type="checkbox"/> Use verbal or visual prompts to help eating <input type="checkbox"/> Encourage 3 small <a href="#">fortified meals</a> a day and <i>at least</i> 2 <a href="#">nutritious</a> snacks and 2 portions of <a href="#">fortified milkshake/juice</a> drinks a day <input type="checkbox"/> Monitor and record <a href="#">food and fluid</a> intake for 3 days then review to enable eating & drinking patterns to be identified. <input type="checkbox"/> If at risk of dehydration: Encourage drinks after between meals aiming for 6-8 cups/day. Make sure that these drinks are nutritious e.g milk <input type="checkbox"/> Monitor fluid balance
Constant activity/agitation	<input type="checkbox"/> Provide nutritious snacks <a href="#">finger foods</a> throughout day <input type="checkbox"/> Assess mealtimes - comfort, food and fluid intake and establish cause of agitation
Other	Please state: _____
No problem identified	<input type="checkbox"/> Tick box if none of the problems or actions listed above are appropriate
Date completed: _____	Staff Name: _____ Role: _____ Signature: _____

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# References

- [December: BMI measure of good health | News and features | University of Bristol](#)
- [MUST Online Calculator - Malnutrition Universal Screening Tool \(bapen.org.uk\)](#)
- [The Eatwell Guide - GOV.UK \(www.gov.uk\)](#)
- [Introduction to Malnutrition \(bapen.org.uk\)](#)
- [survey-of-malnutrition-and-nutritional-care-in-adults-2021.pdf \(bapen.org.uk\)](#)
- [Recommendations | Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition | Guidance | NICE](#)
- [Quality statement 1: Screening for the risk of malnutrition | Nutrition support in adults | Quality standards | NICE](#)
- [Regulation 14: Meeting nutritional and hydration needs - Care Quality Commission \(cqc.org.uk\)](#)
- [SCIE: Nutritional care and older people](#)



## Useful Resources

- Our website has links to all our care plans, tool kits, information leaflets and videos:  
[Community dietitians - Buckinghamshire Healthcare NHS Trust \(buckshealthcare.nhs.uk\)](https://buckshealthcare.nhs.uk)
- [MUST Online Calculator - Malnutrition Universal Screening Tool \(bapen.org.uk\)](https://bapen.org.uk)
- [What Is Malnutrition? | PINNT](#)
- [Resources | Malnutrition Task Force](#)





## Contact Details

If you would like to speak to us, you can call us on:  
01296 831990

Alternatively, you can also get in touch via e-mail:

[bht.communitydietitians@nhs.net](mailto:bht.communitydietitians@nhs.net)

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