

# South Tees Pathway for the Management of Undernutrition (Nursing/Care Homes)

CALCULATE RISK SCORE USING AN APPROPRIATE 'MUST' tool

**LOW RISK**  
'MUST' score 0

Re-assess 'MUST' score monthly

**MEDIUM RISK**  
'MUST' score 1

Commence food record chart and weekly weights

Fortify food and offer **2-3 high calorie snacks and 1-2 x milky drinks** between meals and record on food chart (food first advice)

Document actions in care plan  
Re-assess 'MUST' score within 1 month

**HIGH RISK**  
'MUST' score 2 or more

**If Improvement (medium risk):**  
Continue to reinforce 'food first' advice until 'MUST' score reduced from medium to low then follow low risk pathway  
**Re-assess 'MUST' score monthly**

**If no Improvement / Deterioration (Medium risk):**  
Reinforce 'food first' advice Continue food charts and weekly weights If 'High Risk' proceed to 'High Risk' pathway.  
**Re-assess 'MUST' score monthly**

**If Improvement (high risk):**  
Continue to reinforce 'food first' advice until 'MUST' score reduced from high to medium then follow medium risk pathway  
**Re-assess 'MUST' score monthly**

**Complete referral form** and email/post to Guisborough Community Dietitians. Continue to monitor 'MUST' monthly and follow pathway. Should you wish to discuss whether to make a referral or have concerns regarding the patient whilst awaiting dietetic assessment please telephone the Dietetic service for advice.  
  
Email: [ste-tr.guisboroughdietitians@nhs.net](mailto:ste-tr.guisboroughdietitians@nhs.net)  
Address: Patient Connect (Dietetics Service), 2<sup>nd</sup> Floor Murray Building, James Cook University Hospital, Marton Road, Middlesbrough, TS4 3BW.  
General enquiries: Tel: 01287 284074, Appointments: Tel: 01642 835902

**If no improvement / deterioration (high risk):**  
Reinforce 'food first' advice and ensure 2-3 high calorie snacks and 1-2 milky drinks per day. Continue food charts and weekly weights. If no improvement after 2 weeks despite 'food first' advice  
**Refer to Dietitian**  
*See reverse for exceptions and considerations*

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### **Considerations:**

The following factors may have an impact on nutritional status and need to be considered. Where possible consider treatment plan or actions required to manage underlying condition and/or refer to other relevant specialist services (e.g Social Services / Speech and Language Therapy / Dental Practitioner) as required

- Dysphagia / poor dentition / chewing difficulties
- Mental / physical state / long term illness
- Smoking / drinking / substance abuse
- Pain / nausea / constipation

### **Exceptions:**

Patients identified at medium or high risk of malnutrition. Who have any of the following conditions may need to be referred directly to the dietitian and should not be given the standard dietary advice prior to any discussion with a Registered Dietitian:

- Patients with high potassium and / or high phosphate levels as a result of kidney disease.
- Patients with a suspected eating disorder (refer directly to the mental health team – *Tees Esk and Wear Valley*)
- Patients with malabsorption disorders
- Palliative care patients who are in the last year of life
- Patients with food allergies / dietary restrictions

### **Low BMI:**

If the patient is not losing weight, but their normal BMI is stable at 18.5-20, giving them a MUST score of 1, consider - is this BMI normal for this patient and therefore no concern? If no concern, rescreen monthly.