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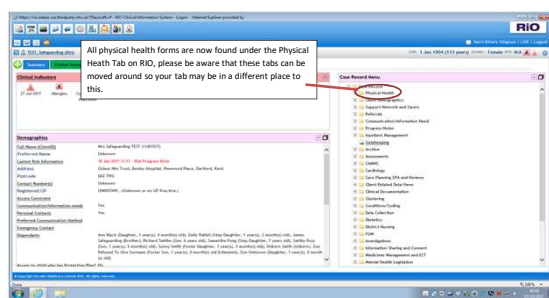
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## Location of Physical health forms on RIO




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## Links for the Physical health forms.

- Case Record
  - Physical Health
    - Malnutrition Universal Screening Tool
    - Modified Early Warning Scoring System
    - Physical Health Investigation
    - Physical Health Monitoring for Community
    - Smoking Substance and Alcohol Use
  - Client Demographics
  - Support Network and Carers

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## Malnutrition Universal Screening Tool (MUST)

if a MUST has already been completed for this patient a list of previous forms will be shown, these can be clicked on and viewed, please be aware that these are non-editable forms.

if a MUST form has not been completed for this patient then you will be directed straight to a MUST form.

To open a new form click ADD

## MUST

Date stamp- Use the date that the actual readings were taken.

To complete the consent, click on the drop down and select:  
**Weight declined**- use if only consenting to height.  
**Height declined**- use if only consenting to weight (if height is already recorded on the form please use his value and don't re measure)  
**Weight and height declined**- use if not consenting to either (if height is already recorded in the form please use this value and don't re measure the patient)  
**Yes**- if consenting to all.  
**Not on ward**- use if the patient is not on the ward (in this instance only, the rest of the form can be left blank)

Record the weight and height. Note that the Height is recorded in Metres and not centimetres, the BMI will not calculate if the wrong measurement is recorded. (Just add a decimal point!!)  
 Record the height, use previously documented height, no need to keep measuring the patient. Click anywhere on the form and the BMI will automatically calculate and a score will be given for this step.

Only record any worrying loss, not a good loss that has been achieved through good care planning. If none, record "0" do not leave this box blank. Click anywhere on the form and a score will be given for this step.

## MUST

You will be given the options  
**Yes** or **no** to select. Please answer this question even if the patient is not consenting to having weight and height monitored.

Use this section to add up your scores from each of the sections, to give the overall score and guideline of what to do next for this patient, the score will not be calculated automatically.

## Management Guidelines For MUST Score of 0

Step 4 - Overall Risk of Malnutrition

ⓘ Add Scores together to calculate overall risk of malnutrition

Step 1 - Score = 0

Step 2 - Score = 0

Step 3 - Score = 0

Overall Score

Step 5 - Management Guidelines

Score = 0 - Low Risk

Routine clinical care

Repeat screening

Hospital - weekly

Care Homes - monthly

Community - annually

For special groups eg over 75s

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## Management Guidelines For MUST Score of 1

Step 4 - Overall Risk of Malnutrition

ⓘ Add Scores together to calculate overall risk of malnutrition

Step 1 - Score = 0

Step 2 - Score = 0

Step 3 - Score = 0

Overall Score

Step 5 - Management Guidelines

Score = 1 - Medium Risk

Observe:

Document dietary intake for 3 days

If adequate - little concerned and repeat screening

Hospital - weekly

Care Home - monthly

Community - 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

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## Management Guidelines For MUST Score of 2 or over

Step 4 - Overall Risk of Malnutrition

ⓘ Add Scores together to calculate overall risk of malnutrition

Step 1 - Score = 0

Step 2 - Score = 0

Step 3 - Score = 0

Overall Score

Step 5 - Management Guidelines

Score = 2 or more - High Risk

Treat\*

Refer to dietitian, 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

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## MUST- MUST Do's

- This form is to be completed for all inpatients and for all community patients.
- For inpatients, this form should be completed within 24 hours of the patients admission, including transfers from other wards. The form should then be completed weekly.
- For community patients, this form should be completed a minimum of 12 monthly.
- This is the **only** form that height, weight and BMI can be recorded, all other physical health forms have a hyperlink to this form to update information.
- This form contains hyperlinks that can be used to navigate your way around other forms on RIO.
- If a patient has a BMI of 25 or over they must have a weight management care plan in place (see Lester Tool)

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## Nutrition and Hydration Management policy

- This policy is available on the OX and sets out the principles and processes for managing nutrition and hydration for all patients, using the MUST tool to screen for malnutrition in adults.

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