A PILOT OF THE MALNUTRITION UNIVERSAL SCREENING TOOL ‘MUST’ IN A GENERAL OUTPATIENT DEPARTMENT

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INTRODUCTION

• Early identification of patients who are malnourished or at risk of malnutrition is vital to provide timely and effective nutritional interventions.
• The 2006 NICE guidelines¹ recommend screening for malnutrition in all adult inpatients and all outpatients at their first clinic appointment (using a validated tool such as ‘MUST’).
• Previous attempts to launch the paperwork tool in the outpatient department were unsuccessful.
• We modified the process to utilise the on-line ‘MUST’ available on the BAPEN website² and commenced a pilot in March 2017.

METHODS

• Nine consultant led clinics in gastroenterology, renal, colorectal surgery and respiratory specialities were chosen.
• The BAPEN website was downloaded onto iPads that the nursing staff used to enter the required anthropometric data.
• A pre-printed coloured sticker (Fig. 1) was placed into the notes detailing ‘MUST’ score and recommended actions for the clinicians.
• The notes from clinics during the first 3 weeks of the pilot were reviewed to determine compliance.

RESULTS

• 382 patients attended clinic during the first 3 weeks.
• Every 5th set of notes were selected for review (n=76). 11 sets were unavailable leaving 64 sets for review (n=64). A coloured sticker was present in 44/64 (69%) of notes (Fig. 2).
• 11/44 (25%) were at risk of malnutrition with a ‘MUST’ score ≥ 1 (16% medium, 9% high (Fig. 3)
• 8/11 (73%) of these patients had an action documented by the clinician in response to the screening result. These documented actions are shown in Table 1.

CONCLUSIONS

• The percentage of patients identified at risk of malnutrition (‘MUST’ score ≥1) was 25%. This is in keeping with published UK screening data.³
• We have demonstrated that implementation of outpatient ‘MUST’ screening is feasible in a busy outpatient department, and that in the majority identified as at risk an appropriate action plan was implemented.
• The use of technology such as tablets/iPads may make the process easier for staff.
• We plan to cascade nutritional screening across the outpatient department, explore the use of technology and improve compliance by further training and education.

Table 1: Action documented by clinician in response to ‘MUST’ score

<table>
<thead>
<tr>
<th>MUST Score</th>
<th>No. of Pts</th>
<th>Action taken</th>
<th>Appropriate Action taken?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score 1 (n=7)</td>
<td>1</td>
<td>Clinician mentioned weight loss in the clinic letter to GP</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Clinician commented that no further action needed at this stage</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Referred to dietitian for advice (as present in clinic)</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>No action documented</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Known to the Dietitian</td>
<td>Y</td>
</tr>
<tr>
<td>Score 2+ (n=4)</td>
<td>1</td>
<td>Clinician commented that score was inaccurate</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Referred to dietitian</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Decision made by clinician for GP to monitor in the community</td>
<td>Y</td>
</tr>
</tbody>
</table>

REFERENCES

2. BAPEN (http://www.bapen.org.uk/screening)