

## MUST Step 5: Nutritional Management Plan for Care Home staff

Completion of this form and insertion in the resident's care plan will provide evidence that you are managing their nutritional risk. It is designed for qualified staff to identify the risk factors, take suitable action if appropriate, and review progress (see local guidance notes)



DOB/CHI:	Name:	Care Home:
Height:	Current Weight:                      Date:	MUST Score:
Activity Levels:	Highest Weight past 6 months:	Assessed by:

**\*\*COMMENCE FOOD AND FLUID CHART FOR 3 DAYS FOR ASSESSMENT AND TO ASSIST WITH THE COMPLETION OF SECTION 1 BELOW. ALSO REMEMBER TO WEIGH WEEKLY\*\***

### 1 – Problems affecting Nutritional Status (refer to local guidance notes)

Indicate any factors affecting the resident's ability to eat and drink or nutritional status. Indicate by circling yes or no			
		Action taken if required	Signature / Date
a) Swallowing difficulties	Yes / No		
b) Dental problems	Yes / No		
c) Postural problems/requires support to eat & drink	Yes / No		
d) Recent acute medical issues e.g. infection, vomiting, diarrhoea, constipation, pressure sores	Yes / No		
e) Mental health issues/ challenging behaviour	Yes / No		

**\*\*Following completion of Section 1, consider if disease progression is recognised and discuss with GP (see guidance notes) \*\***

Further nutritional intervention no longer appropriate  Signed:

### 2 – Establish Nutritional Aims (tick those appropriate to resident). Review these aims using progress chart overleaf

Nutritional Aim (s)	Date	Signature
1) Promote weight gain back to healthy BMI range <input type="checkbox"/>		
2) Maintain current weight/nutritional status <input type="checkbox"/>		
3) Optimise nutrient intake during period of illness <input type="checkbox"/>		
4) Increase and promote adequate fluid intake <input type="checkbox"/>		

### 3 – Commence Food Fortification for 4 Weeks and Record on Food/Fluid Charts

- Aim for 3x energy dense meals and 3x nourishing snacks daily
- Implement a minimum of 3 – 4 interventions below
- Inform chef / kitchen of interventions and resident's current dietary requirements (use dietary notification form if available)

#### ADDITIONAL GUIDANCE - FOOD FORTIFICATION

Date commenced: \_\_\_\_\_

Dietary intervention	Energy content (kcal)	Protein (g)	Implemented daily
Fortified milk (add x3-4 tablespoons of dried milk powder to 1 pint of milk – use in drinks, cereal, smoothies etc)	560-590kcal per pint	34-37g	Yes / No
Add extra butter / mayonnaise to potatoes, vegetables, sandwiches, biscuits at meals and snacks	75kcal per portion	n/a	Yes / No
Add single or double cream (50-60mls) to soups/puddings	95 – 248 kcal	n/a	Yes / No
Add additional sugar/jam/honey to drinks and puddings throughout the day	20-40 kcal per teaspoon	n/a	Yes / No
Offer 3 energy dense snacks a day (see snack list)	Aim for a minimum of 150 kcal per snack	6g per snack	Yes / No
High protein items should be encouraged from menu	Will vary	18-24g per meal	Yes / No
Offer homemade milkshakes/over the counter	200-550kcal per drink	8-20g per drink	Yes/ No

supplements			
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### PROGRESS CHART

**\*Note if Oral Nutritional Supplements (ONS) commenced by a dietitian at any point please complete ONS monitoring form\***

	Nutritional Aims and Progress	Signature/Profession
<b>4 WEEK REVIEW DATE:</b>	Aim(s) fully met <input type="checkbox"/> Aim(s) not met <input type="checkbox"/> Aim(s) partially met <input type="checkbox"/>  Please explain:    Action taken:	
	<b>IF AIMS NOT MET CONTACT RELEVANT HEALTH CARE PROFESSIONAL (HCP) - see local guidance notes</b>  HCP Contacted: _____ Date: _____	Signature/Profession
<b>DATE OF ASSESSMENT:</b>	HCP Recommendations:	Signature/Profession
<b>8 WEEK REVIEW DATE:</b>	Aim(s) fully met <input type="checkbox"/> Aim(s) not met <input type="checkbox"/> Aims(s) partially met <input type="checkbox"/>  Please explain:    Action taken:	Signature/Profession
	<b>IF NUTRITIONAL AIMS STILL NOT MET FOLLOWING ABOVE HCP RECOMMENDATIONS, DISCUSS FURTHER WITH HCP/REFER TO DIETITIAN (IF NOT ALREADY INVOLVED)</b>  Date of Referral: _____	Signature/Profession

## Oral Nutritional Supplement (ONS) Monitoring Form

Once commenced, ONS should be monitored **monthly** and compliance / efficacy reviewed. This should be done in conjunction with a trained HCP.

	<b>PRODUCT</b> <i>e.g. Ensure Shake (57g) sachet</i>	<b>DOSE/QUANTITY</b> per day x 1 sachet	<b>PROGRESS MADE/ ACTION REQUIRED</b> <i>e.g. slow weight gain, continue for 4 weeks and review again</i>
Date of Commencement:			
Date of Review:			

- **IF NO PROGRESS MADE AFTER 4 WEEKS ON ONS PLEASE SEEK DIETETIC ADVICE**
- **IF PROGRESSING TOWARDS NUTRITIONAL AIMS PLEASE CONTINUE MONITORING USING TABLE BELOW**
- **IF NUTRITIONAL AIMS MET CONSIDER REDUCING AND STOPPING ONS**

	<b>PRODUCT</b> <i>e.g. Ensure Shake (57g) sachet</i>	<b>DOSE/QUANTITY</b> per day x 1 sachet	<b>PROGRESS MADE/ ACTION REQUIRED</b> <i>e.g. slow weight gain, continue for 4 weeks and review again</i>
Date of Review:			
Date of Review:			
Date of Review:			
Date of Review:			
Date of Review:			

- If supplements have been deemed appropriate in the longer term they should be reviewed on a regular basis
- At end of life the use of supplements should be reviewed and stopped if felt no longer appropriate