An Audit To Establish The Use of MUST for Inpatients In An Acute hospital

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It is well understood that malnutrition is common in the hospital setting and is associated with clinical and economic implications[1,2]. Recent data on malnutrition in hospitals is limited. The use of a malnutrition screening tool is vital to identify and treat patients at risk or those who are malnourished. Approval has been received by the Chief Executive to set up a Nutrition Steering Committee for the hospital. To help shape the agenda for this Committee, one of the aims was to look at how malnutrition screening was progressing in the Trust. Hence, the aim of the audit was to establish the nutritional status of inpatients using MUST.

To establish this, every inpatient was assessed to determine whether nursing staff had conducted malnutrition screening tool (MUST) for adult inpatients. The BMI and MUST completed by nursing staff within 24 hours of admission was recorded. To determine the accuracy of the nurse-MUST score, the dietitians then calculated both BMI and MUST for all inpatients, assessed the need for dietetic intervention and whether the patients had been referred to the dietitian. Weight and height centiles were assessed for paediatric patients. Patients were also categorised according to their sex, age, ethnicity, ability to speak English, medical reason for admission, past medical history, and % weight loss as calculated by the dietitian. A comparison was made between the results of the dietitian and nursing staff, and the number of patients who had been referred to the dietitian, including those with a dietitian-MUST score ≥ 2. Paediatric results have been excluded.

There were 331 inpatients in 16 wards (14 adult wards, n = 294 and 2 paediatric wards, n = 37). Our findings show that the extent of malnutrition as assessed by dietitian-MUST score was 11% (n = 29) for score 1 and 50% (n = 148) for score 2. Furthermore, 34% (n = 98) of adult patients had experienced weight loss. Of these: 39% (n = 38) experienced <5% weight loss and 61% (n = 60) experienced ≥ 5% weight loss (range ≥ 5% to 40%). Nursing staff calculated BMI for 47% (n = 154) of patients, and completed MUST for 74% (n = 219) of patients. The incorrect BMI's calculated by nursing staff when compared to BMI's calculated by a dietitian was 84% (n = 130) and the incorrect MUST scores was 55%. From the patients with a dietitian-MUST score ≥ 2 (n = 129), only 33% (n = 43) of these were referred to the dietitian. Overall, only 25% (n = 65) of patients were referred to the dietitian.

To conclude this audit shows it is of vital importance that screening tools are used accurately to identify those who are or at risk of being malnourished. The hospital Executive Team has been very supportive in approving plans to improve MUST screening. The Nutrition Steering Committee has been set up which will be targeting MUST as part of the agenda. A Nutrition Link nurse for each ward has been appointed and study days commenced on MUST training. Audits on MUST are being conducted monthly by Matrons. Further audits are required to establish the extent of malnourishment in the UK and how dietitians respond to this need in acute hospitals.

1. Löser C (2010) *Dtsch Arztebl Int* **107**, 911–17.
2. NICE guidelines CG32 (2006) *National Institute for Clinical Excellence.*