Measuring the completion and accuracy of the 'MUST' Malnutrition Universal Screening Tool by ward staff on a respiratory ward

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Background

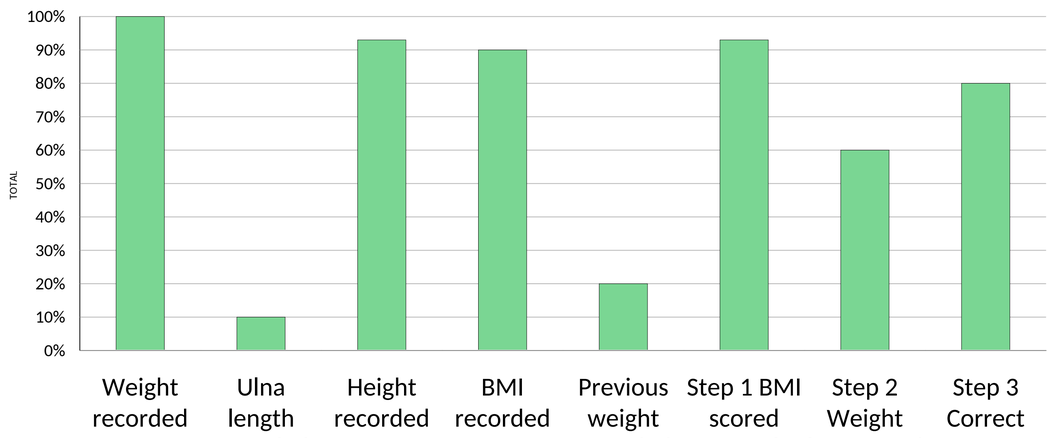
Malnutrition is a well-documented clinical issue associated with adverse outcomes including longer hospital stays, increased risk of falls, fractures, infections, and increased mortality.[1, 2, 3] The nature of respiratory disease involves a high risk of malnutrition, affecting 1 in 3 patients.[4, 5] Effectively managing malnutrition is associated with reduced infection risk, improved lung function, exercise ability and quality of life, and significant cost savings. Screening is the first step in identifying patients at risk of malnutrition, who may benefit from intervention led by a dietitian. [6]

Methods

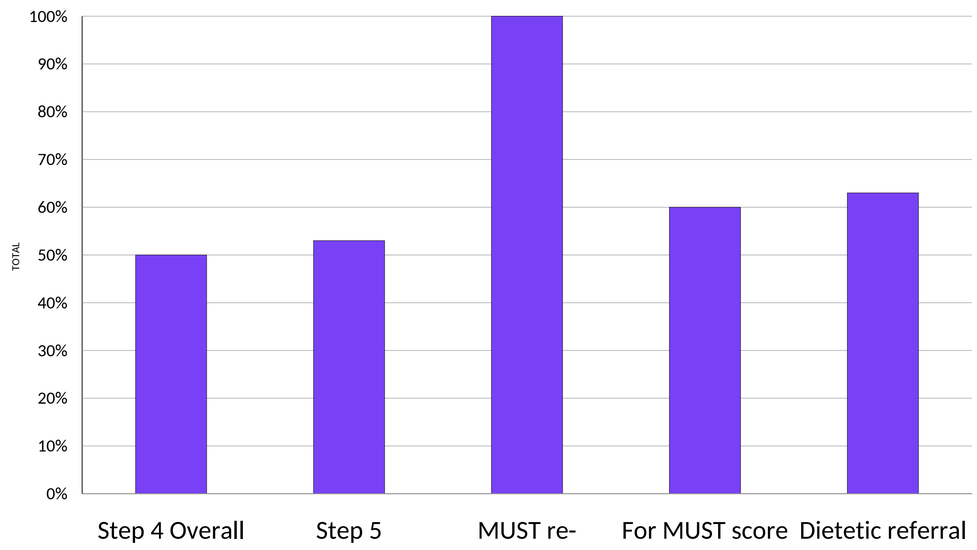
An audit was conducted on 30 patient charts on Elm respiratory ward. Charts were assessed to evaluate if the MUST tool was completed by ward staff on admission, if each step of the tool was completed accurately, if the overall MUST score was correct, and if the appropriate management plan according to risk category was initiated.

Results

- Of the 30 charts, a MUST screening chart was in place for 100%, a weight was recorded for 100%, a height was recorded for 93% (n=28), and a BMI was recorded for 90% (n=27).
- For step 1 of the MUST tool, 93% of charts had the correct BMI score recorded (n=28).
- Only 20% of charts had a previous weight recorded (n=6). Thus for MUST step 2, only 60% of charts had a correct weight loss score (n=18).
- For MUST step 3, 80% of charts had the correct acute disease effect score recorded (n=24).



- Only 50% of charts had a correct overall risk of malnutrition score (n=15), and 53% had the appropriate action plan initiated as set out on the tool according to the risk rating.
- Of the patients admitted for longer than one week, 100% had their MUST score re-screened (n=10). Of the patients identified as 'at high risk of malnutrition' (MUST score ≥2), 60% had a referral sent to the dietitian (n=8).



Conclusion

Malnutrition is associated with worse outcomes in respiratory disease. The completion of accurate malnutrition screening is crucial for all respiratory patients to facilitate early dietetic intervention and improved clinical outcomes. Ongoing training on the accurate completion of MUST by ward staff is required to improve patient outcomes.

1 ESPEN practical guideline: Clinical nutrition and hydration in geriatrics, 2022
2 Steer et al (2010) 'Comparison of indices of nutritional status in prediction of in-hospital mortality and early readmission of patients with acute exacerbations of COPD', Thorax
3 Cruz-Jentoft et al (2019) 'Sarcopenia: revised European consensus on definition and diagnosis', Age and Ageing
4 Demircioğlu H et al (2020), 'Frequency of sarcopenia and associated outcomes in patients with chronic obstructive pulmonary disease', Turk J Med Sci
5 Tuna et al (2025), 'The Role of Nutrition and Nutritional Supplements in the Prevention and Treatment of Malnutrition in Chronic Obstructive Pulmonary Disease: Current Approaches in Nutrition Therapy', Current Nutrition Supports
6 BAPEN: Managing Malnutrition in COPD, 2023