**Step 1**  
BMI score

<table>
<thead>
<tr>
<th>BMI $\text{kg/m}^2$</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>$&gt; 20$ (&gt;30 Obese)</td>
<td>$0$</td>
</tr>
<tr>
<td>$18.5 - 20$</td>
<td>$1$</td>
</tr>
<tr>
<td>$&lt; 18.5$</td>
<td>$2$</td>
</tr>
</tbody>
</table>

**Step 2**  
Weight loss score

<table>
<thead>
<tr>
<th>Unplanned weight loss in past 3-6 months</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>$&lt; 5$ %</td>
<td>$0$</td>
</tr>
<tr>
<td>$5 - 10$ %</td>
<td>$1$</td>
</tr>
<tr>
<td>$&gt; 10$ %</td>
<td>$2$</td>
</tr>
</tbody>
</table>

If patient is acutely ill and there has been or is likely to be no nutritional intake for $>5$ days.  
**Score 2**

**Step 3**  
Acute disease effect score

Acute disease effect is unlikely to apply outside hospital. See ‘MUST’ Explanatory Booklet for further information.

**Step 4**  
Overall risk of malnutrition

Add Scores together to calculate overall risk of malnutrition  
Score 0 Low Risk  Score 1 Medium Risk  Score 2 or more High Risk

**Step 5**  
Management guidelines

### Low Risk

**0**  
Routine clinical care  
- Repeat screening  
  - Hospital – weekly  
  - Care Homes – monthly  
  - Community – annually for special groups  
  - e.g. those >75 yrs

### Medium Risk

**1**  
Observe  
- Document dietary intake for 3 days  
- If adequate – little concern and repeat screening  
  - Hospital – weekly  
  - Care Home – at least monthly  
  - Community – at least 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

### High Risk

**2 or more**  
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  
* Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

All risk categories:  
- Treat underlying condition and provide help and advice on food choices, eating and drinking when necessary.  
- Record malnutrition risk category.  
- Record need for special diets and follow local policy.

Obesity:  
- Record presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity.

Re-assess subjects identified at risk as they move through care settings  
See the ‘MUST’ Explanatory Booklet for further details and the ‘MUST’ Report for supporting evidence.