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Inpatient malnutrition screening “MUST” be improved Down Under

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Malnutrition in hospital inpatients can impact prognosis and increase hospital stay. Early identification of patients that are malnourished or at risk of malnutrition allows early dietetic support. Recent focus has aimed to educate medical professionals and encourage the use of simple screening tools to highlight at risk patients. Recognition of inpatient malnutrition and uptake of screening tools by health professionals within Australia is not well reported. We therefore aimed to assess the routine use of screening parameters for malnutrition in a large tertiary Australian Hospital.

We assessed if patients were screened with one of two common malnutrition screening tools – Malnutrition Universal Screening Tool (MUST) and Malnutrition Screening Tool (MST) within 24 hours of their admission. In the absence of the use of a recognised screening tool we ascertained if information relevant to these scores had been documented within 24 hours of admission (BMI, recent weight loss (%), recent poor oral intake and effect of acute illness). If this information was not documented then patients were then individually screened for malnutrition to assess missed cases.

We assessed 63 inpatients admitted with acute medical or surgical problems (28 F/35M; 33 medical and 30 surgical). A formal nutritional score was not documented for any patient within 24 hours of admission. The relevant information to form either a MST or MUST score was documented in 14.3% and 9.5% respectively. The overall incidence of patients at risk of malnutrition as defined by the MUST score was 20.6% with 17.5% being high risk. The incidence of patients at risk of malnutrition utilising the MST score was 15.8%. Overall 39% of patients were referred for dietetic assessment during admission. However, 38.4% of patients identified as being at risk of malnutrition by MUST and 10% of those identified by MST were not referred for dietetic assessment.

A significant number of acute hospital admissions in Australia are at risk of malnutrition. The failure to utilise established screening tools leads to “at risk” patients not receiving appropriate assessment and support. There remains a need to continue promoting in patient malnutrition screening worldwide.