Nutrition screening

PMO-034 COMPLIANCE WITH THE MUST SCREENING TOOL FOR MEDICAL IN PATIENTS

doi:10.1136/gutjnl-2012-302514b.34

J Middleton,* H Farnsworth, G Singh. Gastroenterology, Bassetlaw Hospital, Worksop, UK

Introduction The National Institute for Health and Clinical Excellence (NICE) recommends that screening tools such as the five step MUST (Malnutrition universal screening tool) be used on patients admitted to hospital and weekly thereafter. Early identification of nutritionally deficient patients is vital so that nutritional intervention can be targeted.

Methods All patients (n=80) on four general medical wards were reviewed and followed up for 4 weeks or until discharged. Medical and nursing notes were assessed to see if MUST scoring was used and if the appropriate intervention was carried out based on the MUST score. The trust policy is that 100% compliance should be achieved in the use of MUST for inpatients.

Results The Abstract PMO-034 table 1 shows that compliance with the nutritional screening tool is below the expected standard of 100% and slowly reduces over the first 4 weeks from admission. There were 14 instances of MUST score 1 but this resulted in only 36% of patients being given a high energy diet and 57% of patients being placed on a food diary. There were 28 instances of MUST score 2–3, but this led to only 46% of patients being placed on a high energy diet and 68% of patients being placed on a food chart. There were six instances of MUST score 4–6, however this led to only 50% of patients on a high energy diet, 67% of patients being placed on a food chart although 100% of these patients were referred to a dietician.

Abstract PMO-034 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height recorded</td>
<td>95%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight recorded</td>
<td>94%</td>
<td>85%</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>BMI recorded</td>
<td>88%</td>
<td>89%</td>
<td>82%</td>
<td>82%</td>
</tr>
<tr>
<td>Acute disease score recorded</td>
<td>82%</td>
<td>83%</td>
<td>77%</td>
<td>81%</td>
</tr>
<tr>
<td>MUST score recorded</td>
<td>87%</td>
<td>89%</td>
<td>85%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Conclusion The adherence to nutritional scoring in medical patients is high but below the expected 100%. As time goes by the adherence to weekly screening drops slowly. Although there is a relatively high adherence to working out the MUST score, the final step in the screening tool which concentrates on nutritional intervention is disappointingly low. Continued education for both medical and nursing staff is needed so that targeted nutritional intervention can be delivered more effectively.

Competing interests None declared.

REFERENCE


PMO-035 WEIGH OFF THE MARK: AN AUDIT ON THE ACCURACY OF SCALES IN AN ACUTE HOSPITAL

doi:10.1136/gutjnl-2012-302514b.35

K Angel,* L Silva. Department of Nutrition and Dietetics, Conquest Hospital, St Leonards-on Sea, UK

Introduction Weight is a vital component of a patient’s medical information which is used in a number of assessments such as the Malnutrition Universal Screening Tool (MUST), calculating drug dosages and monitoring medical treatments. The purpose of this audit was to determine the accuracy of hospital weighing scales in accordance with the UK Weighing Federation, and investigate the impact of inaccurate weights on medical assessments.

Methods Newly calibrated scales were used to obtain a reference weight for four subjects with a range of weights: subject A 51.8 kg, subject B 54.6 kg, subject C 60.8 kg and subject D 106.7 kg. The subjects were then weighed on all functioning hoist, chair and standing (class 3) weighing scales within the Conquest Hospital, a medium size district general hospital. The collected weights were compared to the reference weight, and then the differences compared to error allowance specified by the UK Weighing Federation for Class III scales.

Results A total of 53 scales were included in the study including one set of standing scales which produced an excessive inaccuracy. Good
M. Shah,* M Faimani. Elderly Care, Lincoln County Hospital, Lincoln, UK

Introduction Disease burden and hospital treatments are just some of the factors that contribute to the malnutrition found in hospitalised patients. Its prevalence has been documented over the years, with many studies linking its presence to a number of poorer outcomes including increased hospital stay, morbidity and mortality. The purpose of this audit was to examine whether the malnutrition universal screening tool (MUST) was used correctly and protocols followed for addressing malnutrition.

Methods We analysed the notes for all inpatients on the three care of the elderly wards at Lincoln County hospital during a 2-week period in June 2010 (n=90). Each patient’s notes were evaluated to assess whether the MUST was used and if so appropriately. The audit recorded the frequency of MUST score recording and referral to dietetic/medical personnel when appropriate.

Results There were 90 patients included in this audit, 27 males and 63 females. The mean age was 79.5 years (50–99). 43 patients did not have a MUST score recorded within 24 h of admission and 52 did not have a weekly MUST score. Six patients required referral to dietetic/medical personnel with only two being referred. The protocol was followed correctly in 55 of the 90 patients.

Conclusion Malnutrition is a common problem within hospitalised patients. Proper nutritional care starts with the identification of at risk individuals through tools such as the MUST. In our experience the MUST tool is not used enough, delaying diagnosis with potentially worse outcomes.

Abstract PMO-035 Table 1

<table>
<thead>
<tr>
<th>Reference weight (kg)</th>
<th>Chair scales Range of weight (kg) and SD</th>
<th>Number within (UKWF) standards (%)</th>
<th>Standing scales Range of weight (kg) and SD</th>
<th>Number within (UKWF) standards (%)</th>
<th>Hoist scales Range of weight (kg) and SD</th>
<th>Number within (UKWF) standards (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.8</td>
<td>31.3–31.6 0.13 (SD)</td>
<td>0/17 (0%)</td>
<td>15.75–31.6 5.27 (SD)</td>
<td>0/17 (0%)</td>
<td>28.7–32.2 2.38 (SD)</td>
<td>1/9 (11%)</td>
</tr>
<tr>
<td>54.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>51.8–60 1.93 (SD)</td>
<td>1/9 (14%)</td>
</tr>
<tr>
<td>60.8</td>
<td>60.2–61.6 0.25 (SD)</td>
<td>14/17 (82%)</td>
<td>30.5–61.5 10.12 (SD)</td>
<td>6/9 (67%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>106.7</td>
<td>105.6–106.7 0.26 (SD)</td>
<td>9/17 (53%)</td>
<td>53.5–106.7 17.67 (SD)</td>
<td>4/9 (44%)</td>
<td>103.6–107.4 2.16 (SD)</td>
<td>1/7 (14%)</td>
</tr>
</tbody>
</table>

Abstract PMO-036 Table 1

<table>
<thead>
<tr>
<th>Must not recorded within 24 h (90)</th>
<th>Must not recorded weekly (90)</th>
<th>Referral indicated (90)</th>
<th>Referral not made (6)</th>
<th>Must protocol followed (90)</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>32</td>
<td>6</td>
<td>4</td>
<td>55</td>
</tr>
</tbody>
</table>

Competing interests None declared.

REFERENCES

PMO-037 ADULT NUTRITIONAL STATUS ASSESSMENT IN A HOSPITAL: CROSS SECTIONAL STUDY IN A UK HOSPITAL

doi:10.1136/gutjnl-2012-302514b.37

1 S Dingwall, * S Shah, J Arnold-Jellis, H Chin, S Lunt, R Kadri. 1Department of Gastroenterology; Luton and Dunstable Hospital, Luton, UK; 2Department of Clinical Quality, Luton and Dunstable Hospital, Luton, UK; 3Department of Clinical Nutrition, Luton and Dunstable Hospital, Luton, UK; 4Department of Dietitian, Luton and Dunstable Hospital, Luton, UK

Introduction Malnutrition in hospital can result in significant health and economic consequences. It can prolong hospital stay and can increase the risk of complications.

Objectives This cross sectional study was undertaken to assess nutrition status on acute in-patients using the Malnutrition Universal Screening Tool “MUST”, and compliance of completion of nutritional and hydration documentation as well as specific nutritional care plans, food and fluid charts.

Methods Ten patients were randomly selected from ten wards across the hospital. Wards included four Acute Medical, three Care of the Elderly and three surgical wards. All one hundred patients’ health records were reviewed to identify completion of the “MUST” documentation; nutrition care plans, and food charts. Fluid charts were also reviewed to identify compliance in completion.

Results “MUST”—Of all the patients who had a “MUST” assessment undertaken 47% (n 26/55) were found to be low risk and 52% (n 29/55) had a medium or high risk score. Two of the 10 wards had more than 50% completion. No wards had 100% completion of “MUST” assessments. Forty five percent did not have a “MUST” score. Nutrition Care Plan documentation—Eight out of ten of the wards had nutrition care plan for all or some of their patients. 60% were completed daily. Food chart—In nine out of the 10 wards all or some patients received a food chart. 66% were partially or fully completed. Fluid charts—in nine out of ten wards all or some patients had a fluid chart and 76% were partially or fully completed. Twenty two percent did not receive a fluid chart.

Conclusion The audit found suboptimal rates of completion of “MUST” assessment and nutrition care plan documentation. Over