

An audit on using the Malnutrition Universal Screening Tool (MUST) in a UK renal inpatient population

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Introduction: The prevalence of malnutrition has been demonstrated to be between 45-53% of the renal inpatient population in the UK (Jackson et al, 2018; Lawson et al, 2012). Consequently, prompt and accurate nutritional screening on inpatient admission is essential to improve prognosis. National (NICE, 2006) and local guidelines recommend that all patients should be screened for malnutrition on admission to hospital and then weekly using a tool such as MUST. Nutrition specific nursing care guidelines (NCG) have been implemented in this NHS Trust alongside MUST to assist ward staff to treat patients with renal disease who have been identified as at risk of malnutrition. Due to increasing numbers of 'inappropriate' dietetic referrals, an audit was completed to assess the compliance of the renal wards in completing nutritional screening and adhering to the appropriate NCG

Aim: To audit the completion rate of MUST and adherence to nutrition specific NCG on two renal inpatient wards at a large teaching hospital in the UK.

Methods: A case note review of electronic nursing notes including MUST documentation, prescription charts and food record charts for all renal inpatients was conducted over two days by a health and human sciences student. The number of patients with MUST documentation completed within 48 hours of admission and then weekly, was calculated. The adherence to MUST score specific NCG were assessed to ascertain whether the correct nutritional care plan was being followed; including whether patients were being referred to the dietetics team appropriately. A questionnaire was also given to a subset of the renal ward staff to enable an in-depth interpretation of the audit results.

Results: Data was obtained for 24 inpatients (50% males). MUST was completed within 48h of admission for 50% patients (n=12), and weekly in 20% patients (n=1). Based on the completed MUST scores and the specific NCG, 25% patients requiring a food chart had one in place and 100% patients requiring dietetic referral were referred. Renal nursing staff (n=5) voiced that they had all received MUST training but 60% felt that there were barriers to completing MUST in renal patients and 40% felt that it was an inappropriate nutritional screening tool in the renal population.

Conclusion: This audit indicates that MUST is poorly completed and nutrition specific NCG are not adhered to. Subsequently, this can result in delayed identification of patients at risk of malnutrition requiring dietetic intervention. This can affect patient recovery and clinical outcome. In addition to the barriers voiced by renal nursing staff regarding MUST, recent research has questioned the sensitivity of MUST in renal inpatients (Jackson et al, 2018). Therefore, it is felt that the introduction of a validated renal specific nutritional screening tool and dietetic led training programme is indicated. This is hoped to improve staff confidence and awareness of nutritional screening as well as improving patient outcomes.