
MUST TRAINING WORKBOOK

FOR CARE AND NURSING HOMES IN EAST SUFFOLK

Name: _____
Job role: _____
Care/Nursing home: _____



Complete each section as appropriate to your role post training.

Please complete the workbook and email back to ipswichdieteticteam@esneft.nhs.uk

Pre-training MUST quiz

Please complete before undertaking MUST training.

1. How could you identify malnutrition?

- a. _____
- b. _____
- c. _____

2. What steps would you take if you identified a resident was at risk of malnutrition?

- a. _____
- b. _____
- c. _____
- d. _____

3. How confident are you with MUST screening? (0=not confident at all, 5=very confident)

0 1 2 3 4 5

4. What are the effects of malnutrition on a resident's health, what have you noticed in your care/nursing home?

- a. _____
- b. _____
- c. _____
- d. _____

5. What do you hope to achieve from this training?

Post training questions

Activity for care and nursing staff: case study

Name: Brian

Age: 80

PMHx: HTN, Osteoarthritis, COPD

Medications: Atenolol, Adcal D3, Movicol, inhalers.

Initial Screening:

Weight: 60kg (1/10/2020)

Hx of weight: 60.5kg (1/9/2020), 60.7kg (1/8/2020), 62kg (1/7/2020), 61.8kg (1/6/2020), 63kg (1/5/2020), 63.5kg (1/4/2020).

Ht: 1.75cm.

Question 1:

Please complete MUST screening (MUST screening tool can be found at <https://www.bapen.org.uk/screening-and-must/must/must-toolkit>):

Weight (Kg)	BMI (Kg/m²)	Step 1: BMI Score	% Weight loss	Step 2: Weight loss score	Step 3: Acute disease score	Step 4: Total score
					Unlikely to occur in the community	

Question 2:

Please document in Brian's nutritional care plan below based on the MUST screening. Tip: this should include actions to be taken based on MUST score. For guidance on what to document, use example care plan in the Nutrition of Older people booklet available on the nutrition training home page. The first action has been completed for you.

1. *Commence Food Record Chart*

Review the food chart you maintained on the following pages. Tip: consider if there are there any trends in what times of day Brian eats best, are certain textures preferred, is there a preference for sweet or savoury foods. This will help with question 3.

Question 3:

What would you modify or do differently following reviewing Brian’s food record charts? What have you noticed regarding Brian’s intake.

Question 4:

How will you improve your own documentation on food record charts within your care/nursing home?

Food record chart

Name: Case study - Brian

Room number: 1

Date: 2/12/2021

Special diet:

Fortified diet

Meal	Food and Drink	Fortified (✓/X)	Specify Type of Food and Drink Offered (Specify if refused/declined)	Portion size S/M/L or ml	Amount consumed				Signed	
					Nil	1/4	1/2	3/4		All
Breakfast	Pure Fruit Juice			ml						
	Cereal/Porridge	✓	Weetabix (fortified milk), 1x sugar	M				x	LS	
	Toast/Bread (Specify topping)		Toast with butter and jam							
	Cooked Breakfast									
Mid-morning	Drinks (tea/coffee/squash/milkshake)	✓	Tea with fortified milk	250ml				x	LS	
	Snacks	✓	Flapjack	M		x			LS	
	Drinks (tea/coffee/squash/milkshake)	✓	Milkshake	250ml					LS	
	Oral Nutritional Supplement				ml/g					
Prescribed	Starter/Soup/Bread	✓	Cream of chicken soup (extra cream added)	M					x	LS
	Main Course		Steak and onion pie	M		x			LS	
	Potato/Rice/Pasta		Mash potatoes	M				x	LS	
	Vegetables/Salad	✓	Peas with a knob of butter	M				x	LS	
	Pudding		Marmalade + ginger sponge + fortified custard	S					x	LS
	Fruit/Cheese and Biscuits									
	Drinks (tea/coffee/squash/milkshake)		Squash	250ml					x	LS
	Snacks		Custard cream biscuit (dipped in tea)	1					x	LS
	Drinks (tea/coffee/squash/milkshake)	✓	Tea with fortified milk	250ml					x	LS
	Oral Nutritional Supplement				ml/g					
Evening	Starter/Soup/Bread									
	Main Course	✓	Egg mayo sandwich x2					x	LS	
	Potato/Rice/Pasta									
	Vegetables/Salad									
	Pudding	✓	Strawberry Eton Mess	S					x	LS
	Fruit/Cheese and Biscuits									
	Drinks (tea/coffee/squash/milkshake)		Squash	250ml					x	LS
	Snacks									
	Drinks (tea/coffee/squash/milkshake)	✓	Hot chocolate (cream and milk powder) - sleepy	250ml				x		LS
	Oral Nutritional Supplement				ml/g					
Night time	Evening Drink and/or Snack		Asleep	ml						LS

Activity for catering staff: food fortification

Please use the Nutrition in Older Adults booklet sent alongside this training session to support you.

Question 1:

List as many ingredients that can be used to fortify food as you can. Consider including ingredients that suit all dietary needs?

Food fortification ingredient
<i>e.g. Peanut Butter</i>

Question 2:

Everyone has an important role to play in promoting residents nutritional wellbeing. What do you already do in your role to support adequate nutrition in your care home?

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-
-

Question 3:

Following completing the training, what else could you do in your role to support adequate nutrition in your care home?

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-
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Question 4:

Name 4 fortified foods or drinks that are offered in your home. Write down how these foods and drinks are fortified?

1. Food item:
How it is fortified:
2. Food item:

How it is fortified:

3. Food item:

How it is fortified:

4. Food item:

How it is fortified:

Question 5:

How could you fortify or enrich the following?

Porridge/Weetabix/cereal:

Coffee/tea:

Hot chocolate/malt drinks:

Cottage pie:

Roast dinner:

Fish pie:

Curry and rice:

Vegetables:

Sandwich:

Soup:

Jacket potato with tuna and side salad:

Rice pudding/yoghurt:

Custard:

Question 6:

Which snacks are on offer in your home? Reflect on the snacks on offer, do you offer a variety of snacks to suit all texture modification requirements and dietary preferences?

-
-
-
-
-
-

Post-training MUST quiz

Please complete after completing the training and the above activities

1. How could you identify malnutrition?

- a. _____
- b. _____
- c. _____

2. What steps would you now take if you identified a resident was at risk of malnutrition?

- a. _____
- b. _____
- c. _____
- d. _____

3. How confident are you with MUST screening? (0=not confident at all, 5=very confident)

0 1 2 3 4 5

4. What are the effects of malnutrition on a resident's health?

- a. _____
- b. _____
- c. _____
- d. _____

5. What format of training would you prefer?

- Online training – recorded training, small modules which can be accessed at any time
- Online training – live training conducted via Microsoft teams with multiple care homes joining
- Training within individual homes – small group training, tailored to your home
- Other: Please state _____

6. Any other feedback?

Thank you for completing this MUST training package. Please email this workbook to ipswichdieteticteam@esneft.nhs.uk to receive your certificate of completion.

Links for further support and guidance:

BAPEN MUST screening tool: <https://www.bapen.org.uk/screening-and-must/must/must-toolkit>

Medical grade scales: <https://www.marsden-weighing.co.uk/>

The National Association of Care Catering: <https://www.thenacc.co.uk/>

Wessex Academic Health Science Network – **Health Aging tool kit**. Information on MUST screening, nutrition advice for dementia, COPD and general guidance:

<https://wessexahsn.org.uk/projects/313/open-toolkit>

Please refer to our new **Nutrition in Older Adults booklet** for recipe ideas, advice for dementia, pressure ulcers, diabetes and general food fortification.

Alzheimer's UK: Guide to eating and drinking with dementia:

https://www.alzheimers.org.uk/sites/default/files/pdf/factsheet_eating_and_drinking.pdf