

# Improving identification of malnutrition in older patients admitted acutely to hospital

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## Aims

To improve identification of malnutrition through screening and assessment of older patients on admission to hospital.

## Methods

An initial audit reviewed all admissions to the acute elderly unit (AEU) prospectively over a 2-week period from 8 to 28 July 2013 (inclusive). Bedside and medical notes, including the nutrition pathway, were examined for each patient. The pathway was a key document, requiring completion by nurses within 12 hours of admission. From this, the 'Malnutrition Universal Screening Tool' (MUST) score was calculated. The score determined actions: a MUST score of two or more required referral to a dietician.

The data were analysed with Excel.

Interventions then took place through a programme of face-to-face teaching sessions with nursing staff on each ward, along with updates for ward managers. A re-audit was carried out (prospectively) from 20 January to 2 February 2014.

## Results

199 admissions were analysed over the initial audit period. The average age was 86.3 years and weight was 61.9 kg. 66% of patients had weight measured and 28% had height measured on admission. 55% of patients had a MUST score calculated. MUST cannot be scored without measurement (or estimation) of height.

34% of patients had a MUST score of zero, 8.5% a score of one and 13% had a MUST score of two or more. 48% of those eligible were referred to a dietician.

The re-audit analysed 191 admissions, with an average age of 85.7 years and a weight of 61 kg. 81% had weight and 65% had height measured. 82% of patients had a MUST score documented.

MUST scores of two or more were comparable in the two periods, with a higher referral rate to dieticians (74%) during re-audit.

## Conclusions

Malnutrition is a cause and a consequence of disease in older patients admitted to hospital. It is often under-recognised and under-treated. Early identification of those with, and at risk

of, malnutrition is vital. Benefits of improving nutritional care of frail older patients are significant, particularly by reducing infections and wound breakdown.

The initial audit demonstrated that screening and provision of basic nutritional care were below standards. Weights and heights were under-reported, therefore making it difficult to screen malnutrition through the MUST score.

This project improved screening of malnutrition through a simple but effective programme of teaching frontline nursing staff, resulting in an increase in recording of heights and weights and subsequent MUST scoring. This helped to deliver high-quality care for malnourished patients, allowing early specialist interventions.

## Conflict of interest statement

There are no conflicts of interest (none declared). ■

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