

MALNUTRITION SCREENING TOOL (MST)

STEP 1 QUESTION A & QUESTION B

Question A: Have you lost weight recently without trying?

No = 0
Unsure = 2

If **YES**, how much weight (in kg*) have you lost?

1–5 kg = 1
6–10 kg = 2
11–15 kg = 3
>15 kg = 4
Unsure = 2

Weight Loss Score:

TIPS

- Emphasise **“without trying”**
- Consider weight lost during the last **~6 months**
- If the person is unsure, query any indicators of weight loss such as:
 - » **Loose clothes or using a tighter belt notch**
 - » **Loose rings/jewellery or watches**
 - » **Ill-fitting dentures**

* See below for approximate kilogram (kg) to pounds (lbs) conversion chart.

Question B: Have you been eating poorly because of a decreased appetite?

No = 0
Yes = 1

Appetite Score:

- Emphasise **“eating poorly”**, e.g. eating less than 3/4 of usual intake.
- Is intake likely to decrease considerably for **5 days or more?**
- If re-screening, have **staff noted poor food intake** over the past week?

STEP 2 TOTAL MST SCORE

Add Weight Loss & Appetite Scores

Total MST Score:

- **Document** malnutrition risk category (even for those not at risk).
- **Record any need for special diets** and follow local policy.

MST Score 2 or more = Patient is at risk of malnutrition

STEP 3 MANAGEMENT PLAN

Score 0-1: Monitor weight and re-screen weekly or in line with local policy.

Score 2 or more: Monitor nutritional intake, use strategies to improve nutritional intake and refer to dietitian or implement local policy.

- **Those who are overweight or obese MUST NOT be overlooked in** the diagnosis and prevention of malnutrition.
- **All patients should be screened** on admission to hospital and weekly (or as per local policy) thereafter.

Ferguson M, et al. Development of a valid and reliable malnutrition screening tool for adult acute hospital patients. *Nutrition*. 1999;15(6):458-464.

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