

Monthly MUST Step 5 Tracker for Residents on Milkshakes

Month: _____

Resident Name	Unit	MUST score	MUST Step 5 start date	4 week review date and any details	8 week review date and any details	CHLN referral? (date referred, briefly detail input)	Dietitian referral? (date referred, briefly detail input)	Oral nutritional supplement prescription / daily milkshake volume

Monthly MUST Step 5 Tracker for Residents on Milkshakes Example

Month: July

Resident Name	Unit	MUST score	MUST Step 5 start date	4 week review date and any details	8 week review date and any details	CHLN referral? (date referred, briefly detail input)	Dietitian referral? (date referred, briefly detail input)	Oral nutritional supplement prescription / daily milkshake volume
Doris Jones	Ness	3	15.5.24	12.6.24 Ongoing wt loss, referred to CHLN	10.7.24 Wt gain noted, reveiw in 4 weeks	14.6.24 Increased milkshake dose from 200ml to 300ml	N/A	No ONS 300ml milkshakes daily - tolerating well
David McInnes	Ness	4	5.7.24	N/A	N/A	N/A	N/A	No ONS Just started 100ml milkshakes daily
Edith McLaughlin	Tay	1	20.5.24	17.6.24 Wt gain but for further 4 weeks	15.7.24 Aims met, MUST Step 5 discontinued. To continue Milkshakes	N/A	N/A	No ONS 200ml milkshakes daily - tolerating well
Eddie Thomas	Lomand	4	12.4.24	10.5.24 Wt stable - increased milkshake dose to 200ml	7.6.24 Ongoing wt loss, referred to CHLN	7.6.24 Increased milkshake dose to 300ml	Referral to dietetics made by CHLN 7.7.24	No ONS 300ml milkshakes daily - taking ~150ml/day