

Guidelines for Prescribing Oral Nutritional Supplements in Adults

Introduction

- This document provides guidance on the appropriate prescribing of Oral Nutritional Supplements (ONS) for adults in the community, in line with national guidance from NICE and other Health Professional Organisations.
- ONS are commercially produced products to treat malnutrition. They are a clinically and cost effective way of treating malnutrition when taken as prescribed. They should be prescribed for patients who have been identified as being at High Risk for malnutrition and for those whose condition meets one of the Advisory Committee for Borderline Substances (ACBS) prescribing criteria.
- ONS are relatively expensive for the NHS however; total exclusion or extreme restriction is equally not cost effective and limits optimal patient care for those who would benefit from them. There are alternative methods that can be used to supplement dietary intake before the prescribing of ONS or during their discontinuation. Local audits and project work within Nottingham City has shown that ONS are often initiated inappropriately, continued unnecessarily and without adequate review.
- The ONS listed within these guidelines are formulary products for the prescription by authorised Healthcare Professionals within the community. All other ONS products are restricted to Dietitian and Specialist recommendation only and should not routinely be initiated in Primary Care.

Aims of this Guideline

The aim of the guideline is to support all Healthcare Professionals in the management of ONS in the community and ensure consistency of care across Nottinghamshire. The guideline aims to provide support with clinical and cost effective prescribing to optimise patient care, improve health outcomes and make the best use of NHS resources. Thus implementation of the guideline will improve the overall management of patients taking ONS.

Development

This guideline is an updated version of the 2013 document 'Oral Nutritional Supplement (Sip Feed) Guidelines for Adults' produced by Nottingham CityCare Partnership Community Nutrition and Dietetic Service. Tel: 0115 883 4327

The updates have been provided and agreed by:

- NHS Nottingham North and East CCG
- Nottingham City CCG
- Mansfield and Ashfield CCG
- Nottinghamshire HealthCare NHS Foundation Trust

Guideline is suitable for:

This guideline is to provide advice and support on the prescribing of ONS for adults within Primary Care in Nottinghamshire and excludes prescribing of ONS for children and enteral tube feeding. Special advice for the prescription of ONS for patients receiving end of life care or drug or alcohol problems is given at the end of the document.

It is not a remit of this guideline to cover all aspects of malnutrition.

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Key Recommendations

- Healthcare Professionals are advised to follow national guidance on nutritional assessment and follow management guidelines according to the degree of malnutrition risk (Appendix 1).
- If patients are able to take oral diet, it is important to encourage high calorie/protein 'Food First' before starting supplements. These guidelines include appropriate advice to fortify ordinary foods and the use of over the counter supplements (Appendix 2).

Further advice is available from the following link:

<http://www.bapen.org.uk/nutrition-support/nutrition-by-mouth/food-first-project-leaflets>

- ONS should only be used with high risk patients as assessed by using the Malnutrition Universal Screening Tool (MUST) and if indicated by the Advisory Committee for Borderline Substances (ACBS). ONS should be prescribed with reference to the Nottinghamshire Area Prescribing Committee Joint Formulary (Appendix 3). (Link to be added to chapter once this is updated)
- To be clinically effective it is recommended ONS are prescribed twice daily. This ensures calorie and protein intake is sufficient to achieve weight gain.
- Patients discharged from Hospital with ONS on prescription should only have these continued if the GP Practice receives a care plan from the patient's Clinician/Dietitian following discharge. This includes patients whose discharge summary states that ONS was commenced by a Dietitian. Patients should be reassessed by the Practice using these guidelines if there are any concerns.
- GP Practices should not prescribe ONS for Care Home residents simply on request and should be provided with all the information to justify a prescription (Appendix 5).
- If a patient fails to attend a review of their ONS prescription without reasonable explanation; ONS should be suspended until the prescriber has seen the patient.
- Dietetic Services should be contacted before changing any products for patients currently under Dietetic Care.
- Patients in the final weeks of life are unlikely to benefit from an ONS prescription. Purchased over the counter supplements such as Aymes[®] Retail, Complan[®], Meritene[®] or Nurishment[®] maybe a better option due to palatability.
- Patients with complex nutritional needs (i.e. renal disease stage 4 and above and gastrointestinal disorders) may require specialist products and should be referred to Dietetic Services as required.

- Patients with swallowing problems should be referred to Speech and Language services for assessment before ONS can be safely prescribed and before dietetic input.
- ONS should be used with caution in those with dysphagia to ensure the correct consistency is provided. Thickeners can be added to obtain the recommended consistency. Pre-thickened products are available but can be expensive – ask a dietitian for further information.
- For patients with Diabetes, milk-based ONS are preferred, with ready to drink ONS offering some of the lowest carbohydrate contents. If milk-based ONS are not appropriate or not tolerated; juice style ONS may be used, with monitoring of blood glucose levels and adjustment of medication if necessary.
- Care should be taken when prescribing supplements in substance misusers as once started, ONS can be difficult to stop. Supplements are often used to replace meals and therefore can be of negligible clinical benefit. Clear goals should be set for patients who meet prescribing criteria.
- It may be appropriate to recommend over the counter multivitamin and mineral supplements e.g. Centrum®, Sanatogen® A-Z or prescribe a supplement e.g. Forceval® capsules once daily instead of ONS for patients with pressure ulcers who are eating well and not malnourished in order to encourage wound healing.
- Not all ONS are kosher approved, halal certified, vegetarian, gluten free or lactose free. Individual ONS products should be checked for their suitability for these patients as well as those with specific food allergies or intolerances. Check the BNF/MIMS or Company websites for product details.
- **If in any doubt of the most appropriate ONS prescription for your patient, please contact the Community or Hospital Dietitians.**

Indications for ONS prescribing

The Advisory Committee on Borderline Substances (ACBS) advises that ONS may be regarded as drugs for prescribing for the following approved indications:

- Short-bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of undernourished patients
- Proven inflammatory bowel disease
- Following total gastrectomy
- Bowel fistulae
- Dysphagia
- Disease-related malnutrition

'Disease-related malnutrition' encompasses a wide range of conditions that may result in a requirement for nutritional support. The British National Formulary (BNF) definition of this includes cancer, neurological conditions, acute episodes of respiratory conditions, dysphagia, mental illness where all efforts to improve nutrition with diet manipulation have failed such as anorexia, dementia (when lack of social support is evident).

The prescriber should therefore use their clinical judgement to determine when ONS is required and consider the individual needs/circumstances of the patient.

In addition, some supplements and food products are prescribable for those receiving continuous ambulatory dialysis (CAPD) and haemodialysis, or are specifically prescribable for individual conditions. These products would normally be requested by a Dietitian and should not be routinely started in primary care. Further details of these products can be found in the BNF and MIMS.

Guidance on when to refer for specialist Dietetic input

For any individual patient, the following stages should apply. Nutritional supplements should usually only be initiated after stages 1-4 have been completed and nutritional intake is still inadequate.

1. Identification
2. Overall assessment
3. Goal Setting
4. Initial Treatment-'Food First' and non-prescribable 'over the counter' (OTC) supplementation
5. Initiating prescribable ONS
6. Review
7. Discontinuation of ONS
8. Follow up review

Dietetic intervention may be appropriate in any of the following circumstances:

- To assist in appropriate planning and goal setting for nutritional support for individual patients.
- To advise on nutritional supplementation strategies and their appropriateness or otherwise of initiating of ONS.
- Deterioration in nutritional status despite supplementation after excluding other contributory pathology.
- Cultural, social or religious influences affecting dietary intake.
- The presence of co-existing medical conditions such as diabetes, renal failure, coeliac disease or high cardiovascular risk.
- Where swallowing difficulties or other indications for modified food texture exist.
- Unexplained weight loss and/or wound healing issues.

These Guidelines recommend referral to a Dietitian at MUST Score 3+ or MUST 2+ when there are no improvements on review (See Appendix 1).

Please contact your local Community Nutrition and Dietetic Department for further details on referral criteria and to discuss any concerns for nutrition support.

If a patient does not meet the referral criteria to see a Dietitian; responsibility of care will remain with the ONS prescriber.

Patients already being treated for an underlying disorder by a Hospital Consultant can be seen by the Hospital Dietitians if their Consultant refers them.

Stage 1: Identification of Malnutrition Risk

Nutrition Screening:

The Malnutrition Universal Screening Tool (MUST) developed by BAPEN is a validated screening tool for malnutrition and is used throughout the NHS in Primary and Secondary care. This tool should be used to help identify the risk of malnutrition where possible. Management plans should then be put in place according to the degree of malnutrition risk identified (Appendix 1).

For further information on the MUST refer to:

http://www.bapen.org.uk/pdfs/must/must_full.pdf.

An 'app' is available for users of smartphones, which provides a simple to use MUST calculator: <http://malnutritionpathway.co.uk/app>.

As a minimum, the patient's BMI (kg/m^2) and recent weight loss should be calculated if possible. Individuals in the following categories are likely to be at high risk of malnutrition and will require intervention:

- If BMI is < 18.5
- If BMI is < 20 with unintentional weight loss of $> 5\%$ in the last 3-6 months
- If BMI is > 20 with unintentional weight loss of $> 10\%$ in the last 3-6 months

NICE recommends that all patients are screened for malnutrition when they are registered with a new GP Practice and at times when there are clinical concerns.

Residents in Care Homes should be screened on admission and monthly thereafter. Screening should also occur on the transfer between Care Settings and an action plan and goal setting should be implemented in the new care environment. The malnutrition

pathway provides downloadable care plans for Residential and Nursing Home Settings at: <http://malnutritionpathway.co.uk/careplans>.

In all cases, it is important to recognise any clinical concerns such as unintentional weight loss, fragile skin, and poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose fitting clothes or prolonged intercurrent illness.

Alternative measurements to work out a Nutritional Risk Score

If height cannot be measured, use recently documented or self-reported height (if reliable and realistic). Use one of the alternative measurements to estimate height (ulna, knee height or demispan) if patient is unable to report their height or unable to stand. Refer to the MUST Explanatory Booklet for further guidance: http://www.bapen.org.uk/pdfs/must/must_explan.pdf

If weight cannot be measured, mid upper arm circumference (MUAC) may be used to estimate BMI category and can be used to help support an overall impression (subjective criteria) of a patient's nutritional risk when an accurate BMI cannot be obtained. In this case, a patient may be scored as low-high risk (see table below) instead of being given a MUST Score. Record the MUAC and/or Nutritional Risk Score on the patient record.

Risk Score	Subjective Indicators
Low	Not thin, weight stable or gaining weight (no unplanned weight loss), no change to appetite)
Medium	Thin as a result of disease/condition or history of unplanned weight loss in previous 3-6 months, reduced appetite/ability to eat
High	Thin/very thin and/or substantial unplanned weight loss in previous 3-6 months, no oral intake for 5 days in the presence of acute disease (unlikely to be seen in the community)

Table adapted from Managing Adult Malnutrition in the Community:
www.malnutritionpathway.co.uk

Stage 2: Overall Assessment

Once nutritional risk has been established, the underlying cause of malnutrition and treatment options should be assessed and appropriate action taken.

Consider factors such as:

- Ability to chew (any issues with dentition) and swallowing issues
- Total food and drink intake
- Physical symptoms e.g. pain, vomiting, constipation, diarrhoea, oral thrush, wound healing
- Impact of medication (consider taste changes/any that may suppress appetite)
- Medical prognosis (appropriate intervention)
- Environmental and social issues
- Psychological issues
- Substance or alcohol misuse

Review the treatment plan in respect of these issues and if needed make appropriate referrals.

Stage 3: Goal Setting

Clear treatment goals and a care plan should be agreed with patients. These should be documented on the patient record and should include the aim of the nutritional support, ACBS indication for ONS if required, timescale for intervention and reviews. Consider disease stage and treatment, e.g. for palliative care, cancer treatments and those in advance stages of illness and adjust goals of intervention accordingly.

Goals should be realistic and measurable and may include:

- Target weight, target weight gain or target BMI over a period of time
- Weight maintenance where weight gain is unrealistic or undesirable
- Reduced rate of weight loss where weight maintenance is not realistic (e.g. cancer cachexia, end of life care)
- Improvement in oral nutritional intake
- Optimising nutritional intake during acute illness
- Wound healing if relevant

Goals can also be set to biochemical, functional, psychological or behavioural symptoms e.g. improvement in strength, physical appearance, appetite, ability to perform activities of daily living.

Stage 4: Initial treatment using 'Food First' advice and/or over the counter nutritional supplements

Goals can often be achieved by fortification of the normal diet and/or addition of over the counter (OTC) nutritional supplements.

First line of Treatment: Offering 'Food First' advice

- Eat 'little and often'. Aim for 3 small nourishing meals and 2-3 additional snacks throughout the day. Aim to eat every 2-3 hours throughout the day.
- Fortify full fat milk (4 heaped tablespoons of dried skimmed milk powder to 1 pint of full fat milk) and drink 1 pint each day
- If milk is not tolerated, try other calorific fluids e.g. fruit juice, carbonated drinks, soups
- Add or increase amounts of high-energy foods such as full cream milk, cheese, butter, cream, sugar etc. to maximise calorie and protein intake
- Choose foods that are enjoyed

Your Guide to making the most of your food can be downloaded at:

http://malnutritionpathway.co.uk/files/uploads/Your_Guide_to_Making_the_Most_of_your_Food_final_2014.pdf as a guide for Healthcare Professionals and/or a resource to be given to patients in support of advice.

For advice specific to COPD follow:

http://malnutritionpathway.co.uk/files/uploads/Green_leaflet_final.pdf

http://malnutritionpathway.co.uk/files/uploads/Yellow_leaflet_final.pdf

http://malnutritionpathway.co.uk/files/uploads/Red_leaflet_final.pdf

For advice specific to Lung Cancer follow:

<http://lungcancernutrition.com/Nutritional%20Care%20Pathway.pdf>

Care Homes should be encouraged to make 'home made', nourishing drinks, such as high calorie milkshakes using full fat milk, ice cream, cream and blended fruits or to purchase OTC nutritional products to make up with full fat milk. Care homes should be able to provide adequate quantities of good quality and fortified food and snacks so the use of unnecessary nutrition support is avoided. ONS should not be used as a substitute for the provision of food. Suitable snacks, food fortification as well as OTC products should be used to improve the nutritional intake of those at risk of malnutrition.

Second line-Over the Counter (OTC) Nutritional Supplements

Patients who have unplanned weight loss should be encouraged to increase their food intake by having regular meals and extra snacks as per 'Food First' and 'Your Guide to Making the Most of your Food'. If there is no improvement after following this advice, the use of OTC may be considered.

These products may be useful provided they are not contraindicated by diabetes, renal disease, milk allergy or a vegan diet. Patients with these specialist dietary requirements should be referred to a Dietitian.

They are suitable for those patients whose clinical condition does not meet ACBS prescribing criteria. They can also be useful for those patients who do not have the ability or desire to make homemade nourishing drinks. They are not suitable as a sole source of nutrition.

OTC supplements are available to buy at pharmacies, convenience stores, larger supermarkets, cash and carry's nationwide, as well as online retailers (Appendix 2).

Patients should be encouraged to check individual products for recommended servings/day, which range from 1-2 serves. Patients should consult their GP/Health Care Professional with any concerns.

Patients should be reviewed 1-3 months (or earlier) after being offered First/Second-line treatment. All dietary advice/over the counter supplementation should be encouraged to continue with improvements and positive change towards meeting goals. Further reviews should be arranged until goals are met (stage 6). If there are no improvements following this 'Initial Treatment'; a patient should be considered for stage 5.

Stage 5: Initiating the Prescription of Oral Nutritional Supplements

If First and Second line approaches have failed to achieve a positive change towards meeting goals after 1-3 months (or earlier); consider prescribing of ONS in addition to the food first changes which should be maintained.

The prescribing of ONS should NOT be considered for first line advice except when the patient is at high risk of malnutrition (MUST 2+) as defined by screening or when an individual with COPD has a BMI <20kg/m² (MUST 1+) as recommended by NICE COPD Guidelines (CG101).

Patients must meet at least one of the ACBS criteria to be eligible for prescribed ONS.

The formulary (Appendix 3) and supportive information (Appendix 4) should be used for guidance in choosing the most appropriate product. These products have been chosen for their optimum nutritional content and cost effectiveness. A choice of products has also been

provided in order to meet patients' needs in terms of taste and sensory preferences, which will help to achieve nutritional goals and improve patient outcomes.

If the recommended ONS are not suitable for a patient then they should be referred to the Community Nutrition and Dietetics services.

Key Recommendations on starting ONS prescriptions:

- ONS should be advised between or after meals and not before meals or as a meal replacement. This helps to maximise effectiveness and not affect appetite for usual meals.
- To be clinically effective it is recommended ONS are prescribed twice daily. This ensures calorie and protein intake is sufficient to achieve weight gain.
- A one week prescription or starter pack should always be prescribed initially to avoid wastage, in case products are not well tolerated.
- Use of free mail order starter packs is encouraged where practical to determine products the patient prefers.
- Starter packs of powdered ONS should not be prescribed on repeat prescriptions as they contain a shaker and fewer sachets, making them more costly. The repeat prescription of other starter packs with a variety of products, e.g. Fortisip Range should also be avoided and a specific product prescribed separately for clinical and cost effectiveness.
- ONS should not routinely be added to a repeat prescription to ensure regular review, both in terms of nutritional status and compliance with products and flavours. Review flavour choice regularly to reduce fatigue.
- Nutritional supplements provide vitamins and minerals therefore additional supplements may not be required if ONS are started.
- ONS products will contain varying amounts of Vitamin K, alongside the Vitamin K already consumed within the diet. Possible interactions of ONS should be considered for Warfarin resistant patients. INR should be monitored and treatment altered accordingly especially if ONS is commenced or changed after Warfarin is started.
- For those that require ONS as a sole source of nutrition and those with complex nutritional needs, referral to a Dietitian is recommended.
- Modular ONS that provide only one or two nutrients e.g. Calogen, Fresubin Shot should be used under Dietetic supervision only.

The patient should be reviewed in 4 weeks to monitor weight and check compliance to ONS.

Stage 6: Review of patients on ONS

Any patient receiving prescribed ONS or who has been given advice on food fortification should be reviewed regularly. It is the responsibility of the prescriber to ensure there is a designated Healthcare Professional who will undertake monitoring, in accordance with set goals.

Patients prescribed ONS should be reviewed ideally every 3 months or every 6 months with longer term ONS requirements. Reviews are essential to assess progress towards treatment goals and whether there is a continued need for the ONS prescription.

Monitor progress against goals and modify intervention accordingly.

Consider:

- Weight, BMI, MUST Score, MUAC/Subjective Risk Score
- Physical appearance, strength
- Changes in dietary intake/appetite
- Wound healing
- Ability to perform activities of daily living
- Compliance with ONS and stock levels at home/Care Home

Goals met/Good progress with ONS

- Encourage 'making the most of your food' advice
- Reduce ONS gradually over 2-4 weeks before stopping
- Consider over the counter nutritional supplements to help maximise nutritional intake if required
- Consider treating as 'medium risk' and review every 1-3 months
- Document weight/BMI/MUST/Subjective Risk Score, updated treatment goals and review date in patient record

Goals not met/Limited progress with ONS

- Check ONS compliance; amend prescription as necessary, increase volume of ONS
- Reassess clinical condition, consider more intensive nutrition support or seek advice from a Dietitian
- Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions. Adjust treatment goals to support this e.g. to slow decline in weight and function. If no improvement, seek advice from a Dietitian
- Review individuals on ONS every 3-6 months or upon change in clinical condition
- Document weight/BMI/MUST/Subjective Risk Score, updated treatment goals and review date in patient record

Stage 7: Discontinuing ONS Prescriptions and Follow Up Review

ONS should be discontinued when treatment goals are met. Providing that an effective plan has been prepared at onset, it should be possible to clearly identify the point at which the prescription of supplements can be stopped, e.g. BMI within healthy range (18.5-25), patient has re-established a normal dietary intake (regular meals and snacks), appetite returned to normal, weight stabilised. The prescribing GP should end the prescription once goals are reached or on the advice of the Dietitian.

Prescriptions may need to be reduced prior to stopping depending on the prescription amounts. Ideally, the patient should be reviewed 1-3 months after discontinuation to ensure there are no concerns. Consider relapsing remitting conditions e.g. COPD, IBD.

If the patient no longer meets ACBS criteria, or goals are met, but still wishes to take ONS, OTC products can be recommended as previously discussed.

Prescriptions should also be discontinued if no further clinical input would be appropriate or beneficial (e.g. end of life) and if a patient does not comply with their ONS prescription or the required reviews.

In all cases, justification for stopping the ONS prescription should be documented on the patient record, together with any relevant monitoring information including weight/BMI/MUST/Subjective Risk Score and initial goal of treatment.

Follow up Review:

Once goals are achieved, the patient should be reviewed again after 3 months to ensure there is no recurrence of the initial problem. If there are no further issues monitoring should continue as documented earlier in these guidelines. If there is future recurrence of malnutrition, the pathway should be re-started at stage 1.

Prescription of ONS in Special Cases

Use of ONS for Palliative Care

Use of ONS in palliative care should be assessed on an individual basis. Appropriateness of ONS will be dependent upon the patient's state and their treatment plan. Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.

Early palliative care

Patients can be diagnosed with a terminal disease or disorder at this stage, but death is not imminent.

Patients may have months or years to live and may be undergoing palliative treatment to improve quality of life. Therefore if a patient's nutritional intake is compromised, ONS may be beneficial and may improve treatment outcomes; follow Appendix 1.

In late palliative care

The patient's condition is deteriorating and they may be experiencing increasing symptoms such as pain, nausea and reduced appetite. Carers' anxieties tend to increase at this time and they may become increasingly concerned about the patient's food and drink intake. The main aim of any intervention for these patients should be to maximise the quality of life. Patients should be encouraged to eat and drink the foods that they enjoy and aggressive feeding is unlikely to be appropriate, especially as this can cause distress and anxiety. ONS is unlikely to improve nutritional status or prolong life in late palliative care and patients should not be made to feel they have to take these or given false hope of any improvements.

No MUST assessment recommended: Document rationale for care e.g. MUST tool not appropriate with end of life

Goals of intervention

- Improve well-being
- Nutritional support to help maximise quality of life, comfort, symptom relief & enjoyment of food

Intervention

- Provide reassurance & support to patient & family that reduced appetite is a normal response
- Consider treating reversible symptoms
- Nourishing diet focussing on enjoyment of food & drink-without pressure for patient to eat
- Little and often-food & drink that the patient likes and fancies
- Consider food first approach by adding butter, cream, cheese, milk powder to enrich the nutritional value of food
- ONS may be beneficial in some patients on psychological grounds. If ONS felt to be beneficial and patient wishes to try these, OTC products should be the first line advice. If a patient is unlikely to consistently manage at least two ONS daily, they are unlikely to derive any significant benefit to the well-being or nutritional status.
- Artificial feeding is only indicated when it is in the patient's best interests and when achievable goals can be established.
- Dietitian referral may not be appropriate, however the Dietitian from end of life team, oncology or community should be contacted if a healthcare professional or the patient has any queries.

Last Days of Life

The patient is likely to be bed-bound, very weak and drowsy with little desire for food or fluid. Food and fluid administration beyond the specific requests of patients may play a minimal role in providing comfort in the last days of life.

Treatment decisions about end of life nutrition are difficult and rarely based on evidence alone. Many considerations factor into the decisions that families and providers make about end of life feeding, including provisions in advance directives or living wills, cultural, religious and ethical beliefs, legal and financial concerns and emotions. There is a role to engage in end of life discussions with the patient and family, to ensure that there are no unrealistic expectations associated with nutritional care.

No MUST assessment recommended: Document rationale for care e.g. MUST tool not appropriate with end of life

Goals of intervention

- Maximising enjoyment of food (if requesting and as able)
- Maximising quality of life in last days

Intervention

- Mouth care
- Sips of fluid, as able
- Other food and fluid as desired by the patient
- Support for patient and family
- Dietitian referral is inappropriate

Use of ONS for Substance Misuse (drug and alcohol misuse)

- Substance misuse is not a specified ACBS indication for ONS
- Substance misusers may have a range of nutrition related problems such as poor appetite (particularly with opioid use), weight loss, nutritionally inadequate diet, constipation, poor dental hygiene, chaotic social circumstances (leading to issues with food preparation) and related medical conditions such as Hepatitis C or liver disease
- Problems can be created by prescribing ONS e.g. once started on ONS it can be difficult to stop the individual having them. ONS may be taken instead of meals and therefore offer no additional benefit. They may be given to other members of the family and/or friends or sold and used as a source of income. Substance misusers can be poor clinic attendees, making it difficult to weigh them, monitor goals and re-assess need for ONS

Local policies in the UK differ widely for ONS use in substance misusers-the following recommendations may be helpful as a guide and should be adapted according to the needs of the individual patient.

ONS should NOT routinely be prescribed for substance misuse unless ALL of the following criteria are met:

- BMI $<18\text{kg/m}^2$
- AND evidence of significant weight loss ($>10\%$)
- AND co-existing medical condition which could affect weight or food intake
- AND after nutritional advice has been given by a healthcare professional and tried by the patient
- AND the patient is in a rehabilitation programme e.g. methadone or alcohol programme or on the waiting list to enter a programme

Recommended monitoring if ONS is initiated:

- The patient should be weighed and measured and nutritional goals set and monitored as per other patients and these guidelines
- Maximum prescription should be for 600-800kcal/day e.g. a 300-400kcal ONS twice daily
- A first line ONS should be offered initially. These are cost effective, which the patient mixes with whole milk (see contraindications)
- Prescriptions should be on acute, not repeat prescriptions, to facilitate monitoring and review
- Prescribe on a short term basis only e.g. 1-3 months
- If a patient fails to attend on two consecutive occasions, ONS should be discontinued
- If there is no change in weight after three months, ONS should be reduced and discontinued
- If weight gain occurs, continue until usual weight or acceptable weight is reached and commence a withdrawal plan by reducing one supplement per day initially for one month, then discontinue ONS
- If the individual is insistent on using a high energy supplement, recommend over the counter supplements

Links/Websites

BAPEN

British Association for Parental and Enteral Nutrition: www.bapen.org.uk. Key documents and reports 'MUST' toolkit, including 'MUST', explanatory booklet, e-learning, 'MUST' calculator and Food First Project Leaflets: <http://www.bapen.org.uk/nutrition-support/nutrition-by-mouth/food-first-project-leaflets>

BDA

British Dietetic Association: www.bda.uk.com. Information on food first approach and other Fact Sheets <https://www.bda.uk.com/foodfacts/home>

BNF

British National Formulary: www.bnf.org.uk

British Lung Foundation

<https://www.blf.org.uk/support-for-you/copd>: Health information about living with COPD

E-Guidelines

Clinical guideline summaries for primary care: www.eguidelines.co.uk

Malnutrition Pathway

www.malnutritionpathway.co.uk: Key guidelines and resources for Healthcare Professionals and Patients

London Procurement Partnership

<http://www.lpp.nhs.uk/>: Key reports documenting the management of Oral Nutritional Supplements and Malnutrition and Dietetics Projects and Information

Malnutrition Task Force

<http://www.malnutritiontaskforce.org.uk/resources/>: Resources and best practice examples for managing malnutrition

MIMS

MIMS monthly prescribing guide: www.mims.co.uk

NICE

National Institute for Health and Care Excellence: www.nice.org.uk

Refer to Clinical Guidance CG32: <https://www.nice.org.uk/guidance/cg32> and associated QS24: <https://www.nice.org.uk/guidance/qs24> for Nutrition Support in Adults. Also CG101: <https://www.nice.org.uk/guidance/CG101> for Chronic Obstructive Pulmonary Disease in over 16s: Diagnosis & Management

Prescqiipp

<https://www.prescqiipp.info/>: Provides a Nutrition Webkit link for ONS Guidelines and other information on prescribing of Nutritional items. Including a resource; **'Fabulous Fortified Feasts'**, which is a collation of useful recipes, advice and ideas for increasing the calorie and protein intake of people with weight loss, small appetite or people with or at risk of malnutrition:

Power of taste E-learning

<https://nutrition.abbott/uk/continuing-education> OR

<http://www.gponline.com/managing-malnutrition-importance-taste/nutrition/article/1383603>

Continued Professional Development Resource for Healthcare Professionals on the importance of taste and its link to compliance to ONS and improved patient outcomes. Course is FREE following registration.

RCGP

Royal College of General Practitioners: www.rcgp.org.uk

<http://www.rcgp.org.uk/learning/online-learning/ole/copd-and-nutrition.aspx>: Provides an e-Learning course on COPD and Nutrition. Course is FREE to all Primary Healthcare Professionals.

Also section dedicated to Malnutrition and Nutritional Deficiency.

Social Care Institute for Excellence (SCIE)

Eating well for people with Dementia <http://www.scie.org.uk/dementia/living-with-dementia/eating-well/index.asp>

This web resource includes practical advice and a video on nutritional care for older people.

References and recommended reading

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Appendix 1: Nutrition Support Flow Chart & Quick Reference Guide for prescribing ONS in adults

MUST =
Malnutrition
Universal
Screening Tool

BMI Score	
> 20	Score 0
18.5-20	Score 1
<18.5	Score 2

Weight Loss Score (Unplanned weight loss in past 3-6 months)	
<5%	Score 0
5-10%	Score 1
>10%	Score 2

Acute Disease Effect Score (Unlikely to apply outside hospital) If patient is acutely ill and there has been or is likely to be no nutritional intake for more than 5 days
Score 2

+

+

Add together the scores to give total of 0-6 for overall risk of malnutrition www.bapen.org.uk/pdfs/must/must_full.pdf
If BMI or weight loss can't be established state estimated risk of malnutrition = **low, medium or high risk** (see link above for support)
Consider underlying symptoms and cause of malnutrition and treat if appropriate e.g. nausea/vomiting, pain, infection, constipation/diarrhoea, ability to chew/swallow, medical prognosis/impact of medication, (e.g. thyroid medication), uncontrolled diabetes, social/psychological issues.

- Agree Goals of Treatment**
- ✓ Prevent further weight loss
 - ✓ Promote weight gain
 - ✓ Improve strength
 - ✓ Increase nutritional intake
 - ✓ Improve ability to undertake activities of daily living
 - ✓ Improve quality of life
 - ✓ Promote wound healing

- Confirm ACBS** (Advisory Committee on Borderline Substances) **Indication for prescribing of ONS**
- Disease related malnutrition
 - Dysphagia
 - Short bowel syndrome
 - Intractable malabsorption
 - Pre-operative preparation of undernourished patients
 - Inflammatory bowel disease
 - Total gastrectomy
 - Bowel Fistulae
- See p2 if criteria not met.

**MUST Score 0
Low Risk**

**MUST Score 1
Medium Risk**

**MUST Score 2
High Risk**

**MUST Score 3+
Very High Risk**



Routine clinical care required. Patients are unlikely to meet criteria for ONS prescription

Provide 'Food First' advice & leaflet (p2) Encourage purchase of Over the Counter Nutritional Supplements (p2). No prescribed ONS required unless COPD with BMI<20kg/m²
<http://www.malnutritionpathway.co.uk/copd/>

Provide 'Food First' advice as in 'Medium Risk'. Prescribe First line ONS if ACBS indicated (p2). Prescribe a 'starter pack' & then 56 preferred ONS on acute for one month. (See full guidelines for further details)

Refer to Dietitian (Community or Hospital) for specialist advice

Re-screen monthly in Care Homes and annually in the Community or on clinical concern. Check progress if ONS discontinued

After 1-3 months (or earlier): Rescreen & review.
No improvement: after dietary advice/ over the counter nutritional supplements; treat as 'High Risk'.
If improving: continue dietary advice, review every 1-3 months until goals/targets met & 'Low Risk'

After 4-6 weeks: Review goals and compliance to ONS.
No improvement: see p2 Goals not met/limited progress. Refer to Dietitian as required.
If improving: consider treating as 'Medium Risk'. Review ONS every 3-6 months

Dietitian to review and discharge back to GP for monitoring as appropriate

Adapted from evidence based guidelines and pathways from Managing Adult Malnutrition in the Community www.malnutritionpathway.co.uk

Self-care options – try these first wherever possible

Initial 'Food First' treatment

- Little & Often / Enriching your food / Nourishing Drinks
- Provide '[Your Guide to Making the Most of your Food](#)'
- Or '[Are You Eating Enough?](#)' (for older people)

Second-line Over the Counter Nutritional Supplements available to buy at pharmacies, convenience stores, larger supermarkets and online retailers

- Suitable for those patients whose condition does not meet ACBS prescribing criteria or
- For those who do not have the ability or desire to make homemade nourishing drinks

Powdered options: Aymes® Retail, Complan® and Meritene® (shakes and soups to be made with full fat milk or water)

Ready to drink options: Meritene®, Nurishment® Original, Nurishment® Extra, Nurishment® Active

If there are concerns over a restricted diet, consider recommending an OTC multivitamin product.

ONS Products available on prescription

First Line ONS Products: If patient or carer can prepare a powdered ONS. Use up to 2/day

Powdered product (+ 200ml full fat milk)

Foodlink® Complete (can be advised with 125ml milk)
Aymes® Shake
Complan® Shake, Ensure® Shake

Second Line ONS Products (when NO First Line product is appropriate or tolerated).

200-220ml Milkshake & Yoghurt Style (Lactose free)

Aymes® Complete
Ensure® Plus Milkshake
Ensure® Plus Yoghurt Style
Fortisip® Bottle

125ml Milkshake Style (for reduced volume)

Ensure® Compact
Altraplen® Compact (lactose free)
Fortisip® Compact

Third Line ONS Products (when NO First or Second Line products are suitable. Use with caution in Diabetes)

200-220ml Juice style products (lactose free)

Ensure® Plus
Fresubin® Jucy Drink
Fortijuce®

Upon Review



Goals met/Good progress with ONS

- Encourage 'making the most of your food' advice
- Consider reducing by 1 ONS per day for 2-4 weeks before stopping
- Consider over the counter nutritional supplements to help maximise nutritional intake if required
- Monitor progress against goals set. Consider treating as 'medium risk' and review every 1-3 months
- Document weight/BMI/MUST/Subjective Risk Score, updated treatment goals and review date in patient record

Goals not met/Limited progress with ONS

- Check ONS compliance; amend prescription as necessary, increase volume of ONS
- Reassess clinical condition, consider more intensive nutrition support or seek advice from a Dietitian
- Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions. Adjust treatment goals to support this e.g. to slow decline in weight and function. If no improvement, seek advice from a Dietitian
- Review individuals on ONS every 3-6 months or upon change in clinical condition
- Document weight/BMI/MUST/Subjective Risk Score, updated treatment goals and review date in patient record

When to stop ONS prescription

- Goals of intervention have been met and individual is no longer at risk of malnutrition
- Individual is clinically stable/acute episode has resolved
- Individual is back to their normal eating and drinking pattern
- If no further clinical input would be appropriate or beneficial (e.g. end of life)
- If a patient does not comply with reviews; supply should be suspended until this takes place
- Document weight/BMI/MUST/Subjective Risk Score if appropriate and justify stopping of ONS in patient record

Appendix 2: Over the counter nutritional supplements

Prices given are recommended retail prices from a variety of stores, pharmacies and larger supermarkets as of April 2017.

Powdered Products	Presentation	Flavours	Energy/ serving (kcal)	Protein/ serving (g)	Cost per presentation (tub/box of sachets, £)	Cost per serving suggestion (e.g. scoops or x1 sachet without cost of milk, £)
Aymes® Retail	4 x 38g sachets	Banana, Chocolate, Strawberry, Vanilla	265-266 (using 200ml full fat milk)	14.9-15.1	2.96	0.74
Complan® Original	425g tub	Neutral	244 (x1 serving = 8 scoops or approx. 55g)	8.5	3.60-4.99	0.45-0.62
Complan®	4 x 55g sachets	Delicious Banana, Rich Chocolate, Summer Strawberry, Velvety Vanilla	241-245 (using 200ml water)	8.5-8.6	2.64-3.45	0.66-0.86
Meritene®	7 x 30g	Chocolate, Strawberry	107 (using 200ml water)	9.3	6.50-6.99	0.93-1.00

Soups	Presentation	Flavours	Energy (kcal)	Protein (g)	Cost per presentation (tub/box of sachets, £)	Cost per serving suggestion (e.g. x1 sachet, £)
Complan®	4 x 55g sachets	Tasty Chicken	243 (using 150ml water)	8.7	2.64-3.45	0.66-0.86
Meritene® Soup	4 x 50g	Chicken, Vegetable	207 (using 150ml water)	7.0	5.50-5.99	1.38-1.50

Ready to drink shakes	Presentation	Flavours	Energy (kcal)	Protein (g)	Cost per serving (£)
Meritene® Ready to Drink	200ml bottle	Chocolate, Strawberry	250	18.8	1.75
Nurishment® Original	400g can	Banana, Chocolate, Mango, Peanut, Raspberry, Strawberry, Vanilla	380-424	20	1.00-1.29
Nurishment® Active	500ml bottle	Chocolate, Strawberry, Vanilla	463-465	35	1.50-1.89
Nurishment® Extra	310ml bottle	Banana, Chocolate, Strawberry, Vanilla (Query whether Vitamin A & D removed in newest formulated products & therefore could be suitable for pregnant women)	289-335	12-13	0.94-1.23

A Guide to GP/Community Prescribing of Oral Nutritional Supplements

ONS should only be prescribed after first line dietary advice (including food fortification and over the counter nutritional supplements) have been tried.

First-line ONS Products

Powders which require mixing with 200mls full fat milk (use with caution in diabetics and patients with CKD. Not suitable for lactose intolerance or galactosaemia). These products are not suitable as a sole source of nutrition.

Key recommendations

If the patient can tolerate milk, mix a shake, or have access to a carer to mix a shake (e.g. in the case of a Care Home resident or patient at home with a family member); prescribe one of the following:

Product	Presentation	Flavours	Energy (kcal)	Protein (g)	Cost per dose (£)	Sample Pack available from
Foodlink® Complete	57g sachet (x7/box)	Banana, Chocolate, Natural, Strawberry	378-386	18.3-18.7	0.61	
Foodlink® Complete Vanilla (added fibre)	63g sachet (x7/box)	Vanilla	399	18.6	0.67	
Foodlink® Complete Starter Pack	4x57g sachets & 1x63g sachet (x5/box with shaker)	Mixed box of 4 flavours above plus vanilla with added fibre. Contains a shaker NOT FOR REPEAT PRESCRIPTION	376-399	18.3-18.6	0.62	https://www.nualtra.com/uk-direct-patient-samples/
Aymes® Shake	57g sachet (x7/box)	Banana, Chocolate, Neutral, Strawberry, Vanilla	384-389	15.6-16.0	0.61	
Aymes® Shake Starter Pack	57g sachet (x5/box with shaker)	Mixed box of 5 flavours above plus shaker NOT FOR REPEAT PRESCRIPTION	384-389	15.6-16.0	0.96	https://aymes.com/pages/direct-to-patient-sample-service

Complan® Shake	57g sachet (x4/box)	Banana, Chocolate, Original, Strawberry, Vanilla	380	15.5	0.70	
Complan® Shake Starter Pack	57g sachet (x5/box with shaker)	Mixed box of 5 flavours above plus shaker NOT FOR REPEAT PRESCRIPTION	380	15.5	0.88	https://www.nutricia.co.uk/fortisip/samples
Ensure® Shake	57g sachet (x7/box)	Banana, Chocolate, Strawberry, Vanilla	389	17.0	0.70 (price change planned Oct 17 to 0.60)	

- Prescribe a Starter Pack
- If ONS is tolerated and patient is compliant after the first week: issue a monthly acute prescription of 1-2 sachets daily of the patient's preferred flavours
= 1,596-3,192g for 57g sachets and 1,764-3,528g for 63g sachets
- Foodlink Complete can be made with 125ml full fat milk if the product is suitable, but a smaller volume would be preferable (providing 327-348kcal & 16g protein)
- If the patient doesn't like the flavours or tolerate First-line ONS, consider Second-line Products

Second-line ONS Products

200-220ml Milkshake and Yoghurt style products (clinically lactose free)

Prescribe one of the following:

Product	Presentation	Flavours	Energy (kcal)	Protein (g)	Cost per dose (£)	Sample Pack available from
Ensure® Plus Milkshake style	220ml	Banana, Chocolate, Coffee, Fruits of the forest, Neutral, Orange, Peach, Raspberry, Strawberry, Vanilla	330	13.8	1.12	
Ensure® Plus Yoghurt style	220ml	Strawberry Swirl, Orchard Peach	330	13.8	1.12	
Aymes® Complete	200ml	Banana, Chocolate, Strawberry, Vanilla	300	12	1.12	
Aymes® Complete Starter Pack	200ml	Mixed pack of 4 flavours above NOT FOR REPEAT PRESCRIPTION	300	12	1.40	https://aymes.com/pages/direct-to-patient-sample-service
Fortisip® Bottle	200ml	Banana, Caramel, Chocolate, Neutral, Orange,	300	12	1.40	

		Strawberry, Tropical Fruit, Vanilla				
--	--	---	--	--	--	--

- Prescribe a Starter Pack
- OR a small selection of patients preferred flavours on acute for 1 week
- If ONS is tolerated and patient is compliant after the first week: issue a monthly acute prescription of 2 bottles daily of the patient's preferred flavours
(= 11,200-12,320mls)

Ready to drink milkshake style liquid 125ml bottle with straw (check suitability of product for lactose intolerant individuals)

If a patient is able to tolerate milk, but a smaller volume is more preferable; prescribe one of the following:

Product	Presentation	Flavours	Energy (kcal)	Protein (g)	Cost per dose (£)	Sample Pack available from
Ensure® Compact	125ml	Banana, Café Latte, Strawberry, Vanilla	300	12.8	1.35	
Altraplen®	125ml	Banana, Hazel Chocolate, Strawberry, Vanilla (clinically lactose free)	300	12	1.45	
Altraplen® Starter Pack	125ml	Mixed pack of 4 flavours above NOT FOR REPEAT PRESCRIPTION	300	12	1.45	https://www.nualtra.com/uk-direct-patient-samples/
Fortisip® Compact	125ml	Apricot, Banana, Chocolate, Forest Fruit, Mocha, Neutral, Strawberry, Vanilla	300	12	1.45	
Fortisip® Compact Starter Pack	125ml	Mixed pack of 6 assorted flavours above NOT FOR REPEAT PRESCRIPTION	300	12	1.45	https://www.nutricia.co.uk/fortisip/samples

- Prescribe a Starter Pack
- OR a small selection of patients preferred flavours on acute for 1 week
- If ONS is tolerated and patient is compliant after the first week; issue a monthly acute prescription for 2 bottles daily of the patient's preferred flavours (56 bottles = 7000mls)

- If the patient is unable to tolerate First-line or Second-line ONS, consider Third-line Products

Third-line Products

200-220ml Juice style products (clinically lactose free) Use with caution in diabetics who can't tolerate alternative supplements. Contain Cow's milk.

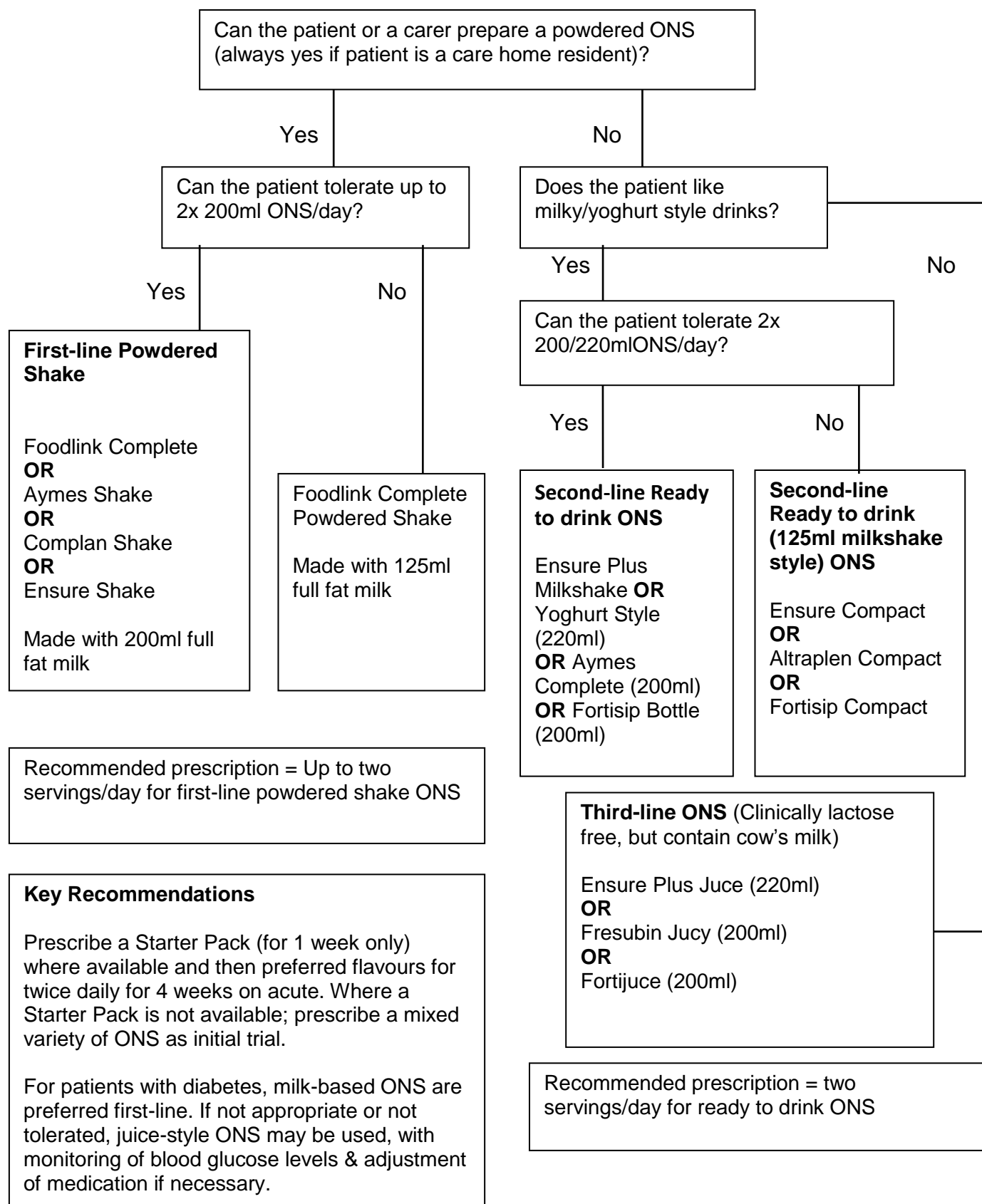
- Prescribe one of the following:

Product	Presentation	Flavours	Energy (kcal)	Protein (g)	Cost per dose (£)	Sample Pack available from
Ensure® Plus Juice	220ml	Apple, Fruit Punch, Lemon & Lime, Orange, Peach, Strawberry	330	10.6	1.97	
Fresubin® Jucy Drink	200ml	Apple, Blackcurrant, Cherry, Orange, Pineapple	300	8	1.99	
Fortijuce®	200ml	Apple, Blackcurrant, Forest Fruit, Lemon, Orange, Strawberry, Tropical	300	7.8	2.02	
Fortijuce® Starter Pack	200ml	Mixed pack of 6 assorted flavours above NOT FOR REPEAT PRESCRIPTION	300	7.8	2.02	https://www.nutricia.co.uk/fortisip/samples

- Prescribe a Starter Pack
- OR a small selection of patients preferred flavours on acute for 1 week
- If ONS is tolerated and patient is compliant after the first week; issue a
- monthly acute prescription for 2 bottles daily of the patient's preferred flavours (56 bottles = 11,200-12,320mls)
- **Other ONS should only be prescribed on the request of a Dietitian to ensure that the patient's nutritional requirements are being met.**

Appendix 4: Choosing which Oral Nutritional Supplement (ONS) to prescribe

Prior to prescribing, screen with MUST. Confirm patient at High Risk (MUST 2+) and 'Food First' and/or Over the Counter supplements have been unsuccessful. If patient meets criteria for Advisory Committee on Borderline Substances (ACBS) use the Formulary below to prescribe initial 1 week prescription, followed by 1 month on acute. Document the nutritional treatment goal on initiation of the prescription and review.



APPENDIX 5 Care Home ONS Prescription Request Form
Please scan and email securely or post completed form to GP Surgery

CONFIDENTIAL: Monthly Request for Oral Nutritional Supplement (ONS) Prescription
**Must be ACBS indicated and clinically justified for GP to prescribe (refer to local ONS guidelines)*

To:

From Care Home (Referrer & Signature):

Date:

Resident (Service user) Name:

D.O.B:

NHS Number:

Resident Address (Care Home):

Please select ONE of the following:

Initial request for GP to start

Under Community Dietitian (ongoing request)

Repeat / further supplies from GP

On discharge summary from hospital

Current Height (m) or alternative measure e.g. ulna (cm)	Current Weight (kg) <small>(State 'Unable' if appropriate)</small>	Previous (usual) weight (kg) <small>(3-6 months ago) <small>(State 'Unable' if appropriate)</small></small>	BMI (kg/m ²) score		% Weight Loss Score <small>(Unplanned over 3-6 mths. If unsure, attach weight history)</small>		Overall MUST score <small>(BMI score + Wt loss score + acute disease effect score)</small> <small>State low, medium or high risk if neither BMI or weight loss can be established</small>
			>20kg/m ²	0	>5%	0	
Date taken:	Date taken:	Date taken:	18.5 – 20kg/m ²	1	5-10%	1	
			<18.5kg/m ²	2	>10%	2	

Care Home Staff / Nurse to complete the following:

First Line 'Food First' Treatment should be offered to ALL residents who are losing / have lost weight unintentionally or have a small appetite. (Refer to 'Your Guide To Making The Most Of Your Food' <http://www.malnutritionselfscreening.org/pdfs/advice-sheet.pdf>)

- Eat 'little & often'. Aim for 3 small nourishing meals and 2-3 additional snacks throughout the day. Aim to eat every 2-3 hours throughout the day.
- Fortify full fat milk and aim to drink 1 pint each day. If not tolerated, try other calorific fluids.
- Fortified food. Add or increase amounts of high-energy foods (full cream milk, cheese, butter, cream) to maximise calorie and protein intake.

Is a 'Food First' approach being offered to the resident (e.g. fortifying food, nourishing snacks) Yes No

If Yes, please give 2-3 examples of the additional snacks offered AND state the quantity usually taken

- 1.
- 2.
- 3.

If No, please commence (Refer to 'Your Guide To Making The Most Of Your Food' <http://www.malnutritionselfscreening.org/pdfs/advice-sheet.pdf>)

If INITIAL request for GP to start ONS, complete the following:

Reason for request to start ONS:

Resident can tolerate milk? Yes No

If No, please explain

Resident is likely to tolerate 200ml twice daily? Yes No

If No, please explain

If REPEAT / ONGOING request for GP to continue ONS, complete the following:

Resident can tolerate current ONS prescription? Yes No

If No, please explain

Resident takes full ONS in the amounts prescribed? Yes No

If No, please explain

Remaining stock levels of ONS at point of request:

Please circle:

Barriers to nutritional well-being: nausea / vomiting, pain, infection, difficulty chewing / swallowing (Refer to SLT services for assessment before ONS prescribed / dietetic referral), constipation / diarrhoea, sore mouth / dental concerns, pressure area (Refer to dietitian if stage 3 or 4), mental health issues

Please document any other concerns not listed:

Special dietary needs: Diabetes, Vegan, Vegetarian, Coeliac, Food Allergy, Cultural/Religious, Other (please state):

***For GP Use only**

ACBS Indications

- Disease related malnutrition
- Short bowel syndrome
- Intractable malabsorption
- Pre-op preparation of undernourished patients
- Inflammatory bowel disease
- Total gastrectomy
- Dysphagia
- Bowel Fistulae

Goals of treatment

- Prevent further weight loss
- Promote weight gain (target weight/BMI)
- Improve oral nutritional intake
- Improve ability to undertake activities of daily living
- Improve quality of life
- Promote wound healing
- Improve strength

Action Plan

- Recommend over the counter ONS
 - Start prescriptions for ONS & Review
 - Continue prescription & Review Monthly
 - Continue / start prescription & Refer to Community Dietitian
 - Refer to Community Dietitian
 - Reduce/Stop & review after 1 Month
- Completed by: _____

GUIDANCE FOR PRESCRIBING ONS

Overall MUST score	Action (unless under Dietitian)	Follow-up
0 (Low Risk)	Patients do not meet criteria for ONS. Review and discontinue any current prescriptions	If ONS has been discontinued: screen in 1mth If no concerns: screen monthly in Care Home, annually in community If no improvement: treat as Medium Risk
1 (Medium Risk)	Ensure First line Food First treatment is being offered and Recommend OTC nutritional supplements be provided for at least 4 weeks. NO prescribed ONS required unless COPD with BMI<20kg/m²	After 1-3 months: Rescreen & review No improvement: after 4 weeks of starting food first / OTC supplements; treat as High Risk If improving: continue dietary advice, reviews every 1 month until goals met & 'Low Risk'
2 (High Risk)	Offer first line Food First treatment as in 'Medium Risk' Prescribe First Line ONS twice daily if ACBS indicated. Prescribe a 'starter pack' & then 56 preferred ONS on acute for one month (see below for more details).	After 4-6 weeks: Review goals and compliance to ONS No improvement: Reassess clinical condition. Consider more intensive nutrition support or seek advice from a Dietitian. If improving: consider treating as 'Medium Risk' Review ONS every 3 months. Forward weight / BMI to GP monthly.
3+ (Very High Risk)	Refer to Dietitian for specialist advice.	Dietitian to review and discharge back to GP for monitoring as appropriate.

ACUTE Prescription only to initiate ONS:

- 1 – 2 week's supply initially to establish patient preference and to avoid wastage
 - Prescribe starter packs (4 boxes of powder) of varied flavours or 14 sachets/bottles of preferred flavour

ONGOING Prescription to continue ONS:

- If ONS is tolerated and patient is compliant, issue a monthly prescription of 2 daily (1 BD between meals) of the patients' preferred flavours (ideally 2 flavours to reduce taste fatigue)
 - Prescribe x 56 sachets (4-8 boxes) / bottles (7000 – 11,200mls) depending on preparation

First Line ONS Products: Powdered product (+ 200ml full fat milk*)

(NOT suitable for patients with an intolerance to lactose)

Product	Presentation	Flavours	Cost per dose	Energy (kcal)	Protein (g)
Foodlink® Complete Starter Pack	57g sachet (x5/box with shaker)	Mixed box of 4 flavours above plus vanilla with added fibre. NOT FOR REPEAT PRESCRIPTION	£0.62	376 – 399	18.3 – 18.6
Aymes® Shake Starter Pack	57g sachet (x5/box with shaker)	Mixed box of 5 flavours vanilla, strawberry, chocolate, banana, neutral. NOT FOR REPEAT PRESCRIPTION	£0.96	384 - 389	15.6 - 16
Complan® Shake Starter Pack	57g sachet (x5/box with shaker)	Mixed box of 5 flavours as above NOT FOR REPEAT PRESCRIPTION	£0.88	380	15.5
Foodlink® Complete	57g sachet (x7/box)	Banana, Chocolate, Natural, Strawberry	£0.61	376 – 386	18.3 – 18.7
Aymes® Shake	57g sachet (x7/box)	Vanilla, Strawberry, Chocolate, Banana, Neutral	£0.61	384 – 389	15.6 - 16
Complan® Shake	57g sachet (x4/box)	Vanilla, Strawberry, Chocolate, Banana, Original	£0.70	380	15.5
Ensure® Shake	57g sachet (x7/box)	Vanilla, Strawberry, Chocolate, Banana	£0.60 (Oct 17)	389	17.0

(*Foodlink Complete can be made with 125ml full fat milk if reduced volume required providing 327-348kcal & 16g protein)

Second Line ONS Products (when NO First Line product is appropriate or tolerated)

(If patient unable to tolerate lactose)

Product	Presentation	Flavours	Cost per dose	Energy (kcal)	Protein (g)
Aymes® Complete	200ml	Banana, chocolate, strawberry, vanilla	£1.12	300	12
Ensure® Plus Milkshake	220ml	Strawberry, Chocolate, Banana, Coffee, Raspberry, Peach, Fruits of the forest, Orange, Neutral, Vanilla	£1.12	350	13
Fortisip® Bottle	200ml	Vanilla, Strawberry, Chocolate, Banana, Neutral, Toffee, Orange, Tropical Fruits	£1.40	300	12
Ensure® Plus Yoghurt Style (lactose free)	220ml	Orchard Peach, Strawberry Swirl	£1.12	330	13.75
Ensure® Compact	125ml (reduced volume)	Banana, Strawberry, Vanilla, Café latte	£1.35	300	13
Fortisip® Compact	125ml (reduced volume)	Strawberry, Vanilla, Apricot, Banana, Mocha, Forest Fruits, Chocolate	£1.45	300	12
Altraplen® Compact (lactose free)	125ml (reduced volume)	Strawberry, vanilla, banana, hazel chocolate	£1.45	300	12

If deteriorating with ONS after 4-6 weeks (i.e. MUST score ≥3): Treat as Very High Risk

- Refer to dietitian for specialist advice

If no improvement / goals not met and/or limited progress with ONS (MUST score = 2 for 3 months in succession):

- Check ONS compliance
- Re-assess clinical condition, seek advice from a Dietitian
- Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions. Adjust goals as required. If no improvement, seek advice from a dietitian.

If improving / goals met with ONS after 4-6 weeks (i.e. MUST score = 1): Treat as Medium risk

- Encourage oral intake and dietary advice
- Consider reducing by 1 ONS per day for 2-4 weeks before stopping
- Maximise nutritional intake, consider OTC nutritional supplements as required
- Monitor progress and review every 1-3 months

When to stop ONS prescription:

- Goals of intervention have been met and individual is no longer at risk of malnutrition
- Individual is clinically stable/acute episode has resolved
- Individual is back to their normal eating and drinking pattern
- If no further clinical input would be appropriate or beneficial (e.g. end of life)
- If a patient does not comply with reviews; supply should be suspended until this takes place
- Document and justify stopping of ONS in medical notes

Practice Oral Nutritional Supplement (ONS) Protocol for Care Homes

- 1) Monthly Request for ONS Prescription Form (*NEW request for ONS prescription*), to be completed by Senior Nursing Staff at Care Home, Community Matron, District Nurse, who identify ONS is indicated according to Nottinghamshire ONS Guidelines.
- 2) Form to be securely emailed to GP Practice and reviewed by the Reception Staff initially, to check all details on the form have been completed. Telephone Care Home/Matron/Nurse if ONS request form is incomplete.
- 3) ONS request form to be passed on to GP who is required to review against Nottinghamshire ONS guidelines for appropriateness to prescribe.
- 4) Prescription of a trial pack or 1 week's supply of chosen ONS if request is appropriate (*Refer to ONS Formulary and choosing which ONS to prescribe*). Prescribe one month of ONS once patient's tolerances, including preferred flavours are identified.
- 5) Monthly Request for ONS Prescription Form (*Request for repeat prescription of ONS*) is to be completed after one month's initial prescription for GP to decide on the appropriateness of continued prescription and future monitoring.
- 6) Reception staff should check whether a form has been completed on a monthly basis for each repeat prescription request. This will help to ensure that patients no longer taking ONS are identified and stock levels are appropriate for need.