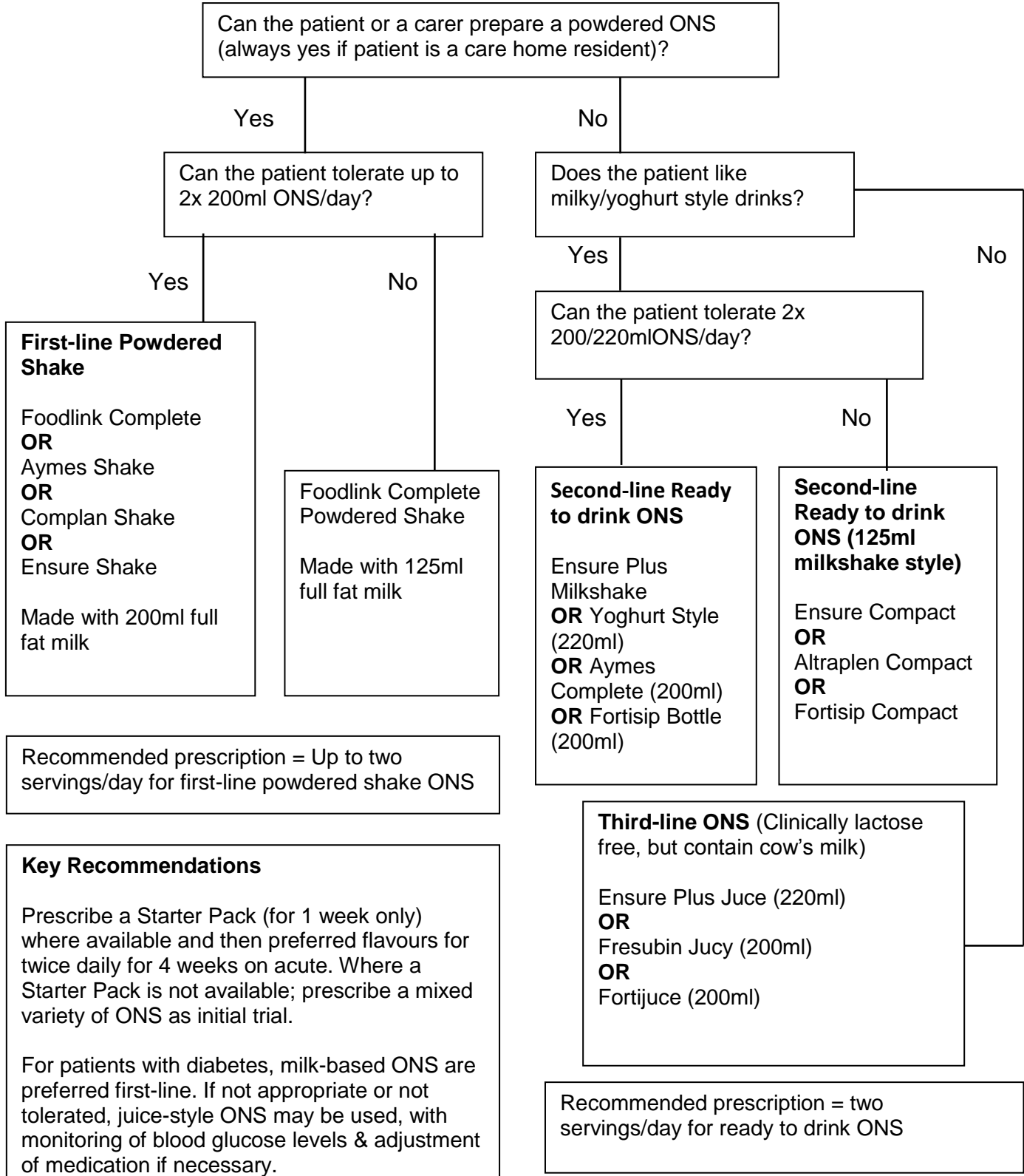


Choosing which Oral Nutritional Supplement (ONS) to prescribe

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.



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

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

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, Complian® 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)

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