



Homerton Healthcare NHS Foundation Trust
City and Hackney Integrated Care Partnership, North East London Clinical Commissioning Group

The Identification, Treatment and Management of Malnutrition in Adults, including the appropriate prescription of Oral Nutritional Supplements

These guidelines are designed for use by general practitioners (GPs), medicines management teams, dietitians, district nurses, practice nurses, pharmacists, care home staff, other prescribing clinicians in the community and secondary care upon patient discharge.

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Abbreviations

ACBS - Advisory Committee on Borderline Substances
BNF – British National Formulary
BAPEN – British Association for Parenteral and Enteral Nutrition
GP – General Practitioner/General Practice
ICP – Integrated Care Partnership
MUST – Malnutrition Universal Screening Tool
NICE – National Institute of Clinical Excellence
ONS – Oral Nutritional Supplements
PCO – Primary Care Organisation
PSD – Prescribing Support Dietitian
PCN – Primary Care Network

Draft Guideline prepared by: Stela Chervenкова, Adult Prescribing Support Dietitian, Oviva UK Limited
Reviewed by: Amanda Herbert, Joint Professional Lead for Dietetics and Gurjeet Sekhon, Lead Dietitian for Adult Home Enteral Tube Feeding and Nutritional Support Community Services, Homerton Healthcare NHS Foundation Trust

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These guidelines have been developed and reviewed with input from the Joint Prescribing Group, HHFT dietitians and City and Hackney medicines management team.

For support with implementing these guidelines at local level, contact your local Prescribing Support Dietitian or Medicines Management team.

Section 1: Introduction and Background

1.1 Introduction

These guidelines aim to improve the identification, treatment and management of malnutrition with a focus on community-dwelling patients and those residing in care homes. The guidelines should be implemented to promote and facilitate standardised evidence-based practice with regard to the management of adult patients who are malnourished or at risk of malnutrition in the community and who require support in relation to oral nutritional intake including the appropriate use of oral nutritional supplements (ONS); guidance regarding the provision of enteral tube feeding and parenteral nutrition is not included.

The guidelines are intended to provide information on current best practice, ensure cost effective prescribing and a consistent approach by primary care clinicians, across City and Hackney ICP in the management of malnutrition. The guidelines are designed for use by general practitioners (GPs), medicines management teams, dietitians, district nurses, practice nurses, pharmacists, care home staff and other community health care professionals.

1.2 Background: Malnutrition and Oral Nutritional Supplement Prescribing

Causes and Consequences of Malnutrition

Malnutrition is both a cause and consequence of poor health primarily occurring due to an inadequate energy intake resulting in weight loss and a depletion of both body fat and muscle¹. An inadequate intake of macro and micronutrients can over time cause deficiencies with widespread metabolic, functional and physiological effects on the body². Malnutrition is directly associated with delayed recovery, increased complications and increased mortality³. Adverse effects include:

- Impaired immune responses – increasing risk of infection
- Reduced muscle strength and fatigue
- Reduced respiratory muscle function – increasing risk of chest infections and respiratory failure
- Impaired thermoregulation – predisposition to hypothermia
- Impaired wound healing and delayed recovery from illness
- Apathy, depression and self-neglect
- Increased risk of admission to hospital and length of stay
- Poor libido, fertility, pregnancy outcome and mother child interactions ^{4,5,6}

Oral nutritional supplements (ONS) are commercially produced and often prescribed to improve nutritional status, treat malnutrition, and have good outcomes when used appropriately. London audit data indicate however that 57-75% of prescriptions are inappropriate (based on ACBS prescribing criteria and dietetic clinical judgment)⁷.

Incidence and Financial Consequences

- Malnutrition is estimated to affect at least three million adults in the UK ^{8,9}. The estimated annual health costs associated with malnutrition exceed £19.6 billion annually ⁹ and substantially impacts on the health economy with increased demands on General Practice services, out of hours services and increase rates of transition across pathways of care.
- It is estimated that 1 in 10 people over the age of 65 are malnourished or at risk ¹⁰.
- Malnutrition is associated with increased mortality and morbidity and results in greater frequency of hospital admissions, longer hospital stay and greater number of GP visits. Once in hospital, patients' average length of hospital stay is three days longer ^{4,5,9} and failed discharges are frequent ¹¹.

- Overall, it has been estimated that more than 80% of those patients identified as at risk of malnutrition on admission to hospital could have been identified and treated for malnutrition in the community before hospitalisation ¹².
- Improving the identification and treatment of malnutrition is estimated to have the third highest potential to deliver cost savings to the NHS ¹³.
- Whilst ONS have beneficial effects in terms of clinical outcomes, their use as a first line treatment option has caused concerns about efficacy and cost effectiveness¹⁴.

Commissioning Guidance and QIPP

- As the financial climate changes in the NHS, the challenge is to deliver efficiency, savings and minimise waste whilst ensuring high quality care ¹⁵. QIPP programmes are essential to help achieve financial savings that will make the system sustainable, as per the NHS Five Year Forward View ¹⁶.
- Commissioning for the nutrition and hydration needs of the population forms part of the NHS England Truths commitments in response to the Francis Report ¹⁷ and supports the Department of Health's request to develop strategies to improve the delivery of adequate nutrition and hydration services¹⁸.
- NHS England Guidance to Commissioning Excellent Nutrition and Hydration 2015-18 highlights the role of reviewing and providing guidance regarding the appropriate use of adult ONS via medicines optimisation as a community commissioning approach to improve clinical outcomes and financial efficiencies¹⁹.

Section 2: Identifying, monitoring and treating malnutrition dependent on risk: guidance on the appropriate use of ONS

Please refer to Appendix 1-4 for quick reference guidance

2.1 Oral Nutritional Supplement Prescribing Criteria

- Oral Nutritional Supplements (ONS) should only be prescribed to patients who **meet ALL the below criteria**:
 1. Have been screened using a validated malnutrition screening tool e.g. 'Malnutrition Universal Screening Tool' ('MUST'), and deemed to be at high risk of malnutrition or malnourished (MUST ≥ 2)
 2. Assessed regarding the underlying cause of malnutrition, with appropriate advice and support to address the underlying cause (Appendix 5)
 3. Meet the Advisory Committee for Borderline Substances (ACBS) criteria²⁰ (see below)
 4. Trialled with food first and homemade nourishing drinks for one month, prior to initiating the ONS prescription if clinically appropriate.
- If the patient meets the above criteria, the ONS Product Guidance should be utilised to ensure a clinically and cost-effective product is prescribed
- These standardised guidelines may be utilised by general practitioners to appropriately commence, review or discontinue ONS in line with best practice.

ACBS Indications for Oral Nutritional Supplements²⁰

Short Bowel Syndrome	Proven inflammatory bowel disease
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Intractable malabsorption Pre-operative preparation of patients who are undernourished Disease-related malnutrition Continuous ambulatory peritoneal dialysis (CAPD)	Following total gastrectomy Dysphagia Bowel Fistulas Haemodialysis
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2.2 Assessment and Monitoring of Malnutrition Risk

- Patients should be screened using a validated nutritional screening tool e.g. [MUST](#).
- MUST is a 5 step validated screening tool, used across acute and community health care settings to identify an individual's risk of malnutrition, categorised as low, medium or high.
- For all malnutrition risk categories (low, medium and high) the appropriate treatment, management and monitoring guidelines should be followed on completion of screening, please refer to the following appendices:
 - Community Dwelling Patients (Appendix 6)
 - Patients residing in Care Homes (Appendix 7)

Food first, homemade nourishing drinks and a review plan, dependent on nutritional risk category should be advised and documented for:

- Those who are **malnourished** that meet the following criteria^{3,21,-}:
 - A body mass index (BMI) of less than 18.5kg/m²
 - Unintentional weight loss greater than 10% within the last 3 to 6 months
 - A BMI less than 20kg/m² AND unintentional weight loss greater than 5% in the previous 3 to 6 months
- Those at **risk of malnutrition** that meet the following criteria^{3,21,-}:
 - Eaten little or nothing for more than 5 days and/or likely to eat little or nothing for the next 5 days or longer
 - A poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism
- Note, step 3 of the MUST tool assigns a score for 'acute disease effect'; *"If the patient is acutely ill AND there has been or is likely to be no nutritional intake for 5 days"*. BAPEN recommend the acute disease effect is unlikely to apply to patients outside of hospital.
- Clinical judgement should be applied for community dwelling patients undergoing treatment (e.g. chemotherapy) or following recent/recurrent episodes of acute illness/exacerbations of chronic illness (e.g. COPD) which impact on their nutritional intake, absorption or result in nutritional losses. The impact of these factors on an individual's nutritional status should be considered including those patients where concerns have not yet presented regarding weight loss or low BMI (i.e. BMI<20kg/m²).

- The MUST is a nutritional screening tool only, and therefore may not identify/capture clinical indicators of poor nutritional status in all patients. Dietetic referral should be completed in order for these patients to receive a full nutritional assessment and advice regarding an appropriate treatment and management plan including ONS prescription.
- If unable to obtain a weight/height measurement
 - Alternative measurements like Mid Upper Arm Circumference (MUAC) are available [here](#)
 - Subjective screening can be completed using the patient association nutritional checklist [here](#)

2.3 Identifying the underlying cause of malnutrition

- Once nutritional risk has been established, **the underlying cause of malnutrition should be assessed**, and treatment options identified. In addition to medical and pathological reasons, including disease related malnutrition; social and psychological reasons for increased malnutrition risk should be considered. Advice should be provided on services including social services, drug and alcohol support groups, day services and community social groups (Appendix 5).

Groups at risk of malnutrition include those with	
Chronic Diseases	Chronic obstructive pulmonary disease (COPD), cancer, inflammatory bowel disease, gastrointestinal disease, renal or liver disease
Chronic Progressive Disease	Dementia, neurological conditions (Parkinson's disease, motor neurone disease)
Acute illness	Where food is not being consumed for more than 5 days (this is often seen in the acute setting and is rare in the community)
Debility	Frailty, immobility, old age, depression, recent discharge from hospital
Social issues	Poor support, housebound, inability to cook and shop, poverty

- If the patient does not meet ACBs criteria, **over the counter (OTC) supplements, food first and homemade nourishing drinks should be recommended (See Appendix 8)**. If recommending OTC powder supplements, consider the contraindications as outlined in Appendix 3.

2.4 Food First and Homemade Nourishing Drinks

- **ONS should NOT be used as first line treatment** unless strong evidence base for using it as first line e.g. prehabilitation for Cancer or surgery.
- On completing nutritional screening, **education and encouragement regarding food first and homemade nourishing drinks should be provided and trialled for at least four weeks** prior to initiating ONS.
 - Where a patient commenced ONS in secondary care, it is unlikely the patient will have completed a 4 week trial of food first and nourishing drinks. Patients should receive appropriate advice regarding food first and homemade nourishing drinks on discharge, and the need for the ONS prescription to continue in primary care should be reviewed as outlined in section 5.

- A review plan, dependent on nutritional risk category should be advised and documented (Appendix 6 and 7)
- Diet sheets and information leaflets should be provided based on the patient's individual needs; a range of reproducible diet sheets and materials are available to download and print <https://gps.cityandhackneyccg.nhs.uk/prescribing-guidelines>. These aim to support clinicians providing patients and carers with advice regarding food first, homemade nourishing drinks and overcoming barriers to nutritional intake. To support care homes implementing these guidelines a care home resource pack is also available to download. Please see Appendix 9 for more information.

Section 3. Appropriate prescriptions and commencing ONS

3.1 Commencing an ONS Prescription

- The preferred **ONS product guidance** provides guidance on clinically and cost effective ONS to prescribe, see Appendix 1.
- A **sample/starter pack should be provided** aiming to establish taste preference and avoid unnecessary waste resulting from prescriptions of an ONS the patient will not take (if ACBS approved).
 - **Order online:** Free 'direct to patient' ONS sample packs are available to order online via the nutritional company website and are usually delivered direct to the patient's home/care home within 1-3 working days. Appendix 3 provides further information regarding the provision of ONS sample packs via online ordering.
 - **Prescription:** A sample pack or a one-week supply of the ONS may also be prescribed.
 - If commencing a powder ONS, the sample pack will provide the patient with a shaker for preparing the powder.
- **Commencing the ONS following trial with sample pack;**

Review the sample pack **within one week, identify flavour preference** and prescribe an

- **initial ACUTE four-week prescription; DO NOT prescribe on repeat**
- **Powder ONS initially (1st line ONS), unless contraindicated**
- **Recommended dose: 57g powder sachet twice daily**
- **Total volume to prescribe for 28days: 3,192g**

- See **Appendix 1 'Quick Reference ONS Product Guidance General Practitioners' reference'** for information on the appropriate prescription of powder, milkshake and compact ONS in primary care.
- Avoid prescriptions for ONS once daily, these provide 300-380kcal per day; calories which can easily achieved via food first (e.g. snacks) and homemade nourishing drinks (e.g. milky drinks); Appendix 8.
- If under dietetic review, the volume/quantity of ONS prescription required will be identified on dietetic assessment; this should aim to meet the nutritional needs of the patient and consider the nutritional deficit following an assessment of intake from foods and fluids.

- It is rarely necessary to prescribe more than two bottles of nutritionally complete supplements per day. Anyone who is reliant on ONS as a sole source of nutrition or achieves the majority of their nutritional intake from ONS should be under the care of a dietitian.

3.2 'ONS Product Guidance for GP Reference' (Appendix 1)

- Designed to provide concise information on clinically and cost effective ONS for GPs to prescribe where an ONS prescription has been indicated. This product guidance condenses the range of ONS available to prescribe in the community aiming to support prescribing decision making and to promote ease of use for GPs. The product groups (powder, milkshake and compact) represent products frequently prescribed across C&H, in line with local guidelines.
- The 'ONS Product Guidance for GP Reference' recommends
 - **Powder ONS to be prescribed initially unless contraindicated**
 - Clear information on clinically and cost-effective milkshake and compact ONS to prescribe, if powder ONS is contraindicated
- A variety of ONS are listed within each category with nutritional information included; aiming to ensure the appropriate ONS are prescribed to meet the patients' identified nutritional needs, offer choice, achieve taste preference, optimise compliance with ONS, optimise nutritional intake from ONS and therefore avoid unnecessary waste.

3.3 'ONS Product Guidance for Dietitian's Reference' (Appendix 2)

- Considering the range of ONS products available to prescribe, the 'ONS Product Guidance for Dietitian's reference' groups ONS products within their respective product range, providing information on the cost-effective product to prescribe within each product group. In addition, information on price, nutritional content, flavours, volume per serve and pack size of each product is included.
- Due to the frequent changes on ONS pricing, the product guidance (including quarterly updated prices) is available to download as a separate appendix to the guidelines via <https://gps.cityandhackneyccg.nhs.uk/prescribing-guidelines>.

3.4 Utilising the Product Guidance to Prescribe in line with Guidelines

- The product guidance (for dietitian reference) provides information on the cost effective ONS to prescribe within each product group and should be utilised when recommending the prescription of an ONS in primary care.
- ONS in the **AMBER** and **RED** section, should only be prescribed following dietitian assessment, where clinically indicated.
- Dietitians recommending the prescription of these products in primary care should ensure a clear and justified reason is communicated to the GP with evidence ONS in the **GREEN** section have been trialled and were inappropriate.
- Dietitians requesting GPs to review the ONS prescription, without dietitian follow up, should provide a clear agreed treatment plan with goals (*as outlined in section 5.1*), recommend a clinically and cost effective ONS within the respective ONS group (*recommend a product to prescribe or trial prior to prescribing*) aiming to support the GP prescribing ONS and reviewing patients in line with guidance.
- Dietitians should avoid requesting GPs to prescribe and review ONS products in the **AMBER** and **RED** section. To ensure disease specific and specialist ONS are prescribed when clinically indicated (e.g. modified consistency ONS) clear justification should be included in written communication to the GP.

- ONS prescription requests (e.g. following a discharge) which do not indicate a dietitian review plan and/or if it is not clearly communicated that ONS in the **GREEN** section have been trialled or are clinically inappropriate may be changed (following a trial) to an alternative ONS in line with the ONS Product Guidance.
- Where possible, patients should be informed this may happen following discharge e.g. communicating this information via the discharge letter
- Modular ONS (high fat and/or protein supplements) are not nutritionally complete, dietetic assessment should aim to ensure these are recommended only when appropriate for the patient and when other ONS are not suitable. Food fortification provides similar calories (Appendix 8).

Section 4. ONS Reviews

4.1 Appropriate Care Plans and Assessing Goals of Intervention

- Aims of nutritional intervention, taste preferences, a care plan and clear goals of ONS intervention (e.g. promote wound healing, weight gain within an identified target, prevent further weight loss) should be identified prior to commencing the ONS prescription.
- Following a sample pack, the preferable ONS should be prescribed on **an acute 4 week** prescription and reviewed prior to re-issuing.
- Goals of ONS intervention and compliance with ONS prescription should be considered on review.
- To maximise their effectiveness, patients should be advised to take supplements between meals and not as a meal replacement. Patient's with minimal nutritional intake and/or reliant on ONS as a sole source of nutrition should be referred to local dietitians.
- ONS should be prescribed, similar to other medications, on an individual patient named basis and documented in the patients' drug chart/medications card or electronic record. ONS **must not** be provided to a patient if they have not been prescribed the product.
- A quick reference flow chart is available to support with reviewing ONS prescriptions; **see Appendix 4.**

4.2 Discontinuing ONS

- When the agreed treatment goals are achieved, ONS should be discontinued.
- ONS may be reviewed and discontinued by the GP and/or dietitian.
- On discontinuing ONS, a review of nutritional risk screening should be provided within one month to ensure there is no precipitating problem (rescreening for risk of malnutrition). Arrangements for review should be scheduled by the GP or dietitian who discontinued the ONS.
- PCN pharmacists may be able to review and discontinue products subject to training from the PSD and with the support/confirmation from PSD.
 - **Community dwelling patients** should be encouraged to attend for review and opportunities including patients attending routine GP appointments/collecting prescriptions should be used to complete the nutritional screening tool
 - **Patients residing in care homes** should be screened by a member of the care home nursing team monthly

- Based on malnutrition risk score, steps should be followed as guidelines (Appendix 6 and 7)
- Changes to ONS prescriptions should be communicated by the clinician to the patient, and any member of the healthcare team involved in the patients' nutritional care e.g. care home team, GP, dietitian. A dietetic treatment summary should be completed following dietetic assessment and shared with appropriate members of the healthcare team as above.
- If the patient wishes to continue taking ONS although they do not meet prescribing criteria (e.g. MUST score ≤ 1 and/or the patient does not meet ACBS criteria and/or goals of ONS intervention have been achieved) OTC supplements and food based strategies (including food fortification and nourishing drinks) should be recommended as opposed to a continuation of the ONS prescription (Appendix 8).

4.3 Inappropriate prescribing

- 1kcal/ml sip feeds which are less clinically and cost effective than 1.5kcal/ml products (**see ONS Product Guidance Appendix 2**).
- Patients relying on ONS as a sole source of nutrition should be under the care of a dietitian to ensure ONS are prescribed appropriately and the patient's dietary intake is nutritionally complete.
- Powder ONS are not nutritionally complete and should not be recommended as a sole source of nutrition.
- Further considerations for ONS use should be used in the following patient group.

Substance Misuse

- **Substance misuse is NOT a specified ACBS indication for ONS prescription.** ONS prescribing in substance misusers (alcohol and drug misuse) is an area of increasing concern, due to both the cost and the question of appropriateness.

Substance misusers may have a range of nutrition related problems such as:

- Poor appetite and weight loss
- Nutritionally inadequate diet
- Constipation (drug misusers in particular)
- Dental decay (drug misusers in particular)

Reasons for nutrition related problems include:

- Drugs themselves – can often cause poor appetite, reduce pH of saliva leading to dental problems, constipation, craving sweet foods (drug misusers in particular)
- Chaotic lifestyles
- Lack of interest in food and eating
- Poor dental hygiene (drug misusers in particular)
- Irregular eating habits
- Poor memory
- Poor nutrition knowledge and skills
- Low income, intensified by increased spending on drugs or alcohol
- Homelessness / poor living accommodation
- Poor access to food

- Infection with HIV or hepatitis B and C
- Eating disorders with co-existent substance misuse

Problems often created by prescribing ONS in Substance Misusers:

- Once started on ONS it is difficult to stop the individual taking them
- ONS taken instead of meals and therefore no benefit
- They may be given to other members of the family / friends
- Often sold and used as a source of income
- Can be poor clinic attendees therefore making it difficult to weigh them and re-assess need for ONS

If ONS is initiated:

- The patient should be assessed by a dietitian. If they fail to attend on two consecutive occasions, ONS should be discontinued
- Maximum prescription should be for 600 kcal/day (twice daily)
- NO repeat prescriptions
- Prescribed on a short term basis only (i.e. 1-3 months) and this should be communicated to the patient
- If there is no change in weight after three months, ONS will be reduced and discontinued
- If weight gain occurs, continue until usual weight or healthy weight is reached, and reduction of ONS will be negotiated

ONS should NOT be prescribed in substance misusers unless ALL the following criteria are met:

- BMI < 18kg/m²
- AND there is evidence of significant weight loss (>10%)
- AND there is a co-existing medical condition which could affect weight or food intake
- AND once nutritional advice has been advised and tried
- AND the patient is in a rehabilitation programme e.g. methadone or alcohol programme or on the waiting list to enter a programme

If the individual does not meet the criteria, recommend OTC supplements, food first and homemade nourishing drinks.

4.4 Avoiding Pitfalls in Prescribing

- Errors in ONS prescribing frequently occur and can result as a consequence of insufficient information provided in the ONS prescription request, common errors include;

	Key Issue	Consequence	Solution
Total Volume Prescribed	Over or under prescribing e.g. prescribing two packets of supplements instead of two bottles/sachets per day	Increased costs associated with large volume of ONS prescribed inappropriately. Patient receiving/taking the incorrect volume	<ul style="list-style-type: none"> • Refer to ONS Product Guidance for advice on total volume of ONS to prescribe • If under a dietitian, check dietitian letter
	Example: Prescription for two packets of a supplement per day (Complan, 399g twice daily) instead of two serves per day (Complan, 57g twice daily)		

Incorrect Product Prescribed	Full product name is not provided in the prescription request letter	Incorrect product prescribed to the patient. Often products with similar names are more expensive and of less clinical benefit to the patient.	<ul style="list-style-type: none"> Refer to Quick Reference Guidance to ensure the product requested is in line with guidelines If under a dietitian, check dietitian letter
	Example: Ensure Liquid (a 1kcal/ml low calorie high cost item) prescribed instead of Ensure Plus Milkshake Style (1.5kcal/ml, lower cost item).		
Duration	ONS prescribed on repeat instead of acute	ONS prescriptions continue on repeat without review; patients receive no follow up	<ul style="list-style-type: none"> ONS prescribed on acute only; do not prescribe on repeat. If under a dietitian, refer to dietitian communication and follow advice on specified time frame for ONS prescription
	Example: repeat (reissued monthly without GP review); or acute (reissued for a specified timeframe e.g. acute for 2 months = monthly prescription issued twice and stopped)		

- For GPs to electronically prescribe an ONS on their electronic system and avoid errors in prescribing, they require the below information clearly presented. The preferred method for providing this information to general practices across C&H is outlined in the below table (Section 5.1)

Section 5. ONS Prescribing Across the Pathways of Care

Guidance provided within this section should be followed to ensure appropriate prescribing practice across the primary and secondary care interface, see Appendix 2.

5.1 Dietetic Communication

- A dietetic standard discharge letter, see Appendix 11
- In addition, the letter supports in providing clear and relevant information regarding:
 - Underlying cause(s) of compromised nutritional status and support provided**
 - Goals** of ONS and dietetic intervention
 - Dietetic treatment summary** including education provided to the patient/carer
 - Review and monitoring plan**
 - Additional actions required by the GP**
 - Assessment of [ONS prescribing criteria](#)**
- To ensure the patient receives the appropriate ONS prescription and support the appropriate review and management of the patient's care, **the above information should be clearly communicated to the GP with all ONS prescription requests.**
- The letter should inform the patient that their ONS prescription may be changed following discharge to primary care.

*****NUTRITION PRESCRIPTION REQUEST*****

Name and Manufacturer	Flavour	Volume per serve	Unit	Quantity /serve per day	Total volume per 28days	Volume per pack	No of packs required for 28days	Duration (weeks)	Prescription Type	'Patient information' for prescription
Milkshake bottle Manufacturer	Vanilla	200	ml	2	11,200	800	14	4	Acute	Mid-morning & Mid afternoon
Powder Manufacturer	Strawberry	57	g	1	1,596	399	4	4	Acute	Mid-morning

5.2 ONS Prescription Requests on Discharge from Secondary Care

ONS are often prescribed while in hospital and may be included in the transfer of care document (e.g. discharge drug summary or 'to take home' medications). Following discharge to primary care, the need for ONS prescription should be reviewed in line with local guidance and should consider changes in nutritional intake and clinical condition. The patient's nutritional status should also be reviewed to ensure an appropriate treatment and management plan is in place.

As outlined in section 5.1, clear communication must be provided to the GP for all ONS prescription requests.

- **Supplements requested to continue in primary care on FP10 prescription should meet the primary care ONS prescribing criteria.** If the patient does not meet defined criteria, OTC supplements, food first and homemade nourishing drinks should be recommended.
- If the patient meets **ONS prescribing criteria**, the ONS product prescribed should be in line with the primary care ONS Product Guidance. ONS should be prescribed on **an acute 4 week prescription and reviewed prior to continuing the prescription.**
- ONS products in the **AMBER** and **RED** section prescribed during secondary care admission should **only continue post discharge if the patient will remain under dietetic review** or if ONS in the **GREEN** section are contraindicated.
- Ideally, the patient will receive a trial of the ONS prior to changing the prescription. If unable to provide the trial in secondary care, advising the GP on a suitable clinically and cost effective ONS to trial in primary care will support the GP prescribing in line with Guidelines. The 'ONS Product Guidance for Dietitians Reference' provides advice on clinically and cost effective ONS available to prescribe within the respective product group.

5.3 Promoting Integrated Care

- To promote the continuity of dietetic care across the pathway, patients requiring continued dietetic input in primary care should be directly referred to the relevant community dietetic team or outpatient clinic by the acute dietitian.
- On discharging a patient and requesting the GP to review the ONS prescription, **written communication should be provided to the GP and include information outlined in section 5.1.** The GP should be provided with advice to support in reviewing the patient's malnutrition risk (e.g. re-screening) and actions to take should precipitating concerns increase following discharge (e.g., re-referral to dietetics as appropriate).

Section 6: Specialist Input

6.1 Specialist Dietetic and Speech and Language Therapy Input

- Patients identified as at risk of malnutrition, with continued concerns following advice on food first and homemade nourishing drinks should be assessed against local dietetic team referral criteria and referred as appropriate.
- Patients presenting with acute/chronic illnesses which may require specialist dietetic and nutritional intervention should be referred to the appropriate dietitian. This may include patients' presenting with disease related malnutrition/nutritional concerns relating to their physical and mental health and wellbeing, for example; malabsorption or renal complications chronic/acute organ failure or illness, mental health, vascular disease, eating disorders, cancer, dementia, diabetes, dysphagia, HIV, and autoimmune related illnesses.
- Patients presenting with dysphagia should be referred to a Speech and Language Therapist for specialist assessment, monitoring, intervention and advice. ONS recommended and prescribed should follow recommendations as per the SALT assessment.
- Further consideration for ONS use should be used in the following patient groups.

6.2 Palliative Care

Prior to prescribing ONS in palliative care, the individual patient's prognosis, treatment plan, and quality of life should be carefully considered. The rationale for supplement use should be considered with an emphasis on support and information provided to patient, their family and carers surrounding the benefits of encouraging small meals, snacks and drinks to include the patient's preferable foods. An emphasis should be placed on minimising barriers to nutritional intake including pain, nausea, and constipation.

- Patient's receiving **early palliative care treatment**, with months or years to live may be receiving palliative care to help improve their quality of life. For patients whom nutritional status is compromised, the use of ONS may be beneficial and may improve treatment outcomes.
- **In end of life palliative care**, the use of oral nutritional supplements is unlikely to improve nutritional status or prolong life. The aim of any intervention should be to improve quality of life, a focus on achieving nutritional intake via oral nutritional supplements can contribute to distress and anxiety. Weighing the patient is not indicated, and the nutritional content of meals and snacks are no longer of prime importance. Nutritional support should focus on the provision of favourite foods and drinks, palatable and preferred by the patient to help maximise quality of life.
- Considering the aim of any intervention for patients in **end of life palliative care** is to improve quality of life; if a patient is already established on an oral nutritional supplement and enjoys/tolerates the product then it is not recommended to discontinue the product. On reviewing the ONS prescription, products should only be discontinued/reduced if a patient is not tolerating/dislikes the product or would prefer to focus on favourable foods and fluids. If the patient is not completing or tolerating the full volume of ONS prescribed, the prescription volume should be reduced. The volume of ONS tolerated should be reviewed frequently to avoid waste.
- To provide support and reassurance to patients, families and their carers, a resource outlining the role of providing preferable foods and fluids is available in appendix 10

6.3 Diabetes

- The dietary treatment of malnutrition may require patients to have foods higher in fat and sugar than is usually recommended. For this reason, tighter monitoring of blood glucose levels is recommended. It is desirable to keep the blood glucose levels in a reasonable range to prevent undesirable side effects. Diabetes medications may need to be reviewed if oral intake has changed significantly. Malnutrition risk should be reviewed with dietary advice to optimise both nutritional status and diabetic control reflecting the diagnosis, prognosis and degree of malnutrition.
- ONS (milk and savoury based) are appropriate for patients with diabetes however their blood glucose levels may require careful monitoring with medication reviews provided as appropriate. It is important to apply clinical MDT judgement to ensure the individual's risk of malnutrition and need for ONS is not overlooked. If concerns are present regarding high and unstable blood glucose levels consider recommending a neutral flavour ONS due to the lower glycaemic index; contact your local dietitian for additional information and advice. Appendix 2, provides information on ONS available in neutral flavour.
- **If ONS is indicated, choose milky based products rather than juice based (due to lower glycaemic index (GI) value).**
- If milk and savoury ONS are not well tolerated, and concerns continue regarding increasing risk of malnutrition; fruit juice based supplements may be provided. Juice based supplements have a higher sugar content and therefore blood sugar levels should be monitored closely.

The above patient groups can be particularly challenging for primary care clinicians; GPs and primary care clinicians are frequently requested to prescribe ONS which may not be appropriate to prescribe.

To support implementation of these guidelines the City and Hackney's Prescribing Support Dietitian and Medicines Management Team may be contacted.

**Appendix 1: QUICK REFERENCE ORAL NUTRITIONAL SUPPLEMENT PRODUCT GUIDANCE
FOR GENERAL PRACTITIONERS AND PRIMARY CARE CLINICIANS**

(Available to upload on EMIS as a template)

ONS PRESCRIBING CRITERIA											
1. High Risk of Malnutrition e.g. MUST \geq 2 MUST Calculator 2. *ACBS Indicated 3. Food based methods trialled for one month including 'over the counter' supplements 4. Assess and support regarding the underlying cause of malnutrition If patient does not meet criteria for ONS Prescription: Recommend food first, homemade nourishing drinks and OTC supplements											
Commencing and Reviewing ONS Prescription	*Advisory Committee on Borderline Substances (ACBS) Indicators (BNF, 2020)										
<ul style="list-style-type: none"> Identify clear goals of ONS Prescription Acute 4-week prescription Review goals prior to re-issuing Goals met: discontinue ONS; review MUST score in one month Goals not met: Continue ONS and review in one month and, Refer to local dietitian if concerns continue	<table border="0"> <tr> <td><input type="checkbox"/> Disease Related Malnutrition</td><td><input type="checkbox"/> Dysphagia</td></tr> <tr> <td><input type="checkbox"/> Short Bowel Syndrome</td><td><input type="checkbox"/> Proven inflammatory bowel disease</td></tr> <tr> <td><input type="checkbox"/> Intractable malabsorption</td><td><input type="checkbox"/> Haemodialysis</td></tr> <tr> <td><input type="checkbox"/> Pre-operative preparation of undernourished patients</td><td><input type="checkbox"/> CAPD</td></tr> <tr> <td><input type="checkbox"/> Following total gastrectomy</td><td><input type="checkbox"/> Bowel Fistulas</td></tr> </table>	<input type="checkbox"/> Disease Related Malnutrition	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Short Bowel Syndrome	<input type="checkbox"/> Proven inflammatory bowel disease	<input type="checkbox"/> Intractable malabsorption	<input type="checkbox"/> Haemodialysis	<input type="checkbox"/> Pre-operative preparation of undernourished patients	<input type="checkbox"/> CAPD	<input type="checkbox"/> Following total gastrectomy	<input type="checkbox"/> Bowel Fistulas
<input type="checkbox"/> Disease Related Malnutrition	<input type="checkbox"/> Dysphagia										
<input type="checkbox"/> Short Bowel Syndrome	<input type="checkbox"/> Proven inflammatory bowel disease										
<input type="checkbox"/> Intractable malabsorption	<input type="checkbox"/> Haemodialysis										
<input type="checkbox"/> Pre-operative preparation of undernourished patients	<input type="checkbox"/> CAPD										
<input type="checkbox"/> Following total gastrectomy	<input type="checkbox"/> Bowel Fistulas										
ONS not listed in this product guidance should only be prescribed if recommended by a dietitian following assessment Clear justification an alternative ONS is required and should be communicated to the GP by the dietitian											

1 FIRST LINE: Patient meets criteria for ONS prescription: Prescribe Powder ONS

ACUTE 28DAY PRESCRIPTION AND REVIEW PRIOR TO RE-ISSUING

Product Name	Kcal /serve	Protein (g) /serve	Unit Size	Pack Size	Volume to Prescribe
Powdered ONS – high calorie, high protein and a range of vitamins and minerals. Not nutritionally complete.					
<input type="checkbox"/> AYMES Shake	386*	16	<input type="checkbox"/> 57g	399g	57g Twice daily for 28days
<input type="checkbox"/> Foodlink Complete Powder	385*	18.3	<input type="checkbox"/> 57g	399g	Total volume 3,192g
	387*	15.6	<input type="checkbox"/> 57g	228g	No of packs: 8x399g or 14x228g
Foodlink Complete Powder: *not nutritionally complete <ul style="list-style-type: none"> For a compact volume: Prepare with 125ml full fat milk (provides 335kcal, 15.8g protein) Fibre enriched/high protein: Foodlink Complete Powder Fibre also available (418kcal, 18.5g protein, 4.5g fibre) 					



2 SECOND LINE: If powder ONS is not tolerated or not suitable for the patient, trial a Milkshake Style ONS

Milkshake Style – nutritionally complete bottled ONS					
<input type="checkbox"/> Aymes Complete	300	12	<input type="checkbox"/> 200ml	800ml	200ml Twice daily for 28days
<input type="checkbox"/> Fortisip Bottle	300	12	<input type="checkbox"/> 200ml	800ml	Total volume: 11,200ml
					No of packs: 14x800ml



3 THIRD: If the patient is unable to complete the ~200ml volume of Milkshake Style ONS AND unable to prepare Foodlink Powder with 125ml full fat milk prescribe a compact bottle ONS

Compact Style – low volume/compact nutritionally complete ONS					
<input type="checkbox"/> Fortisip Compact	300	12	<input type="checkbox"/> 125ml	500ml	125ml Twice daily for 28days
<input type="checkbox"/> Altraplen Compact	300	13	<input type="checkbox"/> 125ml	500ml	Total volume 7000ml
					No pf packs: 14x500ml

*****Powdered ONS/OTC supplements contraindications: *****

Dysphagia • Limited dexterity & inability to prepare • Cow's milk allergy or intolerance (check company allergen information) • Under 6 years • Galactosaemia • Require thickened fluids • Not suitable for enteral feeding tubes • Patients with renal disease should be assessed by a dietitian prior to prescribing a powder ONS or OTC supplements
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ONS Product Guidance to be utilised in conjunction with full guidelines: Guidelines on the Identification, Treatment and Management of Malnutrition in Adults, including the Appropriate Prescription of ONS. Review date: October 2023

Appendix 2:

Quick Reference ONS Supplement Guidance for Dietitian Reference

This guideline should be followed to ensure appropriate prescribing practices across the primary and secondary care interface; and when requesting the prescription of an ONS in primary care.

Primary Care ONS Prescribing Criteria
<ol style="list-style-type: none">1. High Risk of Malnutrition e.g. MUST ≥ 2 MUST Calculator2. *ACBS Indicated3. Food first and homemade nourishing drinks trialled for one month including 'over the counter' supplements4. Assess and support regarding the underlying cause of malnutrition <p>If patient does not meet criteria for supplement prescription: Recommend food and fluid based strategies and OTC supplements</p>
On requesting an ONS Prescription in primary care
<p>FIRST: Patient meets criteria for ONS prescription: Prescribe Powder ONS</p> <p>SECOND: If powder ONS is not tolerated or not suitable for the patient, trial a Milkshake Style ONS</p> <p>THIRD: If the patient is unable to complete the ~200ml volume of Milkshake Style ONS prescribe a Compact ONS</p> <p>IF RECOMMENDING AN ALTERNATIVE PRODUCT AIM TO ENSURE IT IS WITHIN THE GREEN SECTION</p> <p>AMBER= ONLY PRESCRIBE IN PRIMARY CARE IF ONS IN GREEN SECTION ARE INAPPROPRIATE</p> <p>RED= ONLY PRESCRIBE IF ONS IN GREEN AND AMBER SECTION ARE INAPPROPRIATE</p>
Practical Guidelines to help ensure your patient is prescribed the appropriate product
<p>Provide a written summary of dietetic treatment including identified goals and a review plan</p> <p>If requesting the GP to review an ONS prescription,</p> <ul style="list-style-type: none">✓ provide clear goals of ONS treatment in written communication✓ advice regarding re-screening for risk of malnutrition✓ recommend a suitable ONS from the GREEN section unless contraindicated <p>If an alternative ONS is required, consider prescribing the cost effective ONS within the supplement group AMBER</p> <p>Avoid prescribing products in RED</p> <p>Secondary care dietitians may utilise the ONS Product Guidance to recommend the trial and prescription of a clinically and cost effective ONS, within the respective product group. For patients not receiving continued dietetic review, this information will support the GP to prescribe in line with the Guidelines.</p>

This product guidance is available to download from <https://gps.cityandhackneyccg.nhs.uk/prescribing-guidelines> including product prices, and will be updated quarterly to reflect product price changes

March 2022 Version

Prices obtained from The Monthly Index of Medical Specialities (MIMS) Online

For a quick product change reference guide click [here](#)

For a quick product change reference guide click [here](#)

Product Name	Price / serve	Kcal / serve	Protein / serve (g)	Unit Size	Pack Size	Flavours	Vegan (Ve) /vegetarian (V) / Kosher (K) / Halal (H)	IDDSI Level
POWDERED ONS – Always consider prescribing a powdered product first if appropriate**								
<input type="checkbox"/> AYMES Shake Powder⁽¹⁾	£0.49	385	19.0	57g	399g	B, C, S, N, V	V, H, K	0
<input type="checkbox"/> Foodlink Complete Powder Sachet ⁽¹⁾	£0.49	385	19.0	57g	399g	B, C, S, N, V	V, H ^(a) , K ^(a)	0
<input type="checkbox"/> Ensure Shake ⁽¹⁾	£0.49	389	17.0	57g	399g	B, C, S, V	V, H ^(g) , K ^(f)	0
<input type="checkbox"/> Complan Shake ⁽¹⁾	£0.49	380	15.5	57g	228g	B, C, N, S, V	V, H ^(g) , K ^(f)	NK
<input type="checkbox"/> Aymes Shake Extra ⁽²⁾	£1.96	593	12.5	85g	510g	B, C, S, V	V, H, K	0
<input type="checkbox"/> Enshake ⁽²⁾	£2.65	600	16.0	96.5g	579g	B, C, S, V	V ^(f) , H ^(g) , K ^(f)	0
<input type="checkbox"/> Calshake ⁽²⁾	£2.63	600	12.0	87g	609g	B, S, N, V	V ^(f) , H ^(g) , K ^(f)	0
<input type="checkbox"/> Scandishake ⁽²⁾	£2.66	588	12.4	85g	510g	B, C, S, N, V, Ca	V ^(f) , H ^(g) , K ^(f)	NK
MILKSHAKE STYLE – Nutritionally complete bottled ONS; if powdered ONS are not suitable								
<input type="checkbox"/> Altraplen Energy	£0.89	300	12.0	200ml	800ml	B, C, S, V	V, H ^(e) , K ^(e)	0/1 [#]
<input type="checkbox"/> Aymes Complete	£1.05	300	12.0	200ml	800ml	B, C, S, V	V ^(b) , H ^(b) , K ^(b)	0
<input type="checkbox"/> Fortisip Bottle	£1.12	300	12.0	200ml	800ml	B, C, S, N, V, Ca, O, TF	V ^(f) , H, K ^(f)	0
<input type="checkbox"/> Ensure Plus Milkshake Style	£1.12	300	12.5	200ml	800ml	B, C, S, N, V, Co, FOF, P	V ^(f) , H, K ^(f)	
<input type="checkbox"/> Fresubin Energy	£1.40	300	11.2	200ml	800ml	N, V, S, C, Bl,	H, K	0
<input type="checkbox"/> Aymes 2.0kcal	£1.63	400	16.0	200ml	800ml	Co, L, B, Tf V, B, S	V ^(b) , H ^(b) , K ^(b)	2
<input type="checkbox"/> Resource Energy	£2.12	300	11.2	200ml	800ml	A, B, C, Co,		NK
<input type="checkbox"/> Ensure 2kcal	£2.22	399	16.0	200ml	800ml	S/R, V		1
<input type="checkbox"/> Ensure Liquid	£2.49	251	10.0	250ml	800ml	B, S, N, V C, Co, V		0
COMPACT STYLE – Low volume nutritionally complete oral nutritional supplements								
<input type="checkbox"/> Aymes Shake Compact Powder⁽³⁾	£0.49	318	15.0	57g	399g	B, C, N, S, V	V, H, K	1
<input type="checkbox"/> Foodlink Complete Compact Powder ⁽³⁾	£0.49	318	15.0	57g	399g	B, C, N, S, V	V, H ^(a) , K ^(a)	0-2 [#]
<input type="checkbox"/> Fortisip Compact	£1.33	300	12.0	125ml	500ml	B, C, S, V,	V ^(f) , H, K ^(f)	NK
<input type="checkbox"/> Altraplen Compact	£1.33	300	12.0	125ml	500ml	FOF, A, Mo,	V ^(d) , H ^(e) , K ^(e)	NK
<input type="checkbox"/> Ensure Compact	£1.33	300	13.0	125ml	500ml	N B, HC, S, V B, S, V, Co	V ^(f) , H, K ^(f)	1/2 [#]
JUICE STYLE - Patients who do not like or are unable to tolerate milk-based sip feeds. Not nutritionally complete.								
<input type="checkbox"/> Aymes ActaSolve Smoothie Powder⁽⁴⁾	£1.00	297	10.7	66g	462g	Pi, M, P, SC	V, H, K	2
<input type="checkbox"/> Aymes ActaJuce	£1.70	300	11.0	200ml	400ml	A, O	V, H, K	0
<input type="checkbox"/> Altrajuce	£1.83	300	7.8	200ml	800ml	A, Bl, S, O	V ^(d) , H ^(e) , K ^(e)	0
<input type="checkbox"/> Ensure Plus Juce	£2.00	330	10.6	220ml	880ml	S, P, O, LL, Ap, FP	V ^(f) , H ^(h) , K ^(f)	1

□ Fresubin Jucy	£2.01	300	8.0	200ml	800ml	S, Ap, O, L, FoF, TF, BI	V, H, K	0
□ Fortijuice	£2.02	300	8.0	200ml	800ml	A, O, Ch, BI, Pi	V, H, K	0
HIGH PROTEIN, STANDARD ENERGY – Patients with increased protein requirements – identified following dietetic assessment								
□ Aymes ActaGain Protein Compact ⁽⁶⁾	£0.91	313	20.0	57g	399g	B, C, S, N, V	V, H, K	2/3
□ Altraplen Protein	£1.83	300	20.0	200ml	800ml	S,V	V ^(d) , H ^(e) , K ^(e)	1/2 [#]
□ Fortisip Compact Protein	£2.05	300	18.0	125ml	500ml	V, S, B, Mo, Be, P/M, N, G	V ^(f) , H, K ^(f)	NK
□ Fresubin Protein Energy	£2.19	300	20.0	200ml	800ml	To, FoF	H, K	1
□ Fortisip Extra	£2.43	320	20.0	200ml	800ml	C, S, V, Co,	V ^(f) , H, K ^(f)	0
□ Ensure Plus Advance	£2.20	330	20.0	220ml	880ml	Co, C, S, B, V	V ^(f) , H ^(h) , K ^(f)	1
Product Name	Price / serve	Kcal / serve	Protein / serve (g)	Unit Size	Pack Size	Flavours	Vegan (Ve) /vegetarian (V) / Kosher (K) / Halal (H)	IDDSI Level
HIGH PROTEIN, HIGH ENERGY – Patients with increased protein and energy requirements – identified following dietetic assessment								
□ Aymes Shake Powder ⁽¹⁾	£0.49	385	19.0	57g	399g	B, C, S, N, V	V, H, K	0
□ Aymes ActaGain 2.4 Complete Maxi	£1.33	480	19.2	200ml	400ml	S,V,B	V ^(b) , H ^(b) , K ^(b)	2
□ Aymes ActaGain 600	£1.60	600	24.0	250 ml	750 ml	S,V,B	V ^(b) , H ^(b) , K ^(b)	2
□ Fresubin 2kcal	£2.23	400	20.0	200ml	800ml	N, V, A, Co,	H, K	1
□ Fortisip 2kcal	£2.22	400	20.0	200ml	800ml	Co, C, S, B, V S, V	V ^(f) , H, K ^(f)	NK
FIBRE CONTAINING - Useful for patients with constipation								
□ Aymes Shake Fibre ⁽¹⁾ 5.0 g fibre	£0.71	374	19.0	57g	399g	V, C, S, B, N	V, H, K	0
□ Foodlink Complete Fibre ⁽¹⁾ 4.5g fibre	£0.76	397	19.0	63g	441g	V, C, S, B, N	V, H ^(a) , K ^(a)	1
□ Resource 2.0 Fibre ^(5g fibre)	£2.08	400	18.0	200ml	800ml	S, N, V, A, Co, SF		NK
□ Fresubin 2kcal Fibre ^(3g fibre)	£2.23	400	20.0	200ml	800ml	C, N, V, Co,	H, K ^{(i)(j)}	1
□ Ensure Plus Fibre ^(5g fibre)	£2.23	310	13.0	200ml	800ml	L, A	V ^(f) , H ^(h) , K ^(f)	1
□ Fresubin Energy Fibre ^(4g fibre)	£2.23	300	11.2	200ml	800ml	B, C, S, V, R	H, K ⁽ⁱ⁾	0
□ Fortisip Compact Fibre ^(4.5g fibre)	£2.20	300	12.0	125ml	500ml	B, C, S, V, Ca, Ch S, V, Mo	V ^(f) , H, K ^(f)	NK
SEMI SOLID DESSERT – Patients with dysphagia								
□ Nutricrem	£1.83	225	12.5	125g	500g	S, V, C, MC	V ^(d) , H ^(e) , K ^(e)	3-4 [#]
□ Aymes ActaSolve Delight ⁽⁵⁾ Powder	£0.99	302	11.2	125g	500g	Bu, L, Mi	V, H, K	4
□ Aymes ActaCal Crème	£1.20	188	9.4	125g	500g	V, C		4
□ Ensure Plus Crème	£2.09	171	7.1	125g	500g	B, C, N, V		4
□ Forticreme Complete	£2.06	200	11.9	125g	500g	B, C, V, FoF	V ^(f) , H ^(g) , K ^(f)	NK
□ Fresubin 2kcal Crème	£2.04	250	15.0	125g	500g	C, S, V, Co,	H, K	4
□ Fresubin YOcreme	£2.17	187	9.3	125g	500g	Pr	H, K	4
□ Nutilis Fruit Level 4	£2.58	206	10.5	150g	600g	L, R, A, Bi S, A	V ^(f) , H ^(g) , K ^(f)	4
MODIFIED CONSISTENCY - Patients with dysphagia								
□ Slo Milkshake Powder ⁽¹⁾ Level 2/3	£0.95	333	24.2	50g	350g	C, S		2/3

□ Nutilis Complete Drink Level 3	£2.32	300	12.0	125ml	500ml	C, S, V	V ^(f) , H ^(g) , K ^(f)	3
□ Nutilis Complete Crème Level 3	£2.32	300	12.0	125g	500g	C, S, V	V ^(f) , H ^(g) , K ^(f)	3
□ Fresubin Thickened Level 2/3	£2.35	300	20.0	200ml	800ml	S, V		2/3
SAVOURY STYLE - Best served warm as a soup or added to sauces								
□ Aymes Acta Solve Savoury ^{+200ml hot water}	£0.71	251	9.2	57g	399g	Chicken, Vegetable	V ^(c) , H ^(c) , K ^(c)	1
□ Vitasavoury ^{+100ml hot water}	£2.14	309	6.0	50g	500g	Chicken, Veg, Leek/P, Mush		NK
YOGURT STYLE - Less sweet, and useful for patients with taste fatigue or taste changes								
□ Ensure Plus Yogurt Style	£1.16	300	12.5	200ml	800ml	S, P	H	0
□ Fresubin YoDrink	£1.44	300	15.0	200ml	800ml	A/P, L, R		1
□ Fortisip Yogurt	£2.33	300	12.0	200ml	800ml	R, P/O, V/L		2
MODULAR ONS – ONLY PRESCRIBE IN EXCEPTIONAL CIRCUMSTANCES. Advise food fortification instead								
□ Altrashot	£2.16	140	2	40ml	120ml	S, V		0-1 [#]
□ Calogen	£5.04	135	0	30ml	200ml	B, S, N	V ^(f) , H, K ^(f)	NK
□ Calogen Extra Bottles	£5.10	160	2	40ml	200ml	S, N	V ^(f) , H ^(g) , K ^(f)	NK
□ Calogen Extra Shots	£6.00	160	2	40ml	6 x	S, N	V ^(f) , H ^(g) , K ^(f)	NK
□ Pro-cal shot	£2.67	100	2	30ml	40ml	B, S, N		1
□ Pro Cal Powder	£16.93	100	2	15g	120ml	N		
□ Fresubin 5 Cal Shot	£2.99	150	0	30ml	510g	N, L	Ve, V, H, K	2
□ Vitajoule	£5.04	40	0	10g	120ml	N		
					500g			

Flavour Codes for Oral Nutritional Supplements

A	Apricot	Ch	Cherry	M	Mango	Pr	Praline
Ap	Apple	Co	Coffee	MC	Mint Chocolate	R	Raspberry
B	Banana	FoF	Fruits of the Forest	Mi	Mixed Berries	S	Strawberry
Be	Berries	FP	Fruit Punch	Mo	Mocha	SC	Strawberry + Cranberry
Bi	Biscuit	G	Hot Tropical Ginger	Mush	Mushroom	SF	Summer Fruits
Bl	Blackcurrant	HC	Hazel Chocolate	N	Neutral	To	Toffee
Bu	Butterscotch	L	Lemon	O	Orange	TF	Tropical Fruit
C	Chocolate	Leek/P	Leek and Potato	P	Peach	V	Vanilla
Ca	Caramel	LL	Lemon Lime	Pi	Pineapple		

Legend

Powder based supplements instructions and limitations:

⁽¹⁾Made with 200ml whole milk ⁽²⁾Made with 240ml whole milk ⁽³⁾Made with 100ml whole milk ⁽⁴⁾Made with 150ml water

⁽⁵⁾Made with 75ml whole milk ⁽⁶⁾Made with 100ml whole milk

Powder based supplements not suitable for:

Limited dexterity & inability to prepare • Cow's milk allergy or intolerance (check allergen information from company) • Under 6 years • Galactosaemia • Require thickened fluids • Require additional fibre via their ONS • Not suitable for enteral feeding tubes • Patients with renal disease should be assessed by a dietitian prior to prescribing a powdered ONS or taking OTC supplement

Suitability for Vegetarian, Vegan, Halal, Kosher:

^(a) Does not contain any ingredients that are forbidden in the Halal or Kosher diets; however, the manufacturing process is not observed by the relevant religious body

^(b) Except strawberry flavour due to the presence of carmine.

^(c) Except for chicken flavour

^(d) Strawberry and Blackcurrant flavour contains colouring E120, which is also known as cochineal or carmine, and is not suitable for many vegetarians

- (e) Strawberry and Blackcurrant flavours are not suitable. All other flavours do not contain any ingredients that are forbidden in the Halal or Kosher diets; however, the manufacturing process is not observed by the relevant religious body
- (f) Except for flavours which contain carminic acid e.g. forest, peach, raspberry, blackcurrant and strawberry flavours
- (g) Does not contain any ingredients that are forbidden in the Halal diet; however, the manufacturing process is not observed by the relevant religious body
- (h) Except for lemon and lime flavour, vanilla flavour and raspberry flavour
- (i) Not for Passover use
- (j) Chocolate flavour is suitable for passover use

IDDSI Codes:

NK= Not known. If blank, product is a powder and IDDSI does not apply. IDDSI levels are reported by nutritional companies.

(#) Nualtra products IDDSI levels can be found [here](#): Altraplen Compact Daily Strawberry and Vanilla flavor are level 3 when chilled; Strawberry is level 3 when ambient and chilled. The rest of the flavors are as per Nualtra's [IDDSI Guide](#)

ONS Prescribing Across the Pathways of Care

Adapted from the Guidelines on the Appropriate Identification, Treatment and Management of Malnutrition in Adults, including the appropriate prescription of Oral Nutritional Supplements.

Dietetic Communication

- A dietetic standard [discharge letter](#) available to download from the 'Malnutrition Pathway' website includes the below 'Nutrition Prescription Request' box helping to reduce common errors in prescribing outlined above. <http://malnutritionpathway.co.uk/health-resources>
- In addition, the letter supports in providing clear and relevant information regarding:
 - **Goals** of ONS and dietetic intervention
 - **Dietetic treatment summary** including education provided to the patient/carer
 - **Review and monitoring plan**
 - **Additional actions required by the GP**
 - **Assessment of ONS prescribing criteria**
 - **Underlying cause(s) of compromised nutritional status and support provided**
- To ensure the patient receives the appropriate ONS prescription and support the appropriate review and management of the patient's care, **the above information should be clearly communicated to the GP with all ONS prescription requests.**
- **The letter should inform the patient that their ONS prescription may be changed following discharge to primary care.**

*****NUTRITION PRESCRIPTION REQUEST*****										
Name and Manufacturer	Flavour	Volume per serve	Unit	Quantity /serve per day	Total volume per 28days	Volume per pack	No of packs required for 28days	Duration (weeks)	Prescription Type	'Patient information' for prescription
Milkshake bottle Manufacturer	Vanilla	200	ml	2	11,200	800	14	4	Acute	Mid-morning & Mid afternoon

Powder Manufacturer	Strawberry	57	g	1	1,596	399	4	4	Acute	Mid-morning
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ONS Prescription Requests on Discharge from Secondary Care

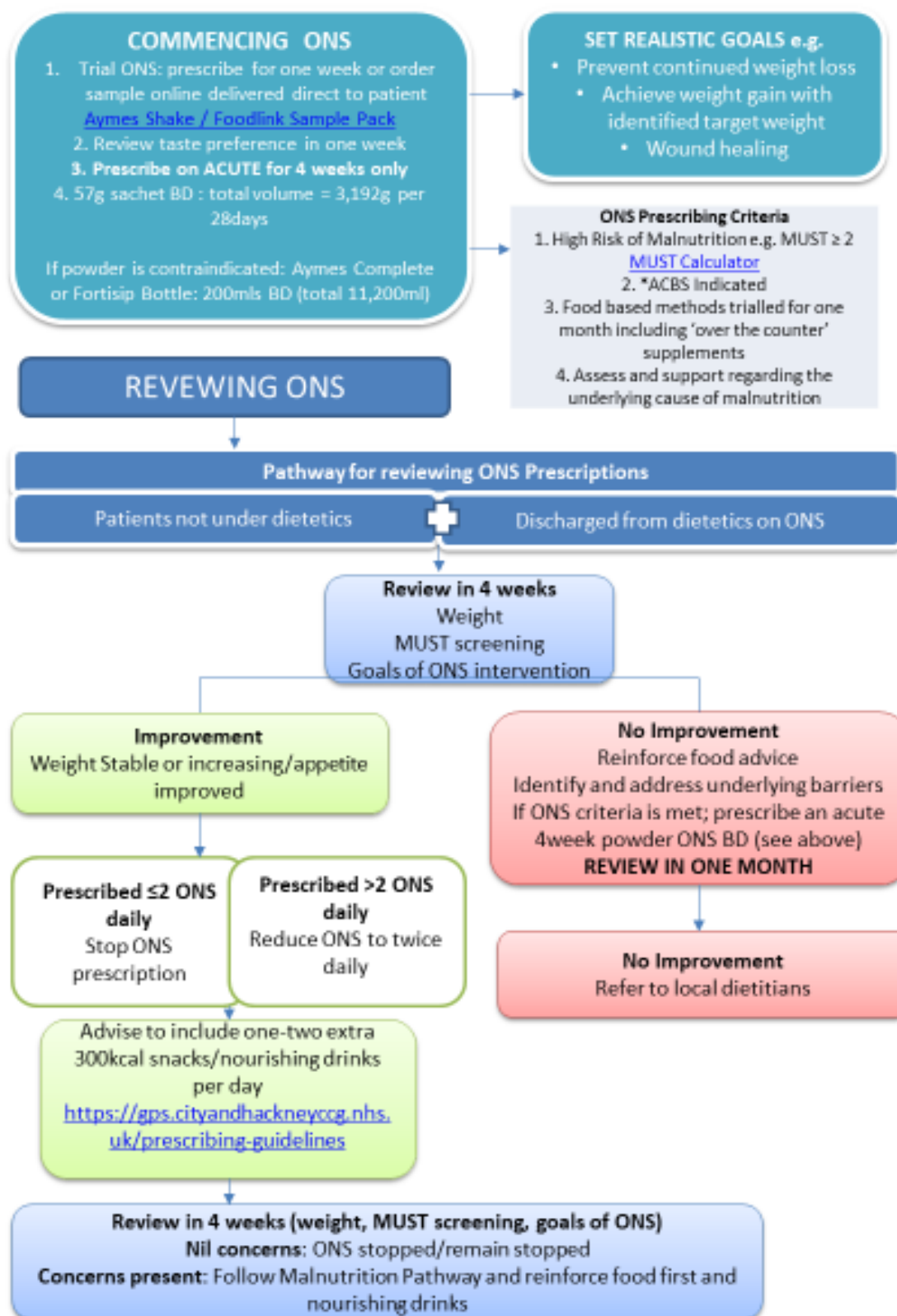
ONS are often prescribed while in hospital and may be included in the transfer of care document (e.g. discharge drug summary or 'to take home' medications). Following discharge to primary care, the need for ONS prescription should be reviewed in line with local guidance and should consider changes in nutritional intake and clinical condition following discharge. The patient's nutritional status should also be reviewed to ensure an appropriate treatment and management plan is in place.

Clear communication must be provided to the GP for all ONS prescription requests.

- **Supplements requested to continue in primary care on FP10 prescription should meet the primary care ONS prescribing criteria.** Discharge summary to include the below sentence:

"GP: Please consider switching to community formulary preparation"

- If the patient does not meet defined criteria, OTC supplements, food first and homemade nourishing drinks should be recommended.
- If the patient meets **ONS prescribing criteria**, the ONS product prescribed should be in line with the primary care ONS Product Guidance. ONS should be prescribed on **an acute 4 week prescription and reviewed prior to continuing the prescription.**
- ONS products in the **AMBER** and **RED** section prescribed during secondary care admission should **only continue post discharge if the patient will remain under dietetic review** or if ONS in the **GREEN** section are contraindicated. Dietitians to include clinical justification in discharge letter when choosing Amber and Red products.
- Ideally, the patient will receive a trial of the ONS prior to changing the prescription. Trial packs can be ordered below:
 - [Foodlink/Altraplen/Nutricreme/Altrajuce \(Nualtra\)](#)
 - [Aymes Shake, Aymes Complete, ActaSolve Smoothie \(Aymes\):](#)
 - [Ensure Plus Milkshake, Ensure plus juce \(Abbott\)](#)
 - [Fresenius Kabi](#)
 - [Fortisip bottle, Fortisip Compact \(Nutritia\)](#)
- If unable to provide the trial in secondary care, advising the GP on a suitable clinically and cost effective ONS to trial in primary care will support the GP prescribing in line with Guidelines. The 'ONS Product Guidance for Dietitians Reference' provides advice on clinically and cost effective ONS available to prescribe within the respective product group.



Assessing the underlying cause of malnutrition

Factor affecting Eating and Drinking

Possible education

Chronic/Acute Medical Condition
causing poor appetite, nausea e.g.
cancer, COPD, dementia



Address condition with GP

Constipation
causing abdominal discomfort
and poor appetite



Check hydration is adequate
Encourage fibre rich foods and
fluid intake

Difficulties swallowing
e.g. coughing on
eating/drinking, food "sticking" in
throat



Refer to Speech and Language
Therapy for assessment

Low mood and anxiety
e.g. loneliness, depression,
bereavement, isolation



GP or mental health review
Check hydration is adequate
Review social needs

**Problems with teeth or
dentures**
Sore or dry mouth
e.g. oral thrush & mouth ulcers.



Dentist review
Check oral hygiene needs are met

**Unable to do own shopping or
cook or feed self**



Suggest food home delivery, or
meals on wheels . Help from
relatives/friends. Refer to Social
services and/or Community
Therapy Team

Financial difficulties



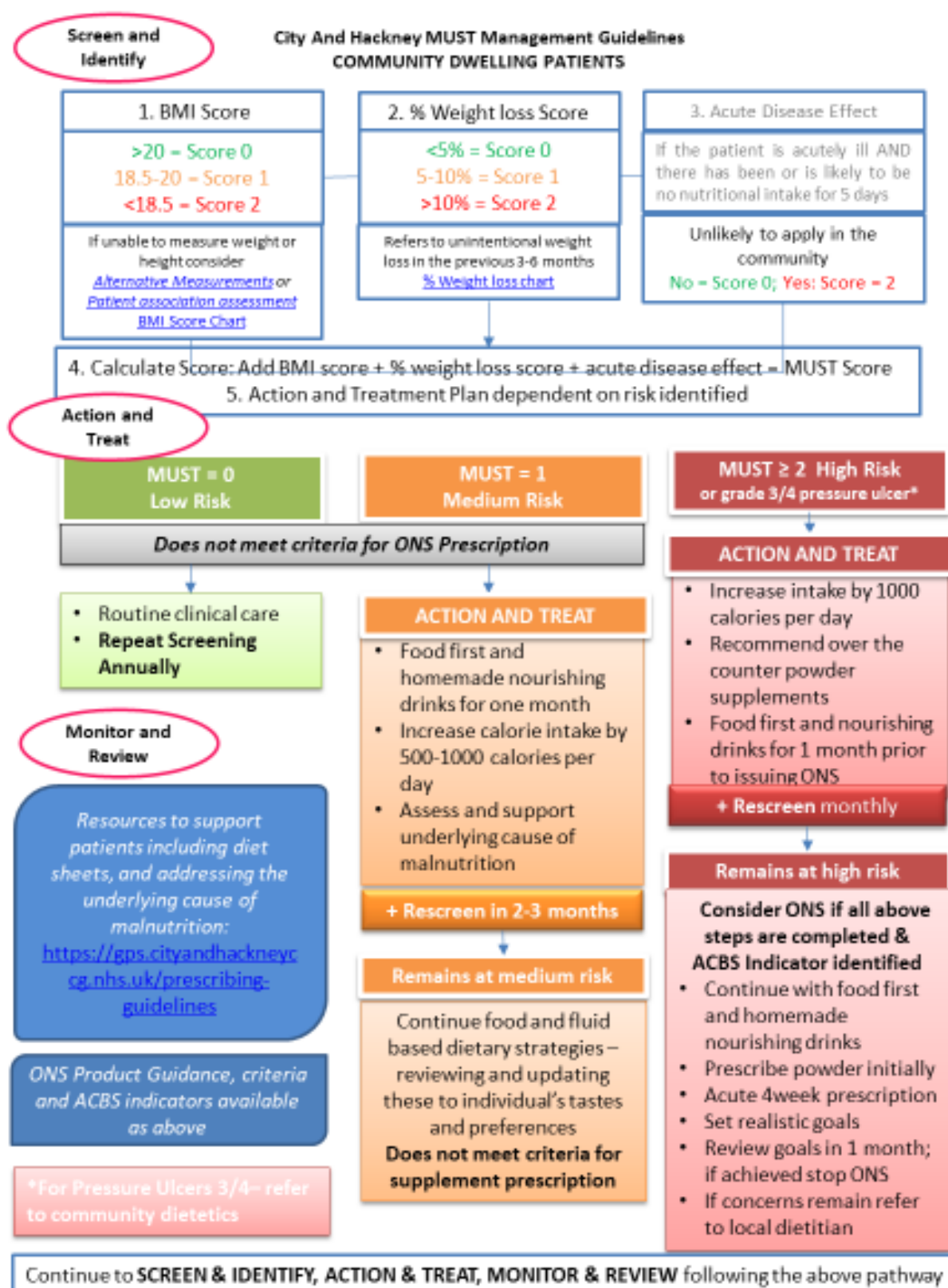
Refer to social services

**Alcohol intake exceeding
maximum recommendations (men
14 units, women 14 units) per
week, or substance abuse**

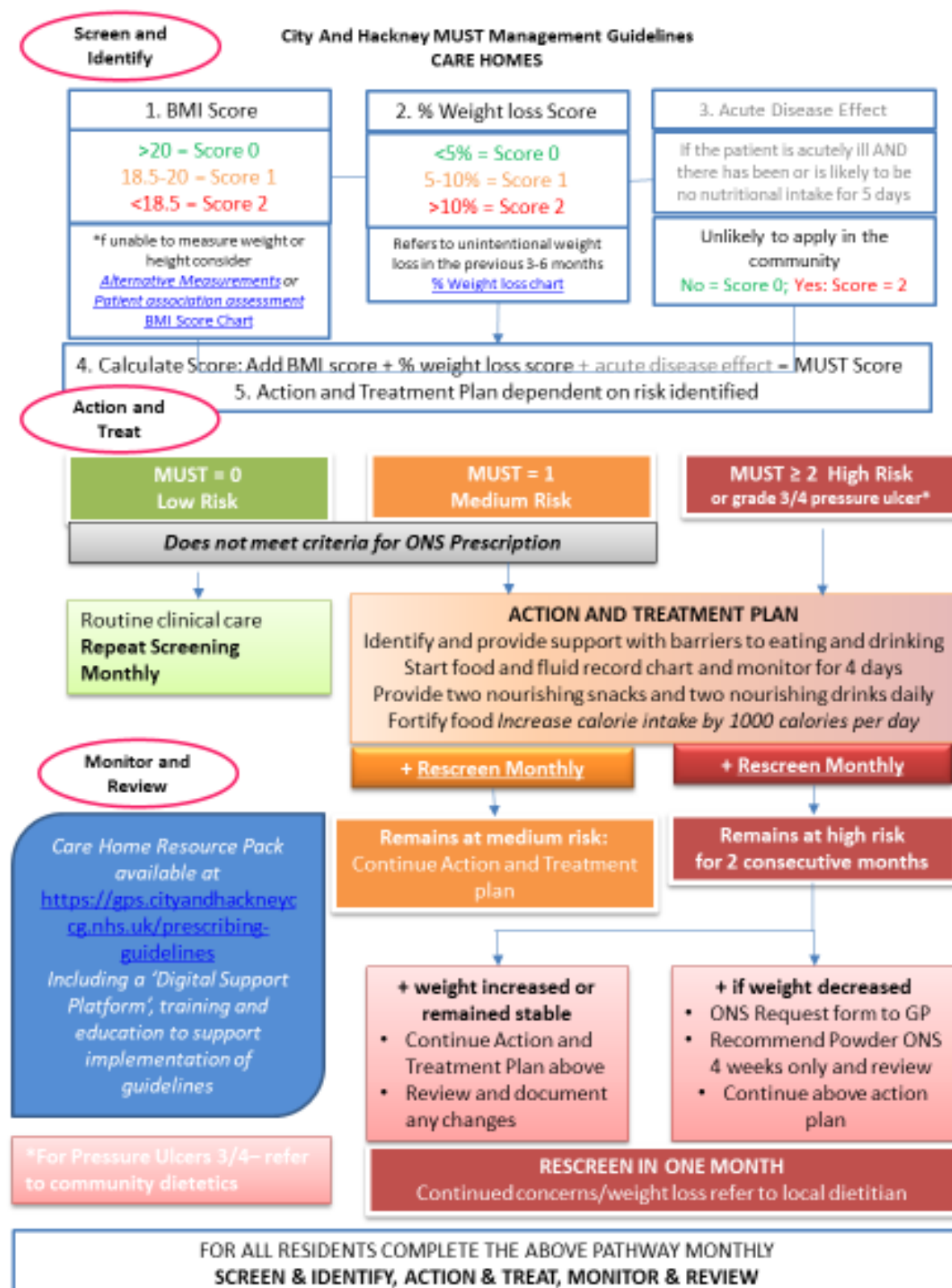


Refer to Community Drug and
Alcohol Services.

Appendix 6



Appendix 7



Appendix 8: ONS Product Guidance and Comparison data

Examples of OTC nourishing drinks and food items to supplement nutritional intake: -

- Complan™ *
- Nourishment™
- Milk Powder e.g. Marvel™, Plus Pints™
- Double cream

Please see Appendix 6 for further information on food based strategies including high protein high calorie snacks, food fortification and high calorie drinks.

Comparison of ONS with shop bought OTC nourishing drinks/food items

Prescribed ONS		Energy (kcal)	Protein (g)	OTC alternative		Energy (kcal)	Protein (g)
Name	Volume (mls)			Name	Volume (mls)		
Aymes Complete	200	300	12	Complan made with full cream milk	200	387	15
Fortisip Bottle	200	300	12	Milky drink and a small biscuit: 200mls fortified milk** with coffee/hot chocolate/ Horlicks	200	300	18
Scandishake	240	588	12.4	Complan with full cream milk and 1 tablespoons of double cream	230	527	18.7
Calogen	90	405	0	2 tablespoons of double cream added to food	60	280	2
Fresubin energy	200	300	11.8	Nourishment ½ can	210	214	11
Forticreme	125	200	11.9	Full fat yogurt	150	290	7
Complan	57g	387	15.6	Two cream crackers and a match box size cheese square	-	400	15

* For contraindications to these products please refer to Appendix 1

** fortified milk is whole milk with added milk powder e.g Marvel, Plus Pints

Appendix 9 – An example of food first and homemade nourishing drinks v's ONS

Increasing calorie intake by 840calories per day through food based strategies

Meal	Normal intake INCLUDING prescribed supplements	Energy (kcal)	Protein (g)
Breakfast	2 x Weetabix and semi-skimmed milk (200mls)	230	11.3
	Cup of tea with semi-skimmed milk	11	1
Mid-AM	Prescribed nutritionally complete supplement drink (200ml)	300	12
Lunch	Minced meat (small) (100g)	209	17
	1 boiled potato	48	1
	Small serving of carrots	8	0
	Small banana	76	3
Mid-PM	Prescribed nutritionally complete crème pot (125g pot)	200	12
Evening Meal	Packet soup made with water	48	1
	White roll (small)	88	2
	Low fat yoghurt	100	6
Supper	Cup of tea with semi-skimmed milk	11	1
	Plain biscuit	45	
Total	RELIANT ON SUPPLEMENTS TO PROVIDE 500KCAL, 24G PROTEIN	1374kcal	67.3g

Meal	Fortified Meal Plan EXCLUDING prescribed supplements	Energy (Kcal)	Protein (g)
Breakfast	2 x Weetabix, full cream milk and 1 tablespoon of dried fruit	237	16
	Small glass of fruit juice	76	1
Mid-AM	Milky coffee made with full cream milk	132	4
	Shortbread finger	90	1
Lunch	Minced meat (small)	209	17
	Scoop of mashed potato with butter and milk	90	2
	Small serving of carrots with butter	45	0
	Small banana mashed with evaporated milk and 1 teaspoon of sugar	167	5
Mid-PM	Cup of tea with whole milk	19	0
	Chocolate mini roll or a bowl of chopped fruit/one banana	100	1
Evening Meal	Soup with cream added	188	1
	Ham roll (small) with butter, slice of cheese and tablespoon of mayonnaise	329	20
	Thick and creamy yoghurt	208	4
Supper	Small mug of Horlicks made with full cream milk	225	9
	1 x crumpet and butter	98	3
A high calorie, high protein diet providing 5 portions of fruit or vegetables, 4 portions of dairy foods, regular carbohydrates and 2-3 portions of protein		2213kcal	84g

Appendix 10

The following resources are available to support clinicians in the management of patients prescribed oral nutritional supplements. All resources are accessible via <https://gps.cityandhackneyccg.nhs.uk/prescribing-guidelines>

1. **Guidelines:** Guidelines on the Identification, Treatment and Management of Malnutrition in adults, including the appropriate use of oral nutritional supplements
 - a. [Quick Reference Flow Chart: MUST Management Guidelines Community Dwelling Patients](#)
 - b. [Quick Reference Flow Chart: MUST Management Guidelines Care Homes](#)
2. **Quick Reference Oral Nutritional Supplement Product Guidance and Prescribing Criteria**
 - a. [Quick Reference ONS Product Guidance for GP reference](#)
 - b. [Quick Reference ONS Product Guidance for Dietitian Reference \(quarterly price updates\)](#)
 - c. [Quick product change reference guide](#)
3. **Diet Sheets and Resources** – Freely reproducible diet sheets and resources available to download, print and provide to patients and/or used to support patients and nutritional care plans in care homes.

Diet Sheets and Resources	
Food Based Strategies	<ul style="list-style-type: none">• High Protein High Calorie Fortified Milk based recipes• Snack Ideas and finger foods• Adding extra calories to everyday foods and drinks – considering food fortification on a budget
Fluid Based Strategies	<ul style="list-style-type: none">• Hydration and Nourishing Drinks – tips for encouraging fluid intake and the importance of good hydration• Fortified Milk• Milkshake and smoothie recipes including dairy free options
Additional Resources	<ul style="list-style-type: none">• My Hydration and Nourishing Drinks plan
Additional Care Home Resources	<ul style="list-style-type: none">• MUST of 1, 2, 2+ Food first management plan• Requesting an ONS prescription in line with Guidelines• Dementia leaflet

4. Care Home Resource Pack

Including resources listed above, relevant to support Care Homes providing the appropriate care and monitoring for individuals at risk of malnutrition.

- a. [Quick reference Malnutrition and ONS Guidance Care homes](#)

GP Electronic Medical Record (EMIS) Resources

5. **EMIS Web ONS Search** – XML file available to import to EMIS Web and complete an ONS search. Aiming to support prescribing support dietitians, prescribing advisors and general practitioners completing general practice audit and review of patients prescribed ONS.
6. **Adult ONS Review Tool for GPs** – available to upload on EMIS web (mail merge document) Recommended for use prior to commencing, and on reviewing an ONS prescription aiming to support general practitioners implementing guidelines. The EMIS template will support step-by-step completion of the MUST screening tool, with links to the MUST Management Guidelines and the Quick Reference ONS Product Guidance for General Practitioners. It is recommended this EMIS template is generated to appear prior to commencing and on re-issuing any of the ONS in the above search. Local prescribing support dietitians and prescribing advisors may encourage and support use of the EMIS template in general practices.

To access EMIS web resources, receive support on their use in practice, and sharing the resources with general practices in City and Hackney, contact the Prescribing Support Dietitian

Training and Education

7. The **'MUST' screening tool and the 'MUST' online calculator** is available on the British Association for Parenteral and Enteral Nutrition ('BAPEN') website www.bapen.org.uk/screening-for-malnutrition/must-calculator (note this replaces the MUST app previously available from BAPEN).

8. Oviva UK Limited Malnutrition Digital Support Platform

To support implementation of the guidelines a digital support platform is available to access by general practices, care homes and primary care teams.

The digital support platform includes learning modules, webinars and tutorials which cover each section of the guidelines, and practical learning for primary care clinical teams and care home staff to implement care pathways into routine clinical care.

The platform can be used to support mandatory induction training aiming to maintain education, and skills with staff turnover.

Webinars and learning tutorials may also be utilised by dietitians, and prescribing advisors delivering education and training to clinical teams at local level.

Online Oviva UK Malnutrition Support Platform for GPs, Carers and HCPs can be found below:

<https://www.ovivacoach.com/#/programme/3uqk8FEewgQgAEe4GaqAqy> Access Code: (MCEH-VYJB)

To access training and education resources and receive support on their use in practice, contact the Prescribing Support Dietitian at ovivauk.cityandhackney.ons@nhs.net

Appendix 11: Standard Dietitian letter of initial assessment

Insert Dietetic Team Address

Date.
Private and Confidential

GP/ Consultant Address

Dear Dr Brown

RE: GP Prescription Request

Patient Name: Joe Bloggs	D.O.B 12.10.75
NHS Number: 1230 123 123	
Address: 1 HIGH STREET, London SE1 2NN	

Reason for Referral	Nutrition support advice
Nutritional Diagnosis	Patient malnourished as evidenced by 13% weight loss over 3/12, secondary to poor appetite.
Nutritional Treatment +/-medical	Food based interventions + oral nutritional supplements
Diet Therapy Goal	To promote weight gain (Target weight 55kg) and improve nutritional status.

GP Actions
To monitor weight, once patient has reached target weight of 55kg, ONS to be discontinued.
N.B: During hospital admission, the patient received (<i>Fortisip bottle</i>). In line with community ONS prescribing guidelines, the product will be changed to Foodlink Complete Powder, as detailed below. <i>The patient has been advised of this product change will occur on discharge.</i>
OR
N.B: The below product is clinically appropriate to continue post discharge. Powder supplements have been considered although are not clinically appropriate secondary to XXXX.

*****NUTRITION PRESCRIPTION REQUEST*****										
Name and Manufacturer	Flavour	Volume per serve	Unit	Quantity /serve per day	Total volume per 28days	Volume per pack	No of packs required for 28days	Duration (weeks)	Prescription Type	'Patient information' for prescription
Foodlink Complete	Banana	57	g	2	3,192g	399g	8	4	Acute	Mid morning and mid afternoon

'Pop Up'/Screen message for prescription
To monitor weight before issuing new prescription if target weight reached (55kg) no further prescription indicated.

Standard ACBS Indicator for Oral Nutritional Supplements (ONS) (BNF, 2020)	
<input type="checkbox"/> Bowel Fistula <input type="checkbox"/> Continuous Ambulatory Peritoneal Dialysis <input checked="" type="checkbox"/> Disease- related Malnutrition <input type="checkbox"/> Dysphagia <input type="checkbox"/> Following Total Gastrectomy <input type="checkbox"/> Growth Failure	<input type="checkbox"/> Haemodialysis <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Intractable Malabsorption <input type="checkbox"/> Pre-op preparation for undernourished patients <input type="checkbox"/> Short Bowel Syndrome
Specific ACBs Indicator for 'insert name' supplement:	

Resources/Education/Advice Provided
Advised to continue with high calorie high protein diet including 2 nourishing snacks and drinks daily. Resources provided to patient (INSERT LINK TO RESOURCES IF AVAILABLE)

Follow Up Arrangements
GP PLEASE REVIEW (areas with no community dietitians to review patients) Please review the ongoing need for ONS by DATE. Please discontinue ONS if diet therapy goals above have been achieved and arrange to repeat nutritional screening in 1 month. Continue to encourage patient regarding dietary advice above. (If goals have not been achieved or concerns arise) or (On repeat screening follow local dietetic referral criteria). (INSERT TEAM NUMBER/EMAIL ADDRESS)
IF REMAIN UNDER DIETITIAN REVIEW INSERT DATE AND LOCATION OF REVIEW

Dietetic Supporting Information		
Anthropometry		
Weight (kg): 49 (27.10.15)	Height (m): 1.65 (27.10.15)	BMI (kg/m ²): 18 (27.10.15)
Weight History: 51kg 18.10.15; 54.4kg 10.10.15; 55kg 02.09.15; 56.7kg 04.07.15		
Weight Change: 13.6% weight loss 3/12		Malnutrition Risk Score e.g. MUST Score: 4

Please do not hesitate to contact me should you require any further information.

Yours sincerely

Printed Name
Job Title
HCPC Number

cc:

Patient
Consultant
GP

12. References and Further Reading

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- ¹⁹ NHS England (2015) Guidance to Commissioning Excellent Nutrition and Hydration 2015-18 <https://www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guid.pdf>
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