NHS
North East London

# Guidelines on the Identification, Treatment and Management of Malnutrition in Adults, including the appropriate prescribing of Oral Nutritional Supplements

| Document control | |
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| **Title** | Guidelines on the identification, treatment and management of malnutrition in adults, including the appropriate prescribing of oral nutritional supplements |
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These guidelines are designed for use by:
General practitioner's (GPs)
Medicines Optimisation Teams
Dietitians
District nurses
Practice nurses
Practice Pharmacists
Care Home staff
Other prescribing clinicians in the community and secondary care upon patient discharge.


**Authors: Guidelines reworked and reviewed by joint NEL ICB working group:**

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| Stela Chervenkova | Adult Prescribing Support Dietitian, Oviva UK Limited |
| Christine Hultholm | Medicines Optimisation & Prescribing Support Dietitian for Redbridge |
| Katti Nwosu | Senior Medicines Optimisation Pharmacist for NEL ICB City & Hackney |
| Nikki Shah | Senior Medicines Optimisation Pharmacist, NEL ICB Tower Hamlets, Newham & Waltham Forest |
| Amanda Herbert | Joint Professional Lead for Dietetics, Homerton Healthcare NHS Foundation Trust |
| Munawara Dawood | Medicines Optimisation Pharmacist, NEL ICB Tower Hamlets, Newham & Waltham Forest |
| Hannah Style | Professional Development Lead Dietitian for ELFT |
| Tara Pillin | Medicines Optimisation & Prescribing Support Dietitian for Havering and Barking & Dagenham |
| Sarah O'Toole | Lead Prescribing Support Dietitian for Bart's Health |
| Gurjeet Sekhon | Lead Dietitian for Adult Home Enteral Tube Feeding and Nutritional Support Community |



**Acknowledgements:** These guidelines have been adapted to include local policy and are based on the Homerton Healthcare and City & Hackney Guidelines 2020. Some adaptations also made from Guidelines for the Appropriate Use of Oral Nutritional Supplements (ONS) for Adults in Primary Care (Nov 2012 – September 2015 & March 2018 Update), East and North Hertfordshire Clinical Commissioning Group.


**For support with implementing these guidelines at local level, contact your local Prescribing Support Dietitian or Pharmacy and Medicines Optimisation Team.**

***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
IDDSI - International Dysphagia Diet Standardisation Initiative
SLT – Speech and Language Therapy

# Section 1: Introduction and Background

**Aims of these guidelines:**

1. Provide guidance on food-based treatment in primary care.
2. Support the appropriate management of adult malnutrition in primary care and community.
3. Provide patient information on managing malnutrition that may be freely reproduce
4. Provide guidance on the appropriate use of ONS if required

**Note: This guideline does not cover enteral feeds or patients under the care of the Home Enteral Feeding Team. Please contact or make a referral to your local Nutrition and Dietetics community team.**

**Note:** ONS prescribing will also be different for patients with diagnosed inflammatory bowel disease **(IBD)**. These patients will rely on ONS to maintain nutritional status and fall outside of these guidelines.

**Document navigation:**

Sections **of particular note** for GPs and other prescribers to aid decision making, include:

Section 2 – please read in full and refer to as required.
Section 3 – excluding point 3.3 – please read in full and refer to as required.
Section 4 – read point 4.1- 4.4 in full and refer to as required.
Appendix 1 – This functions as the main **short-hand guide and includes the ONS formulary.**
Appendix 3-13 – Please read and refer to as required.

Links to NEL website can be seen throughout the document – this includes useful resources and written information for patients.

Links are also made throughout the document to related sections / appendices.

Sections **of particular note** for dietitians in community and secondary care, include:

Section 3 – point 3.3
Section 5 – please read in full and refer to as required.
Appendix 2

## 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 regarding 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 outside the scope of these guidelines.

The guidelines are intended to provide information on current best practice, ensure cost effective prescribing and a consistent approach provided by primary care clinicians, across North East London ICB in the

management of malnutrition. The guidelines are designed for use by general practitioners (GPs), Medicines Optimisation Team, dietitians, district nurses, PCN teams, practice nurses, practice 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 muscle[1]. An inadequate intake of macro and micronutrients can over time cause deficiencies with widespread metabolic, functional, and physiological effects on the body[2]. Malnutrition is directly associated with delayed recovery, increased complications and increased mortality[3].

For underlying causes please see section 2.3 Identifying the underlying cause of malnutrition.

Causes are likely to be multifactorial.

(Please also refer to Appendix 5 for examples and guidance and NEL website for useful resources)

Adverse effects of malnutrition 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]

### Incidence and Financial Consequences

- Oral nutritional supplements 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 judgement)[7].

- 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 stays 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].

**Commissioning Guidance and QIPP**

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 effectiveness[14].

- With a changing financial climate, the NHS, needs to deliver care that is cost-effective, with minimal waste, without compromising care quality[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 services[18]. This applies to all settings: secondary and primary care, community, and care homes.

- 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 efficiencies[19].

# 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 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 Score ≥ 2).
   Other screening tools include: **Patient Association nutrition checklist**, **SANSI** (SANSI is used in ELFT) – please refer to Appendix 8 and NEL website for more information.

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) criteria[20] (see below)

4. Trialled with food-based treatment and homemade nourishing drinks for one month, prior to initiating the ONS prescription if clinically appropriate (please see Appendix 9 and 10 for comparisons).

- If the patient meets the above criteria, the ONS Product Guidance (Appendix 1 and Appendix 2) 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 Supplements[20] | |
|---|---|
| Short Bowel Syndrome<br>Intractable malabsorption<br>Pre-operative preparation of patients who are undernourished.<br>Disease-related malnutrition<br>Continuous ambulatory peritoneal dialysis (CAPD) | Proven inflammatory bowel disease<br>Following total gastrectomy<br>Dysphagia<br>Bowel Fistulas<br>Haemodialysis |

## 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 and is used in acute and community health care settings to identify an individual's risk of malnutrition, categorised as low, medium, or high.
- Alternative screening tools include the **patient association nutritional checklist** and **SANSI** tool (SANSI is used in ELFT) – please see NEL website and Appendix 8 for more information.
- 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 based treatment, 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/m$^2$).

- Screening tools may not identify/capture clinical indicators of poor nutritional status in all patients. Dietetic referral should be completed for these patients, in order to receive a full nutritional assessment and advice regarding an appropriate treatment and management plan including ONS prescription, if appropriate.

- 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, homeless, dependent for nutrition, inability to cook and shop, poverty |

- **If the patient does not meet ACBS criteria, over the counter (OTC) supplements, food-based treatment and homemade nourishing drinks should be recommended (See** Appendix 9 and 10**).** If recommending OTC powder supplements, consider the contraindications as outlined in Appendix 3.

## 2.4 Food based treatment 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 in preparation for Cancer treatment or surgery.
- On completing nutritional screening, **education and encouragement regarding food-based treatment 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-based treatment and nourishing drinks. Patients should receive appropriate advice regarding food-based treatment 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. Patients should also be advised that the ONS may change upon discharge. Please see NEL website for resources.
- 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 from North East London website (NEL website please refer to Appendix 11). These aim to support clinicians providing patients and carers with advice regarding food-based treatment, homemade nourishing drinks and overcoming barriers to nutritional intake. First line advice should be part of the nutrition care plan and should be added to annual health checks and hospital passports where appropriate. To support care homes implementing these guidelines a care home resource pack is also available to download. Please see Appendix 9 for more information.

## 2.5 Hydration

Dehydration and malnutrition often go together. **Signs of dehydration** can include:

- Dark, strong-smelling urine
- Reduced urine output
- Headaches
- Tiredness
- Dry mouth or lips
- Confusion, lack of concentration
- Constipation
- Urinary tract infections

(Please see Appendix 11 and NEL website for resources)

# 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. **Where appropriate, a powdered ONS should always be first line, as per product guidance. Please see section 3.5 When to consider alternatives to first line ONS if you think powder is not suitable.**
- 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:** The prescriber can order free 'direct to patient' ONS sample packs, via the nutritional company website that are usually delivered direct to the patient's home/care home within 1-3 working days. Appendix 4 provides further information regarding the provision of ONS sample packs via online ordering.
- **Prescription:** Either a sample pack or a one-week acute supply of the ONS may also be prescribed (**not for repeat**) – please see example in box below or Appendix 1.
- If commencing a powdered ONS, the sample pack will provide the patient with a shaker for preparing the powder. **Please advise patient not to throw away.**

- **Commencing the ONS following trial with sample pack:**

Review the sample pack **within one week, identify flavour preference** and prescribe as follows:

**-Initial ACUTE four-week prescription; DO NOT prescribe on repeat.**

**-Powdered ONS initially (1st line ONS), (unless contraindicated - Section 3.5)**

**-Recommended dose: 57g powder sachet twice daily**

**-Total volume to prescribe for 28 days: 56 sachets**

- 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-based treatment (e.g., snacks) and homemade nourishing drinks (e.g., milky drinks); Appendix 9 and 10.
- 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 NEL, in line with local guidelines.
- The 'ONS Product Guidance for GP Reference' recommends:

- **Powdered ONS to be prescribed initially unless contraindicated (see section 3.5)**
- Clear information on clinically and cost-effective milkshake and compact ONS to prescribe, if powdered ONS is contraindicated

- Options 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 (financially and environmentally).

## 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 yearly updated prices) is available to download as a separate Appendix to the guidelines via NEL website.

## 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 by GPs **following a 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 their ONS may change upon discharge e.g., verbally and/or communicated 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 9 and 10).

## 3.5 When to consider alternatives to first line powdered ONS

**Consider using an alternative to first line powdered ONS if the patient:**

- Has trialled a selection of powdered ONS, dislikes them and is unlikely to be adherent.
- Dislikes sweet drinks.
- Has difficulty mixing the drink and there is no carer support to assist with this. This could include hand stiffness, weakness or tremor, or visual impairment.
- Dislikes milky drinks. Juice style supplements are available (see Appendix 3) – though should be avoided in diabetes – please see section 6.3 Diabetes, for further advise.
- Patient requiring liquid ONS as part of an enteral feeding regimen administered via the enteral feeding route.
- Patient is on fluid restriction (e.g., refractory ascites, chronic heart failure). The patient will require referral to a Dietitian.
- Has other complex nutritional needs e.g., renal or liver disease, poorly controlled diabetes, or gastrointestinal disorders. These patients should also be referred to a community dietitian.
- **Patients with renal impairment:**
    - Powdered ONS are higher in potassium and could lead to hyperkalaemia. Risk is greater if the patient is also taking a potassium sparing medication e.g., ACE-inhibitor.
    - Patient with chronic kidney disease taking phosphate binders. Milk based powdered ONS contains a higher phosphate content.
- Has lactose intolerance. Ready- to-drink ONS are very low in lactose.
- Has dysphagia - pre-thickened supplements may be required for patients who meet criteria for ONS prescription and who have a diagnosed swallowing difficulty. Prescription to be guided by SLT recommendations.

Pls see - Commencing the ONS following trial with sample pack examples box.

# 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, preventing 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.** Patients with minimal nutritional intake and/or reliant on ONS as a sole source of nutrition should be referred to local dietitians.
- In care home settings, ONS should be prescribed, like other medications, on an individual patient named basis and documented in the patients' MAR 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 guide is available to support with reviewing ONS prescriptions; see Appendix 4.

## 4.2 Discontinuing ONS

- Nutrition support is often required for a short time only, **during a period of acute illness, medical treatment or pre- or post-surgery.**
- Patients on ONS should be reviewed every 1-3 months to assess progress towards goals.
- Some patients may require long term ONS e.g., if they have a chronic medical condition that makes oral intake difficult, increases nutrient loss or nutritional requirements.
- When the agreed treatment goals are achieved, ONS should be discontinued.
- ONS may be reviewed and discontinued by the GP, Dietitian, Practice Pharmacist, and any other prescribing clinicians.
- 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 relevant healthcare professional, 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 for malnutrition by a member of the care home nursing team monthly.
- Based on malnutrition risk score, steps should be followed as per 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) food-based strategies (including food fortification and nourishing**

**drinks) or OTC supplements should be recommended as opposed to a continuation of the ONS prescription** (Appendix 9 and 10).

## 4.3 If patients object to changing or stopping ONS

- Explain that these products are usually for short-term use only.
- Powdered ONS may be perceived as inferior to pre-mixed ONS. However, powdered ONS typically contain 15-19 g protein and nearly 400 kcal per drink (when mixed with milk) compared with 12g protein and 300kcal per drink for ready-mixed varieties.
- Explain that prescription is according to evidence-based criteria. As the patient no longer meets these, the prescriber should not prescribe them.
- Equally, service users also have the right to withdraw treatment.

## 4.4 Inappropriate prescribing

- 1kcal/ml sip feeds are less clinically and cost effective than 1.5kcal/ml products (**see ONS Product Guidance Appendix 2 and 3).** OptmiseRx pop up messages are available at the point of prescribing and should not be ignored.
- 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.
- Powdered ONS are not nutritionally complete and should not be recommended as a sole source of nutrition.
- Please see Appendix 13 Changing ONS after hospital discharge.

## 4.5 Substance Misuse

**Further considerations for ONS use should be used in the case of 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)
- Poor skin integrity and increased susceptibility to infection and infectious disease

**Reasons for nutrition related problems include:**

- Drugs themselves – can often cause poor appetite.
- Drugs can reduce pH of saliva leading to dental problems, constipation, craving sweet foods (drug misusers in particular). Dental problems can lead to self-selected textured diets that are unlikely to be adequate.
- 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)
- **AVOID** prescribing on repeat.
- Prescribed on a short-term basis only (i.e., 1-3 months) and this should be communicated to the patient and documented in the patients notes.
- 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.
- If the supplement can be stored safely e.g., in a hostel setting with staff who can support with administration and monitor compliance that is preferable.

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

- BMI<18kg/$m^2$
- 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.
- AND they want to engage / motivated to gain weight and don't want to sell it on

If the individual does not meet the criteria, recommend OTC supplements, food-based treatment and homemade nourishing drinks and consider referral to a dietitian (see Appendix 9 and 10 and NEL website)

## 4.6 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 | • Refer to ONS Product Guidance for advice on total volume of ONS to prescribe.<br>• 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<br><br>Incorrect ONS with 'sound alike name' picked from drop down list. | Incorrect product prescribed to the patient. Often products with similar names are more expensive and of less clinical benefit to the patient. | • Refer to Quick Reference Guidance to ensure the product requested is in line with guidelines.<br>• 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 remain on repeat without review; patients receive no follow up | • ONS prescribed on acute only; do not prescribe on repeat.<br>• If under a dietitian, 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 North East London 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 12
- 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/ gram per serve | Unit | Quantity / serve per day | Total volume/ sachets per 28days | Volume /sachets per pack | No of packs required for 28 days | Duration (weeks) | Prescription Type | 'Patient information' for prescription |
| Milkshake bottle **Manufacturer** | Vanilla | 200 | ml | 2 | 11,200 ml | 800 ml | 14 | 4 | Acute | Midmorning & Mid afternoon |
| Powder **Manufacturer** | Straw-berry | 57 | g | 2 | 56 sachets | 7 | 4 | 4 | Acute | Midmorning |

## 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-based treatment and homemade nourishing drinks should be recommended – please refer to Appendix 9 and 10 and NEL website for resources.

- If the patient meets **ONS prescribing criteria**, the ONS product prescribed, should be in line with the primary care ONS Product Guidance (see section 3.2 and Appendix 1). ONS should be prescribed on **an acute 4-week prescription and reviewed prior to continuing the prescription**. The prescriber should consider if acute illness has improved and if food-based treatment and nourishing drinks could meet nutritional requirements.

- 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 (see section 3.5)

- 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.

- Please refer to Appendix 13 for a prescribing over-view flow chart, upon discharge from secondary care.

## 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., rescreening) and actions to take should precipitating concerns increase following discharge (e.g., rereferral to dietetics as appropriate).

- Where carers are involved, it is important to ensure that nutrition care plans, annual health checks and hospital passports consider and include food-based treatment advice and ONS, where 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-based treatment 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. These patients may require thickened fluids. ONS recommended and prescribed should therefore follow recommendations as per the SLT assessment and should be in line with their advised IDDSI levels.

**Further consideration for ONS use should also 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, constipation, and dehydration.

- 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 chooses to focus on preferred 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, information on resources for providing nourishing foods and fluids is available in Appendix 11.

## 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 3, 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**.

## 6.4 Re-feeding syndrome risk

Any patients at risk of re-feeding syndrome (see below) should not be started on ONS. Please contact the Community Nutrition & Dietetic Service for advice.

The patient should be considered at risk of refeeding syndrome if they meet the following criteria (NICE 2006).

- 'MUST' score 4 or above
- Or if the patient has one or more of the following:
- Body mass index <16 kg/$m^2$

- Unintentional weight loss >15% in the past three to six months
- Little or no nutritional intake for >10 days
- Low levels of potassium, phosphate, or magnesium before feeding
- Or the patient has two or more of the following:
- Body mass index <18.5 kg/$m^2$
- Unintentional weight loss >10% in the past three to six months
- Little or no nutritional intake for >5 days
- History of alcohol misuse or drugs, including insulin, chemotherapy, antacids, or diuretics

**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 North East London Pharmacy and Medicines Optimisation Team may be contacted.**

NHS North East London

# 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 ≥ 2 MUST Calculator<br>**2.** *ACBS Indicated – see below box in right side column.<br>**3.** Food based treatment trialled for one month including homemade nourishing drinks or 'over the counter' supplements e.g., Complan or Meritene.<br>**4.** Assess and support regarding the underlying cause of malnutrition (see Appendix 5)<br><br>**If patient does not meet criteria for ONS Prescription: Recommend food-based treatment, home nourishing drinks and OTC supplements. See NEL website for resources.** | |
| **Commencing and Reviewing ONS Prescription** | ***Advisory Committee on Borderline Substances (ACBS) Indicators (BNF, 2020)** |
| • Identify **clear goals** of ONS Prescription<br>• **Acute 4-week prescription**<br>• **Review goals** prior to re-issuing<br>**Goals met:** discontinue ONS; review MUST score in one month<br>**Goals not met**: Continue ONS and review in one month and,<br>**Refer to local dietitian** if concerns continue | □ Disease Related Malnutrition<br>□ Short Bowel Syndrome<br>□ Intractable malabsorption<br>□ Pre-operative preparation of undernourished patients<br>□ Following total gastrectomy<br>□ Dysphagia<br>□ Proven inflammatory bowel disease<br>□ Haemodialysis<br>□ CAPD<br>□ Bowel Fistulas |

**ONS not listed in this product guidance** should only be prescribed if recommended by a dietitian following assessment.
Clear justification that an alternative ONS is required should be communicated to the GP by the dietitian.

## ❶ FIRST LINE: Patient meets criteria for ONS prescription: Prescribe Powdered ONS

### ACUTE 28 DAY 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.** | | | | | |
| □ AYMES Shake*<br>□ Foodlink Complete* | 386<br>385 | 19<br>19 | □ 57g<br>□ 57g | 399g<br>399g | ***57g Twice daily for 28days***<br>Total volume 3,192g<br>No of packs: 8x399g |

***Not nutritionally complete**
**Foodlink Complete:**
- **For a compact volume**: Prepare with 125ml full fat milk (provides ~ 335kcal, 15.8g protein)
- **Fibre enriched/high protein**: Foodlink Complete Fibre also available (418kcal, 18.5g protein, 4.5g fibre)
- **Aymes shake compact:** Prepare with 100ml full fat milk (provides 318kcal, 15g protein)

↓

**❷ SECOND LINE: If powdered ONS is not tolerated or not suitable for the patient, trial a Milkshake Style ONS**

| Product Name | Kcal /serve | Protein (g) /serve | Unit Size | Pack Size | Volume to Prescribe |
|---|---|---|---|---|---|
| **Milkshake Style – nutritionally complete bottled ONS** | | | | | |
| □ Altraplen Energy<br>□ Aymes Complete | 300<br>300 | 12<br>12 | □ 200ml<br>□ 200ml | 800ml<br>800ml (4/pack) | 200ml Twice daily for 28days Total volume: 11,200ml<br>No of packs: 14x800ml |

↓

**❸ 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 or Aymes shake compact with 100ml full fat milk, prescribe a compact bottle ONS**

| Product Name | Kcal /serve | Protein (g) /serve | Unit Size | Pack Size | Volume to Prescribe |
|---|---|---|---|---|---|
| **Compact Style – low volume/compact nutritionally complete ONS** | | | | | |
| □ Aymes Acta Gain 600<br>□ Altraplen Compact Daily | 600<br>600 | 24<br>24 | □ 250ml<br>□ 250ml | 750ml | ***250ml Once daily for 28 days*** Total volume 7000ml<br>No pf packs: 10x750ml |

| ***Powdered ONS/OTC supplements contraindications: *** |
|---|
| Dysphagia • Limited dexterity & inability to prepare • Cow's milk allergy or intolerance (check company allergen information) • Under 6 years • Galactosemia • Require thickened fluids • Not suitable for enteral feeding tubes • Patients with renal disease should be assessed by a dietitian prior to prescribing a powdered ONS or OTC supplements |

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: 2024

# 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:** |
|---|
| 1. High Risk of Malnutrition e.g., MUST ≥ 2<br><br>2. *ACBS Indicated<br><br>3. Food based treatment and homemade nourishing drinks trialled for one month including 'over the counter' supplements<br><br>4. Assess and support regarding the underlying cause of malnutrition<br><br>If patient does not meet criteria for supplement prescription: Recommend food-based strategies with nourishing fluids or OTC supplements |
| On requesting an ONS Prescription in primary care<br><br>**FIRST: Patient meets criteria for ONS prescription: Prescribe Powdered ONS**<br>**SECOND:** If powdered ONS is not tolerated or not suitable for the patient, trial a Milkshake Style ONS<br>**THIRD:** If the patient is unable to complete the ~200ml volume of Milkshake Style ONS prescribe a Compact ONS<br><br>**IF RECOMMENDING AN ALTERNATIVE PRODUCT AIM TO ENSURE IT IS WITHIN THE GREEN SECTION**<br><br>**AMBER= ONLY PRESCRIBE IN PRIMARY CARE IF ONS IN GREEN SECTION ARE INAPROPRIATE or contraindicated and/or under care of dietitian (see section 5.2)**<br><br>**RED= ONLY PRESCRIBE IF ONS IN GREEN AND AMBER SECTION ARE INAPPROPRIATE or contraindicated and/or under care of dietitian (see section 5.2)** |
| Practical Guidelines to help ensure your patient is prescribed the appropriate product<br><br>Provide a written summary of dietetic treatment including identified goals and a review plan If requesting the GP to review an ONS prescription:<br>✓ Provide clear goals of ONS treatment in written communication<br>✓ Advice regarding re-screening for risk of malnutrition<br>✓ Recommend a suitable ONS from the **GREEN** section unless contraindicated<br><br>If an alternative ONS is required, consider prescribing the cost effective ONS within the **AMBER** supplement group.<br><br>Avoid prescribing products in **RED**<br><br>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. |

**This product guidance is available to download from:** NEL website

# Appendix 3: Quick product change reference guide

**Product prices in below table updated May 2023, and will be updated yearly to reflect product price changes.**

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

**N.B: Prescriber should always doublecheck below information as products are subject to change.**

**GREEN: Prescribers may prescribe as an alternative product if 1st line formulary product (Aymes shake/Foodlink complete) not tolerated.**

**AMBER & RED: These products should not be routinely prescribed in primary care. To be prescribed under dietetic direction only. Please see specific guidance on p. 12 section 3.4 and p. 19 section 5.2.**

**Products in BOLD = cheapest alternative in the category.**

| Product Name | Price/Serve | Kcal/Serve | Protein/Serve | 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 - see formulary in appendix 1. Not nutritionally complete** | | | | | | | | |
| □ **AYMES Shake Powder**[1] | £0.52 | 383 | 19 | 57g | 399g | B, C, S, N, V | V, H, K | 0 |
| □ **Foodlink Complete Powder Sachet**[1] | £0.52 | 385 | 19 | 57g | 399g | B, C, S, N, V | V, H(a), K(a) | 0 |
| **MILKSHAKE STYLE – Nutritionally complete bottled ONS; if powdered ONS are not suitable** | | | | | | | | |
| □ **Altraplen Energy** | £0.99 | 300 | 12 | 200ml | 800ml | B, C, S, V | V, H(e), K(e) | 0/1# |
| □ EnergieShake Complete | £1.01 | 300 | 12 | 200ml | 800 ml | B, C, S, V | TBC | TBC |
| □ Aymes Complete | £1.11 | 300 | 12 | 200ml | 800ml | B, C, S, V | V(b), H(b),K(b) | 0 |
| □ Fortisip Bottle | £1.25 | 300 | 12 | 200ml | 800ml | B, C, S, N, V, Ca, O, TF | V(f), H ,K(f) | 0 |
| □ Ensure Plus Milkshake Style | £1.33 | 300 | 12.5 | 200ml | 800ml | B, C, S, N, V, Co, FOF, P | V(f), H ,K(f) | 0 |
| **COMPACT STYLE – Low volume nutritionally complete oral nutritional supplements** | | | | | | | | |
| □ **Aymes Shake Compact Powder**[3] | £0.52 | 318 | 15 | 57g | 399g | B, C, N, S, V | V, H, K | 1 |
| □ Foodlink Complete Compact Powder[3] | £0.52 | 318 | 15 | 57g | 399g | B, C, N, S, V | V, H(a), K(a) , V (f), H, K (f) | 0-2# |
| □ Fortisip Compact | £1.48 | 300 | 12 | 125ml | 500ml | B, C, S, V, | V(d), H(e), K(e) | NK |
| □ Altraplen Compact | £1.39 | 300 | 12 | 125ml | 500ml | B, HC, S, V | V(f), H ,K(f) | 1/2# |
| □ Ensure Compact | £1.56 | 300 | 13 | 125ml | 500ml | B, HC, S, V, Co | | 2 |
| □ Aymes ActaGain 600 (2 x 125ml) | £1.60 | 600 | 24 | 250ml | 750ml | S,V,B | V(b), H(b),K(b) | 2 |
| **JUICE STYLE - Patients who dislike or are unable to tolerate milk-based sip feeds. Not nutritionally complete. *Fat free ONS** | | | | | | | | |
| □ **Aymes ActaSolve Smoothie Powder**[4] | £0.99 | 297 | 10.7 | 66g | 462g | Pi, M, P, SC | Ve, H, K | 2 |
| □ Aymes ActaJuce* | £1.70 | 300 | 11 | 200ml | 400ml | A, O | V, H, K | 0 |
| □ Altrajuce* | £1.89 | 300 | 7.8 | 200ml | 800ml | A, Bl, S, O | V(d), H(e), K(e) | 0 |
| □ Ensure Plus Juce* | £2.40 | 330 | 10.6 | 220ml | 880ml | S, P, O, LL, Ap, FP | V(f), H(h) ,K(f) | 1 |
| **VEGAN OPTION - Also useful for patients with milk-intolerance or milk-allergy. Not suitable in soy-intolerance. Not nutritionally complete** | | | | | | | | |
| □ **Aymes ActaSolve Smoothie Powder**[4] | £0.99 | 297 | 10.7 | 66g | 462g | Pi, M, P, SC | Ve, H, K | 2 |
| **HIGH PROTEIN, STANDARD ENERGY – Patients with increased protein requirements – identified following dietetic assessment** | | | | | | | | |
| □ **Aymes ActaSolve Protein compact**[6] | £1.07 | 313 | 20 | 57g | 399g | S, C, B, V, N | V, H, K | 2 and 3 |
| □ Altraplen Protein | £2.05 | 300 | 20 | 200ml | 800ml | S,V | V(d), H(e), K(e) | 1/2# |
| **HIGH PROTEIN, HIGH ENERGY – Patients with increased protein and energy requirements – identified following dietetic assessment** | | | | | | | | |
| □ **Aymes Shake Powder**[1] | £0.52 | 383 | 19 | 57g | 399g | B, C, S, N, V | V, H, K | 0 |
| □ Aymes ActaGain 2.4 Complete Maxi | £1.59 | 480 | 19.2 | 200ml | 400ml | S,V,B | V(b), H(b),K(b) | 2 |
| □ Aymes ActaGain 600 | £1.60 | 600 | 24 | 250 ml | 750 ml | S,V,B | V(b), H(b),K(b) | 2 |
| □ Altraplen Compact Daily | £1.60 | 600 | 24 | 250 ml | 750 ml | S,V,B | V, H(e), K(e) | 2-3# |
| **FIBRE CONTAINING - Useful for patients with constipation** | | | | | | | | |
| □ **Aymes Shake Fibre(1) 5.0 g fibre** | £0.71 | 375 | 19 | 57g | 399g | V, C, S, B, N | V, H, K | 0 |
| □ Foodlink Complete Fibre(1) 4.5g fibre | £0.85 | 397 | 19 | 63g | 441g | V, C, S, B, N | V, H(a), K(a) | 1 |
| **SEMI SOLID DESSERT – Patients with dysphagia** | | | | | | | | |
| □ **Aymes ActaSolve Delight**[5] **Powder** | £1.05 | 302 | 11.2 | 125g | 500g | Bu, L, Mi | V, H, K | 4 |
| **MODIFIED CONSISTENCY - Patients with dysphagia** | | | | | | | | |
| □ **Slo Milkshake Powder**[1] **Level 2/3** | £1.99 | 332 | 24 | 50g | 350g | C, S | | 2 and 3 |
| **SAVOURY STYLE - Best served warm as a soup or added to sauces** | | | | | | | | |
| □ **Aymes Acta Solve Savoury** +200ml hot water | £0.85 | 251 | 9.2 | 57g | 399g | Chicken, Vegetable | V(c), H(c),K(c) | 1 |
| **YOGURT STYLE - Less sweet, and useful for patients with taste fatigue or taste changes** | | | | | | | | |
| □ **Ensure Plus Yogurt Style** | £1.39 | 300 | 12.5 | 200ml | 800ml | S, P | H | 0 |

| Product Name | Price/Serve | Kcal/Serve | Protein/Serve | 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**** | | | | | | | | |
| □ Ensure Shake[1] | £0.57 | 389 | 17 | 57g | 399g | B, C, S, V | | 0 |
| □ Complan Shake[1] | £0.54 | 381 | 15.8 | 57g | 228g | B, C, N, S, V | V, H(g),K(f) V, H, K | NK |
| □ Aymes ActaSolve High Energy[2] | £1.96 | 588 | 12.3 | 85g | 510g | B, C, S, V | | 0 |
| **MILKSHAKE STYLE – Nutritionally complete bottled ONS; if powdered ONS are not suitable** | | | | | | | | |
| □ Fresubin Energy | £1.49 | 300 | 11.2 | 200ml | 800ml | C, Co | H, K, V(b), H(b),K(b) | 0 |
| □ Aymes 2.0kcal | £1.94 | 400 | 16 | 200ml | 800ml | V, S, B | V (b/v) | 2 |
| **JUICE STYLE - Patients who do not like or are unable to tolerate milk-based sip feeds. Not nutritionally complete.** | | | | | | | | |
| □ Fresubin Jucy | £2.06 | 300 | 8 | 200ml | 800ml | A, O, Ch, Bl, Pi | V, H, K | 0 |
| □ Fortijuce | £2.12 | 300 | 8 | 200ml | 800ml | L,Tf, S, A, O | V, H, K | 0 |
| **VEGAN OPTION - Ready-made ONS if powder is contraindicated. Also useful for patients with milk-intolerance or milk-allergy. Not suitable in soy-intolerance. Nutritionally complete.** | | | | | | | | |
| □ Fortisip PlantBased 1.5kcal | 1.54 | 300 | 12 | 200ml | 4800ml | M/Pa, Mo | H, K, | NK |
| **HIGH PROTEIN, STANDARD ENERGY – Patients with increased protein requirements – identified following dietetic assessment** | | | | | | | | |
| □ Fortisip Compact Protein | £2.29 | 300 | 18 | 125ml | 500ml | V, S, B, Mo, Be, P/M, N, G, CrF | V(f), H ,K(f) | NK |
| **FIBRE CONTAINING - Useful for patients with constipation** | | | | | | | | |
| □ Resource 2.0 Fibre (5g fibre) | £2.51 | 400 | 18 | 200ml | 800ml | S, V | | NK |
| **SEMI SOLID DESSERT – Patients with dysphagia** | | | | | | | | |
| □ Aymes ActaCal Crème | £1.41 | 188 | 9.4 | 125g | 500g | V, C | | 4 |
| **MODIFIED CONSISTENCY - Patients with dysphagia** | | | | | | | | |
| □ Nutilis Complete Drink Level 3 | £2.46 | 306 | 12 | 125ml | 500ml | V, C, M/Pa, L, S | V(f), H(g),K(f) V(f), H(g),K(f) | 3 |
| □ Nutilis Complete Crème Level 3 | £2.46 | 308 | 12 | 125g | 500g | C, S, V | | 3 |
| □ Fresubin Thickened Level 2/3 | £2.51 | 300 | 20 | 200ml | 800ml | S, V | | 2 and 3 |
| **YOGURT STYLE - Less sweet, and useful for patients with taste fatigue or taste changes** | | | | | | | | |
| □ Fresubin YoDrink | £1.71 | 300 | 15 | 200ml | 800ml | A/P, L, R | | 1 |
| **MODULAR ONS – ONLY PRESCRIBE IN EXCEPTIONAL CIRCUMSTANCES. Advise food fortification instead. Neutral is cheaper.** | | | | | | | | |
| □ Altrashot | £2.58/2.43 | 140 | 2 | 40ml | 120ml | S, V , N | | 0-1# |

| Product Name | Price/Serve | Kcal/Serve | Protein/Serve | 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**** | | | | | | | | |
| □ Enshake[(2)] | £3.20 | 600 | 16 | 96.5g | 579g | B, C, S, V | | 0 |
| □ Calshake[(2)] | £2.89 | 600 | 12 | 87g | 609g | B, S, N, V | | 0 |
| □ Scandishake[(2)] | £3.07 | 585 | 12.5 | 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** | | | | | | | | |
| □ Resource Energy | £2.55 | 303 | 11.2 | 200ml | 800ml | C, S, R , V | | NK |
| □ Ensure 2kcal | £2.62 | 399 | 16.8 | 200ml | 800ml | B, S, N, V | | 1 |
| □ Ensure Liquid | £2.99 | 251 | 10 | 250ml | 800ml | C, V | | 0 |
| **HIGH PROTEIN, STANDARD ENERGY – Patients with increased protein requirements – identified following dietetic assessment** | | | | | | | | |
| □ Fresubin Protein Energy | £2.31 | 300 | 20 | 200ml | 800ml | V, Ca, S, C, TF | H, K | 1 |
| □ Ensure Plus Advance | £2.31 | 330 | 20 | 220ml | 880ml | Co, C, S, B, V | V(f), H(h) ,K(f) | 1 |
| **HIGH PROTEIN, HIGH ENERGY – Patients with increased protein and energy requirements – identified following dietetic assessment** | | | | | | | | |
| □ Fresubin 2kcal | £2.31 | 400 | 20 | 200ml | 800ml | A/P, Ca, Fof, To, V, N | H, K | 1 |
| □ Fortisip 2kcal | £2.33 | 400 | 20 | 200ml | 800ml | V, S, C/Ca, Fof, Mo | V(f), H ,K(f) | NK |
| **FIBRE CONTAINING - Useful for patients with constipation** | | | | | | | | |
| □ Fresubin 2kcal Fibre [(3g fibre)] | £2.31 | 400 | 20 | 200ml | 800ml | C, N, V, Co, | H, K(i)(j) | 1 |
| □ Ensure Plus Fibre [(5g fibre)] | £2.67 | 310 | 13 | 200ml | 800ml | C, B, R, S, V | V(f), H(h) ,K(f) | 1 |
| □ Fresubin Energy Fibre [(4g fibre)] | £2.56 | 300 | 7.6 | 200ml | 800ml | C, V | H, K(i) | 0 |
| □ Fortisip Compact Fibre [(4.5g fibre)] | £2.46 | 300 | 12 | 125ml | 500ml | S, V, Mo | V(f), H ,K(f) | NK |
| **SEMI SOLID DESSERT – Patients with dysphagia** | | | | | | | | |
| □ Ensure Plus Crème | £2.50 | 171 | 7.1 | 125g | 500g | B, C, N, V | | 4 |
| □ Forticreme Complete | £2.30 | 200 | 11.9 | 125g | 500g | B, C, V, FoF | V(f), H(g),K(f) | NK |
| □ Fresubin 2kcal Crème | £2.04 | 250 | 12.5 | 125g | 500g | C, S, V, Ca, Pr | H, K | 4 |
| □ Fresubin YOcreme | £2.57 | 188 | 9.4 | 125g | 500g | L, R, A/P, Bi | H, K | 4 |
| □ Nutilis Fruit Level 4 | £2.88 | 206 | 10.5 | 150g | 600g | S, A | V(f), H(g),K(f) | 4 |
| □ Nutricreme | £2.04 | 225 | 12.5 | 125g | 500g | S, V, C/O, MC | V(d), H(e), K(e) | 3-4[#] |
| **YOGURT STYLE - Less sweet, and useful for patients with taste fatigue or taste changes** | | | | | | | | |
| □ Fortisip Yogurt | £2.60 | 300 | 12 | 200ml | 800ml | R, P/O, V/L | | 2 |
| **MODULAR ONS – ONLY PRESCRIBE IN EXCEPTIONAL CIRCUMSTANCES. Advise food fortification instead** | | | | | | | | |
| □ Calogen | £5.86 | 135 | 0 | 30ml | 200ml | B, S, N | V(f), H ,K(f) | NK |
| □ Calogen Extra Bottles | £5.20 | 160 | 2 | 40ml | 200ml | S, N | V(f), H(g),K(f) V(f), H(g),K(f) | NK |
| □ Calogen Extra Shots | £6.24 | 160 | 2 | 40ml | 6 x | S, N | | NK |
| □ Pro-cal shot | £3.11 | 100 | 2 | 30ml | 40ml | B, S, N | | 1 |
| □ Pro Cal Powder | £0.58 | 100 | 2 | 15g | 120ml 510g | N | Ve, V, H, K | |
| □ Fresubin 5 Cal Shot | £3.29 | 150 | 0 | 30ml | 120ml | N, L | | 2 |
| □ Vitajoule | £5.87 | 40 | 0 | 10g | 500g | N | | |

## 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 | CrF | Cool red fruits | M/Pa | Mango Passionfruit | S | Strawberry |
| Be | Berries | FoF | Fruits of the Forest | Mi | Mixed Berries | SC | Strawberry + Cranberry |
| Bi | Biscuit | FP | Fruit Punch | Mo | Mocha | SF | Summer Fruits |
| Bl | Blackcurrant | G | Hot Tropical Ginger | Mush | Mushroom | To | Toffee |
| Bu | Butterscotch | HC | Hazel Chocolate | N | Neutral | TF | Tropical Fruit |
| C | Chocolate | L | Lemon | O | Orange | V | Vanilla |
| Ca | Caramel | Leek/P | Leek and Potato | P | Peach | | |
| | | LL | Lemon Lime | Pi | Pineapple | | |

| Legend |
| --- |
| **Powder based supplements instructions and limitations:**<br>[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:**<br>Limited dexterity & inability to prepare • Cow's milk allergy or intolerance (check allergen information from company) • Under 6 years • Galactosemia • 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.<br>**Suitability for Vegetarian, Vegan, Halal, Kosher:**<br>[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.<br>[b] Except strawberry flavour due to the presence of carmine.<br>[C] Except for chicken flavour<br>[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<br>[f] Except for flavours which contain carminic acid e.g., forest, peach, raspberry, blackcurrant, and strawberry flavours.<br>[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.<br>[h] Except for lemon and lime flavour, vanilla flavour, and raspberry flavour [i] Not for Passover use<br>[j] Chocolate flavour is suitable for Passover use<br>**IDDSI Codes**:<br>NK= Not known. If blank, product is a powder and IDDSI does not apply. IDDSI levels are reported by nutritional companies. Altraplen Compact Daily Strawberry and Vanilla flavour are level 3 when chilled; Strawberry is level 3 when ambient and chilled. See IDDSI Guides for details: Aymes / Nualtra |

# Appendix 4: Commencing, reviewing, and discontinuing ONS - ONS Prescribing Across the Pathways of Care

*Adapted from C&H guidelines.*

**Dietetic Communication**

- Please see the standard dietetic letter in Appendix 12. This is designed to avoid common pitfalls in prescribing. A blank version can be accessed from NEL website.

- 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**

**N.B: If GP does not receive a letter from secondary care, a prescription may be stopped by the GP.**

- 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 /sachets 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 ml | 800 ml | 14 | 4 | Acute | Midmorning & Mid afternoon |
| Powder **Manufacturer** | Strawberry | 57 | g | 2 | 56 | 7 | 4 | 4 | Acute | Midmorning |

**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**".
  **Please refer to Appendix 1 for local formulary guide.**

- If the patient does not meet the ONS prescribing criteria, OTC supplements, food-based treatment and homemade nourishing drinks should be recommended (Appendix 9 and 10).

- 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 4–7-day trial of the ONS prior to changing the prescription. Sample packs can be ordered from links 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 (Nutricia)

- 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.

NHS
North East London

## COMMENCING ONS

1. Trial ONS: prescribe for one week or order sample online delivered direct to patient **See links above within appendix 4.**
2. Review taste preference in one week
3. **Prescribe on ACUTE for 4 weeks only**
4. 57g sachet BD : total sachets = 56 per 28days

If powder is contraindicated: Aymes Complete or Fortisip Bottle: 200mls BD (total 11,200ml)

**SET REALISTIC GOALS e.g.**

- Prevent continued weight loss
- Achieve weight gain with identified target weight
- Wound healing

**ONS Prescribing Criteria**

1. High Risk of Malnutrition e.g. MUST ≥ 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

## REVEWING ONS

**Pathway for reviewing ONS Prescriptions**

Patients not under dietetics

Discharged from dietetics on ONS

**Review in 4 weeks**
Weight
MUST screening
Goals of ONS intervention

**Improvement**
Weight Stable or increasing/appetite improved

**Prescribed ≤2 ONS daily**
Stop ONS prescription

**Prescribed >2 ONS daily**
Reduce ONS to twice daily

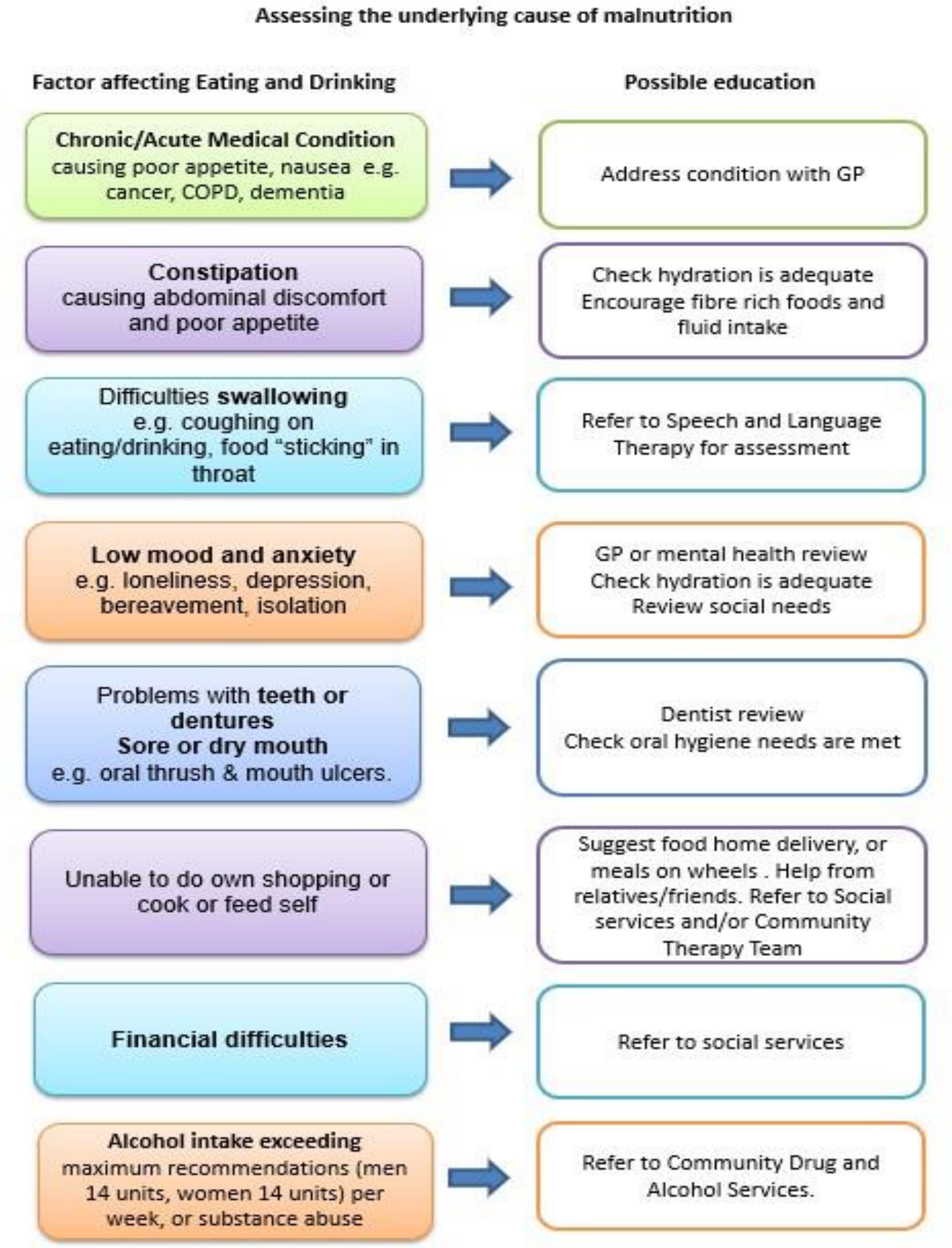
Advise to include one-two extra 300kcal snacks/nourishing drinks per day – See NEL website for resources

**No Improvement**
Reinforce food advice
Identify and address underlying barriers
If ONS criteria is met; prescribe an acute 4week powder ONS BD (see above)
**REVIEW IN ONE MONTH**

**No Improvement**
Refer to local dietitians

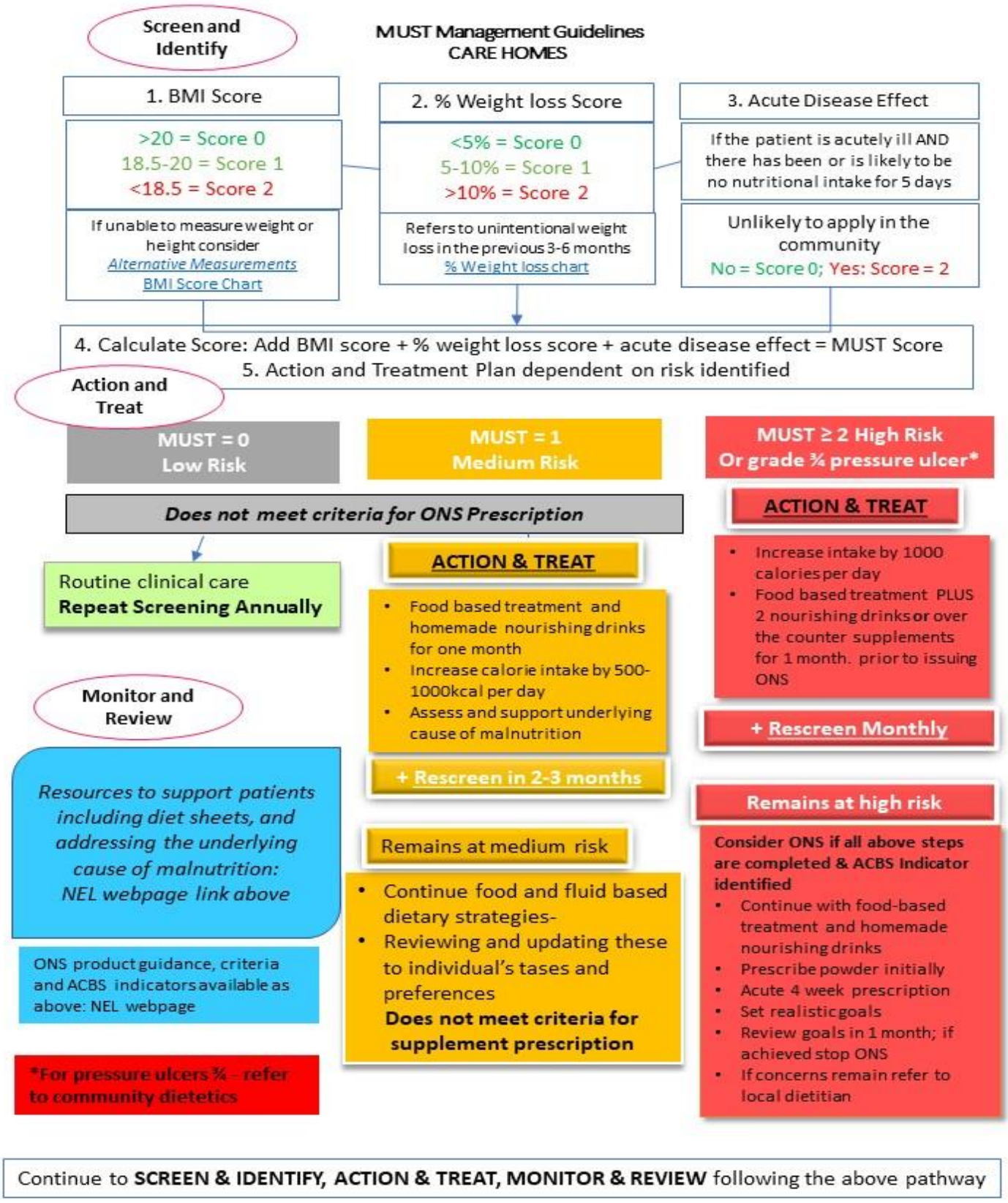
**Review in 4 weeks (weight, MUST screening, goals of ONS)**
**Nil concerns:** ONS stopped/remain stopped
**Concerns present:** Follow Malnutrition Pathway and reinforce food first and nourishing drinks

## Appendix 5: Assessing the underlying cause of malnutrition



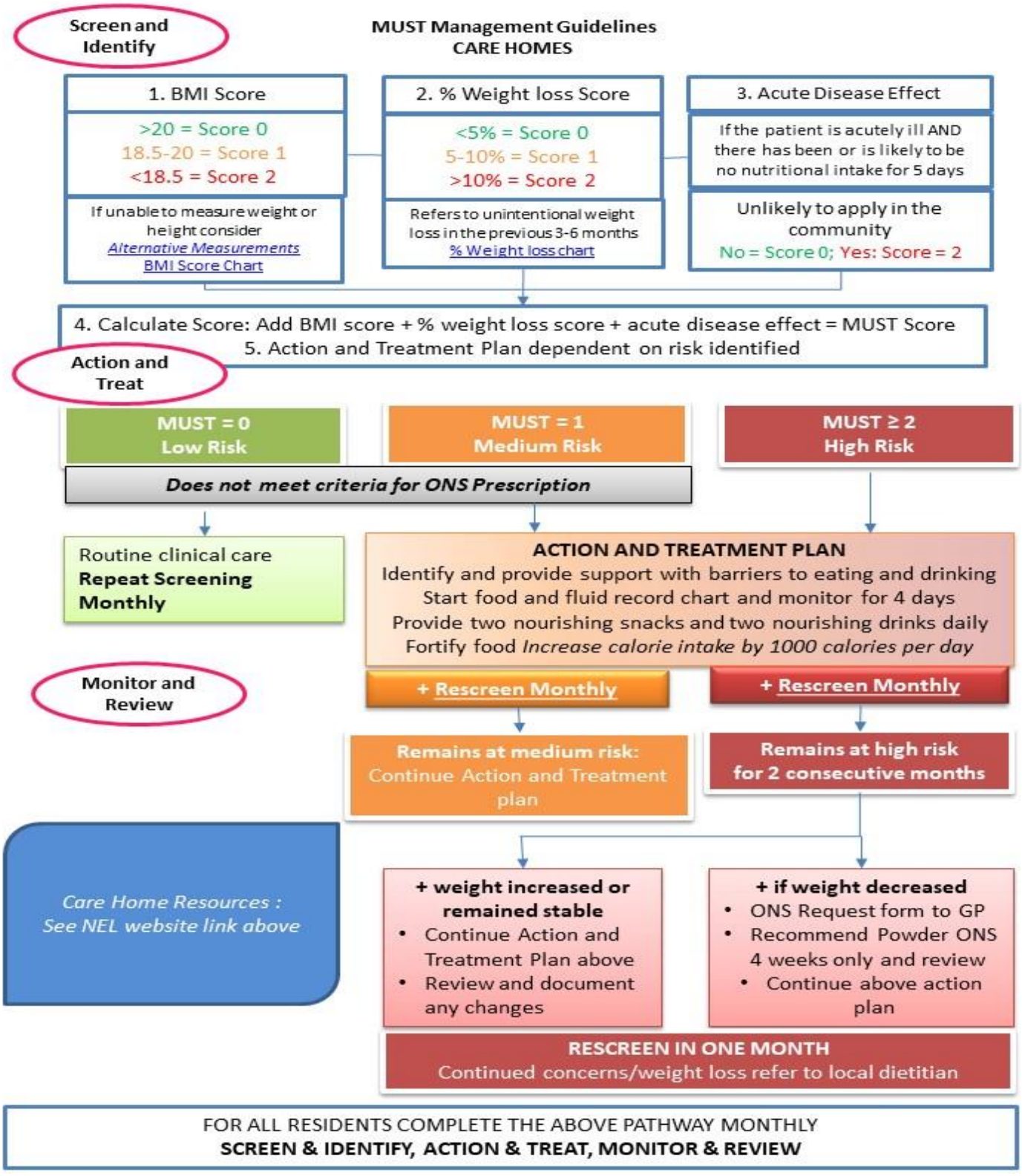
## Appendix 6: MUST Management Guidelines: Community dwelling Patients

For NEL website resources: NEL website



## Appendix 7: MUST Management Guidelines: Care Home Patients

For NEL website resources: NEL website



## Appendix 8: Screening tool links

**Identifying Malnutrition (under-nutrition) risk. (N.B – this is the screening tool currently accepted by NELFT).**

**MUST:**

'Malnutrition Universal Screening Tool' ('MUST').

Please scan QR code:

**Patient Association Nutrition checklist:**

Patients Association Nutrition Checklist | The Patients Association (patients-association.org.uk)

**SANSI tool:** (Developed for mental health. Also identifies overweight/obesity)

SANSI-Paper-version-2022.pdf (stah.org)

**N.B:** Patient Association Nutrition checklist and SANSI may be useful in the community setting as an alternative, but referrals based on these, may not be accepted by community dietitians.

# Appendix 9: Prescribed ONS versus OTC

**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 10 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 10: ONS vs food-based treatment and Homemade Nourishing Drinks Comparison

***Increasing calorie intake by 840 calories 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)<br>Cup of tea with semi-skimmed milk | 230<br>11 | 11.3<br>1 |
| Mid-AM | Prescribed nutritionally complete supplement drink (200ml) | 300 | 12 |
| Lunch | Minced meat (small) (100g)<br>1 boiled potato<br>Small serving of carrots<br>Small banana | 209<br>48<br>8<br>76 | 17<br>1<br>0<br>3 |
| Mid-PM | Prescribed nutritionally complete crème pot (125g pot) | 200 | 12 |
| Evening Meal | Packet soup made with water<br>White roll (small)<br>Low fat yoghurt | 48<br>88<br>100 | 1<br>2<br>6 |
| Supper | Cup of tea with semi-skimmed milk<br>Plain biscuit | 11<br>45 | 1 |
| **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**<br>Small glass of fruit juice | 237<br>76 | 16<br>1 |
| **Mid-AM** | **Milky coffee made with full cream milk**<br>Shortbread finger | 132<br>90 | 4<br>1 |
| **Lunch** | Minced meat (small)<br>Scoop of **mashed potato with butter and milk**<br>Small serving of carrots **with butter**<br>Small banana **mashed with evaporated milk** and 1 teaspoon of sugar | <br>209<br>90<br>45<br>167 | <br>17<br>2<br>0<br>5 |
| **Mid-PM** | Cup of tea **with whole milk**<br>**Chocolate mini roll or a bowl of chopped fruit/one banana** | 19<br>100 | 0<br>1 |

| | | | |
|---|---|---|---|
| **Evening Meal** | Soup **with cream added** | | |
| | **Ham roll (small) with butter, slice of cheese and tablespoon of mayonnaise** | 188<br>329 | 1<br>20 |
| | **Thick and creamy yoghurt 125g** | 130 | 5 |
| **Supper** | Small mug of Horlicks made with full cream milk | 225 | 9 |
| | **1 x crumpet and butter** | 170 | 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** | | **2207kcal** | **85g** |

# Appendix 11: Resources Available to Support Implementation of Guidelines

**The following resources are available to support clinicians in the management of patients prescribed oral nutritional supplements. All resources are accessible via NEL website.**

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 (Appendix 6)
    b. Quick Reference Flow Chart: MUST Management Guidelines Care Homes (Appendix 7)

2. **Quick Reference Oral Nutritional Supplement Product Guidance and Prescribing Criteria**
    a. Quick Reference ONS Product Guidance for GP reference (Appendix 1)
    b. Quick Reference ONS Product Guidance for Dietitian Reference (Appendix 2)
    c. Quick product change reference guide (Appendix 3)

3. **Diet Sheets and Resources** – Freely reproducible (*not 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 available on NEL website: |
|---|---|
| **Food Based Strategies** | • Creating a fortified diet recipe book – comprehensive guide*<br>• Food based treatment – A4 sheethttps://primarycare.northeastlondon.icb.nhs.uk/home/meds/medicines-guidelines-nutrition-blood/<br>• Nourishing snacks – A4 sheet |
| **Fluid Based Strategies** | • Creating a fortified diet recipe book – includes nourishing drinks recipes*<br>• Hydration – A4 sheet<br>• Nourishing fluids – A4 sheet |
| **Additional Care Home Resources** | • Creating a fortified diet for caterer's recipe book – comprehensive guide<br>• Nutrition and Hydration Resource Pack for Care Homes – full guide including advise on nutritional care in dementia<br>• NACC : Home \| National Association of Care Catering (thenacc.co.uk)<br>• NACC Courses: NACC Training \| National Association of Care Catering (thenacc.co.uk) |

### 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 across NEL, 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).

# Appendix 12: 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.<br><br>**N.B**: **During hospital admission, the patient received *(Fortisip bottle)*. In line with community ONS prescribing guidelines, the product will be changed to Foodlink Complete Powder, as detailed below. *The patient has been advised of this product change will occur on discharge*.**<br>***OR***<br>**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 no sachets per 28days | Sachets per pack | No of packs required for 28days | Duration (weeks) | Prescription Type | 'Patient information' for prescription |
| Foodlink Complete | Banana | 57 | g | 2 | 56 | 7 | 4 | 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)** |
|---|

| | |
|---|---|
| ☐ Bowel Fistula<br>☐ Continuous Ambulatory Peritoneal Dialysis<br>☒ Disease- related Malnutrition<br>☐ Dysphagia<br>☐ Following Total Gastrectomy<br>☐ Growth Failure | ☐ Haemodialysis<br>☐ Inflammatory Bowel Disease<br>☐ Intractable Malabsorption<br>☐ Pre-op preparation for undernourished patients<br>☐ 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)<br><br>**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/m²): 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.

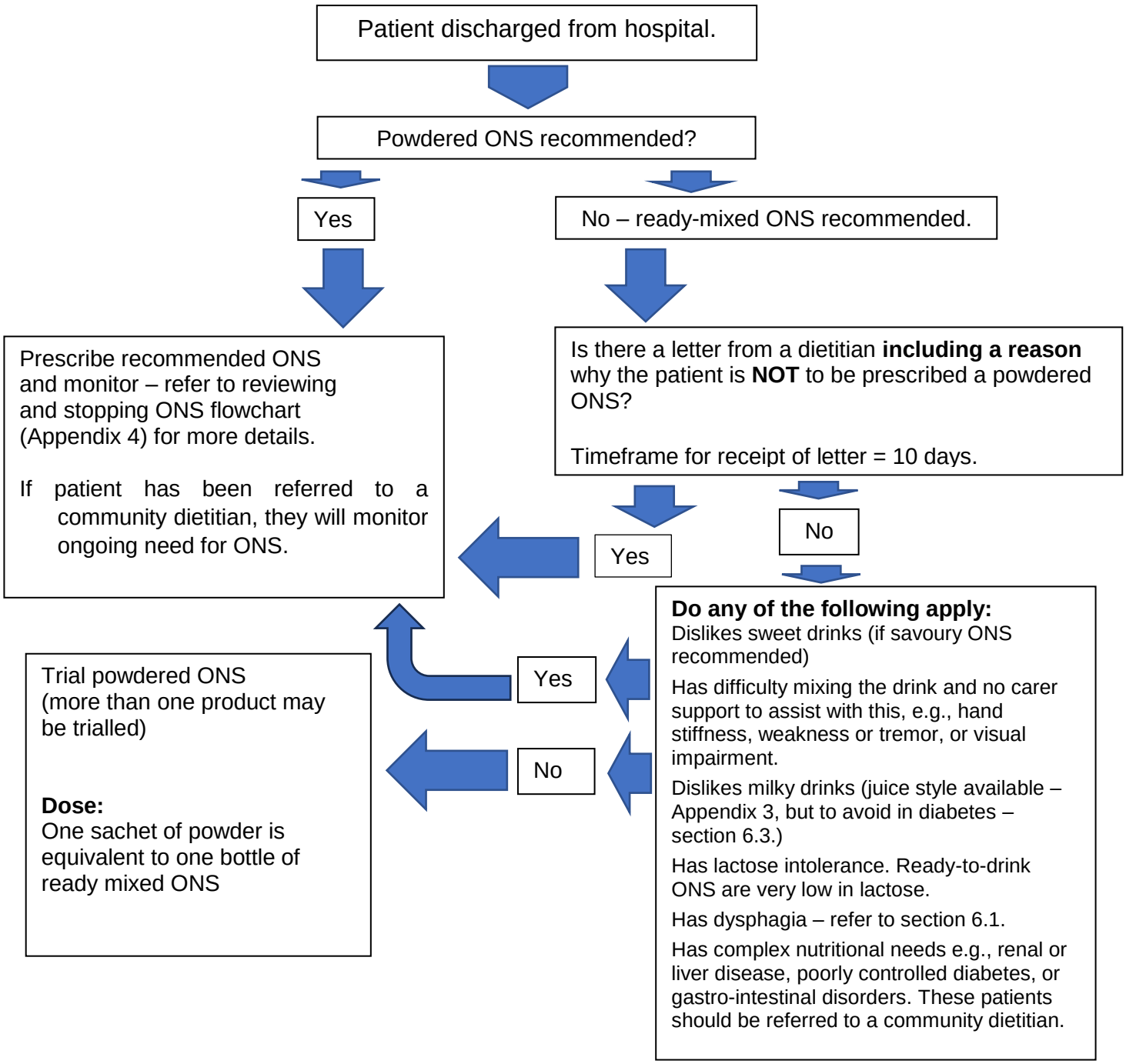
Yours sincerely

Printed Name
Job Title
HCPC Number

cc:

Patient
Consultant
GP

## Appendix 13: Changing ONS after hospital discharge:




**If patients object to changing or stopping ONS**

- Explain that these products are usually for short-term use only.
- Powdered ONS may be perceived as inferior to pre-mixed ONS. However, powdered ONS typically contain 15-19 g protein and nearly 400 kcal per drink (when mixed with milk) compared with 12g protein and 300kcal per drink for ready-mixed varieties.
- Explain that prescription is according to set evidence-based criteria. As the patient no longer meets these, the prescriber should not prescribe.

## Appendix 14: References and Further Reading


[1] Lean, M., and Wiseman, M. (2008) 'Malnutrition in Hospitals.' *British Medical Journal,* 336(7639), pp 996.

[2] Stratton, R.J., Green, C., and Elia, M. (2003) *'Disease related malnutrition: an evidence-based approach to treatment.'* Oxford: CABI Publishing.

[3] National Institute for Health and Care Excellence (2006) *Nutrition support in adults Oral nutrition support, enteral tube feeding and parenteral nutrition National Clinical Practice Guideline Number 32.* London: National Collaborating Centre for Acute Care.

[4] Guest J.F, Panca M, Baeyens, de Man F, Ljunggvist O, Pichard C, Wait S and Wilson L. Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK. *Clinical Nutrition*, 30(4), pp.422– 429 2011.

[5] Stratton R, Green C, Elia M. Disease-related Malnutrition: An Evidence-based Approach to Treatment. In Stratton RJ, Green CJ, Elia M editor. Prevalence of disease-related malnutrition. Wallingford, UK: CABI Publishing;
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