

Oral Nutrition Supplement (ONS) education session -Frequently Asked Questions (FAQ)

The education session took place on the 9th May 2024 and 21st May 2024 jointly with the NEL Pharmacy and Medicines Optimisation Team and Christine Hultholm (Prescribing Support Dietitian, NELFT)

Topics included in the education session:

- Key recommendations from the NEL ONS guidance
- Food-based treatment approaches
- Overview of NEL ONS Formulary choices and criteria for prescribing
- How to assess patient's malnutrition risk using screening tools e.g. MUST score
- Criteria for stopping ONS
- NEL nutrition patient information leaflets
- Referral pathway to community dietitians

The recording of the session is available here: <https://youtu.be/hJiFBNiB7nU>

Questions from session have been collated in this FAQ document and the responses are correct as of 29th July 2024. If you require further information, please contact: nelondonicb.prescribingqueries@nhs.net

The NEL ONS guidelines and supporting documents are available on the NEL Medicines Optimisation portal:

<https://primarycare.northeastlondon.icb.nhs.uk/home/meds/medicines-guidelines-nutrition-blood/>

Question	Response
Regarding the 1st and 2nd line ONS products are they vitamin fortified? And which ones are if they are not?	<p>All formulary ONS are vitamin fortified.</p> <p>Powder ONS (1st line option) are not nutritionally complete, however the 2nd and 3rd line ONS products in the NEL formulary are nutritionally complete (which will be listed in appendix 3 of the guidelines).</p> <p>For patients that meet MUST criteria, ONS are meant to supplement a fortified nutrient dense diet. ONS should, in most cases only be needed for short periods.</p>
Local Hospitals need to be using the same ONS formulary as primary care, to reduce workload for practices	<p>The ONS guidelines were produced in collaboration with all Trust dietitians across NEL and the NEL Pharmacy and Medicines Optimisation Team and all have agreed on these products. On discharge, communication will be</p>

	shared with practices on the alternative cost effective ONS that can be prescribed in primary care (if ONS is still clinically indicated for the patient).
How are the dietitians planning to deal with the significant increase in number of referrals they are going to receive?	<p>This will depend on place area dietetic provision. As mentioned in the session, PCNs can explore closer working between the community dietitians and the PCN dietitians/PCN pharmacists which could support the monitoring and review of ONS prescribing.</p> <p>It is encouraged that practices familiarise themselves with the NEL ONS guidelines to support appropriate referrals to their place community dietitians.</p> <p>Tackling malnutrition will require a whole system approach and several different approaches may need to co-exist.</p>
Which are best supplements not milk based for patients with lactose/milk intolerance	<p>Aymes ActaSolve Smoothie* or Fortisip PlantBased 1.5kcal* (200ml bottle readymade alternative if powder is contraindicated)</p> <p>Also, worth advising fortified diet, using nutrient dense milk-free ingredients, added to meals, snacks and drinks as appropriate:</p> <p>Plant-based milk with 1tbsp soy protein mixed into one pint volume. Soy/pea protein powder, ground almonds, nut butters, oil, extra vegetable oils, vegan yoghurts. (Eggs – unless intolerant/allergic).</p> <p>*Not suitable in soy intolerance/allergy.</p>
How do we manage patients who are bed bound and are not able to stand to get an accurate height and weight?	<p>Malnutrition Universal Screening Tool (bapen.org.uk) - see Alternative measurements: instructions and tables. Longer version MUST explanatory booklet (pages 6-10).</p>
What is the name of the product which is vegan and completely milk free?	<p>Two Vegan ONS available: Aymes ActaSolve Smoothie* (powder product made up with water, 66g sachets - £0.99 each) and Fortisip PlantBased* 1.5kcal (200ml bottle ready made alternative if powder is contraindicated £1.54/bottle) *Not suitable in soy intolerance/allergy.</p>
Can we mix Aymes shake with juice instead?	<p>Cannot find information to say that Aymes shake cannot be mixed with juice, however it is unlikely to be palatable. Consider Aymes ActaSolve Smoothie* or Fortisip PlantBased 1.5kcal* (200ml bottle readymade alternative if powder is contraindicated). Or homemade fortified juice with added egg white powder – recipes will be available on the NEL website. Home-based recipes offer greater variety and less likelihood of taste fatigue.</p> <p>*Not suitable in soy intolerance/allergy.</p>

<p>What is the advice for diabetic patients and the use of ONS?</p>	<p>Nutrient dense ingredient fortification, to meals, snacks and drinks is the first line treatment and especially useful in diabetes. Section 6.3 of the new guidelines will have details regarding suitable ONS for diabetes patients.</p> <p>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. Neutral flavours better (N). Neutral ONS can also be added to milk and other foods, and as such be built into patient's diet. This is useful in small appetites. Refer to NEL ONS guidance for further details.</p> <p>Juice based ONS should only be advised if the others are not well tolerated.</p> <p>*Aymes Acta Solve Savoury is currently the only available savoury ONS. Nutrient dense/calorie dense ingredients, added to ready to eat supermarket soups can easily compare/exceed the calorific value and surpass the protein value, when compared to savoury ONS.</p>
<p>Will local hospice & community teams be using the NEL formulary too?</p>	<p>Yes, this guidance is aimed at all Health Care Professionals (HCPs) in the community. It is meant to apply to all HCPs in community.</p>
<p>If ONS is prescribed in hospital, should we do a MUST score? Or can we assume that it has been completed in hospital?</p>	<p>Yes – please complete steps 1 to 4 as explained in the presentation and also in the NEL ONS guidelines appendix 1 and the EMIS template (the latter will be released shortly).</p>
<p>Should we refer all patients to the dietitian if they have seen one in the past, or can we be supported by the guidance?</p>	<p>MUST ≥ 3 or 2 with BMI $< 16.5\text{kg/m}^2$ +/- pressure sores – refer to dietitian; advise food-based treatment & do a 28-day acute formulary prescription.</p> <p>Follow appendix 6 and 7 in the guidelines for MUST score management.</p> <p>The guidance, ONS presentation slides and EMIS template have been created with the aim to support management of MUST 2 or less. However, if uncertain about a particular case – please contact relevant PCN dietitian or community dietetic team for advice. Contacts in slide 29 of the presentation slides.</p>
<p>What do we do if a referral is declined?</p>	<p>Refer to the guidance, presentation, EMIS template and appendix 6 or 7 for advice. Alternatively - you may contact relevant PCN dietitian or community dietetic team for advice. Contacts in slide 29 of the presentation slides.</p>
<p>What are the contraindications for ONS?</p>	<p>Please read section 6 of the guidance regarding ONS in certain situations/conditions. See above answer to ONS in diabetes.</p>

	<p>Liaise with PCN or community dietitian if uncertain.</p> <p>For contraindications to POWDER based ONS – please read section 3.5 of the guidance.</p>
About the EMIS template	<p>This is being developed to support and facilitate prescribers in following the process for determining if someone meets the criteria for ONS.</p>
Is there guidance to support stock availability and alternatives	<p>If a product is out of stock – aim to use an alternative in the relevant formulary category within the ONS guidelines.</p> <p>You may also refer to the Green RAG table for suitable alternatives (RAG tables in Appendix 3 of the guidance).</p>

Additional information regarding the case based discussions from the education session

Patient Scenario 4

- Patient is likely nearing End of Life (EOL).
- Severely malnourished with high MUST score – please liaise and/or refer to community dietitian (If EOL is documented and prognosis is limited – a referral might not be accepted or appropriate, as there is likely to be very little input). Liaise with staff.
- Ensure that the patient is on food-based treatment.
- Ensure that staff continue to encourage and prompt regular nourishing food and fluids as desired and tolerated.
- In this scenario the current ONS was swapped for a Neutral shot-based product that could be added to foods.
- Alternatively, instead of an ONS product, this could have been treated through food-based treatment alone, by adding high energy and protein ingredients, to all meals, snacks and nourishing fluids – see slide 12.

Patient Scenario 6

- IDDSI = - International Dysphagia Diet Standardisation Initiative
- Please refer to Section 6.1 of the NEL ONS Guidelines - Specialist Dietetic and Speech and Language Therapy Input
- As with all patients check if they take the ONS
- If so, do they take it on a consistent basis. Average volume. Consider taste fatigue. Does it add value?
- If not – why not? Do you/they think it is likely that they would take another version, if offered?
- Check overall food intake, MUST and weight trend – noting the significant weight loss.
- What might be the main issues/barriers around food intake? Any recent chest infections? Any signs of aspiration - Please see below for notes on aspiration.
- Have they been discharged by SLT? If so, would they benefit from review?
- Have they been given advice on how to do food-based treatment? Are they being seen by a dietitian?
- In this scenario it could be suitable to refer to the Green RAG table for a suitable alternative thickened product stating mixed flavours for variety, and to liaise with a

dietitian before making this change and explaining that this is a change informed by the NEL ONS guidelines to a more cost-effective alternative.

Notes on aspiration:

Aspirations can be divided it into overt signs and other clinical markers

- Overt signs include:
 - coughing
 - throat clearing
 - wet/gurgly voice during or after eating and drinking
 - changes to face colour
 - eyes watering
- Clinical markers include unexplained/unintended weight loss or recurrent chest infections