A Guide to Prescribing Adult Oral Nutritional Supplements (ONS) in the Community
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These guidelines are meant to be used with patients and as a reference document.

The food fortification leaflets are enclosed in the appendices and extra ones can be obtained from the Community Services Wandsworth Primary Care Prescribing Lead Dietitian on 0208 812 4053/4155 or Wandsworth Clinical Commissioning Group Pharmacy Team on 0208 871 5144/5151

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Introduction

Malnutrition is estimated to affect at least three million adults in the UK and cost £13 billion per annum. It may occur as a result of illness or from a variety of physiological and social co-factors. Adverse effects include:

- Impaired immune responses – increasing risk of infection.
- Reduced muscle strength and fatigue.
- Reduced respiratory muscle function - increasing the risk of chest infection 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

The current cost of Adult Oral Nutritional Supplement prescribing in NHS Wandsworth is £817,627.65 (June 2011-May 2012), and without systems in place to monitor and review patients prescribed ONS it is predicted that the expenditure will continue to rise 8% per year.

London audit data indicates between 57-75% of prescriptions are inappropriate, based on Advisory Committee for Borderline Substances (ACBS) prescribing criteria and dietetic clinical judgement.

In addition to savings associated with reducing inappropriate ONS prescribing, an analysis by the National Institute for Health and Clinical Excellence (NICE CG32) suggests that improving the treatment of malnutrition has the third highest potential to deliver cost savings for the NHS. (www.nice.org.uk/cg32; www.malnutritionpathway.co.uk).

The management of ONS is a multi-factorial and complex issue. As increasing resources are being spent on prescriptions, there is an acknowledged need to optimise prescribing habits to ensure cost effective prescribing, minimise waste whilst ensuring safe, high quality care.
Appropriate Use of Oral Nutritional Supplements (ONS)

Key Messages

- Provide patient with the food first diet sheet
- ONS are for the use with high risk patients as assessed by using ‘MUST’
- Avoid prescribing 1kcal/ml supplements e.g. Fortimel, Ensure can or Fresubin Original
- Provide 1 week’s supply initially to establish patient preference and to avoid wastage – refer to formulary for product choice
- Review monthly thereafter
- If no improvement in outcomes after 2 months, refer to a dietitian
- Two supplements per day are recommended
- A variety of flavours will help prevent taste fatigue
- Not all ONS are suitable for vegans and many are not kosher, gluten free and lactose free, or suitable for patients with specific food allergies. Check the BNF for product details
- Patients with a BMI of 16.5kg/m² or less or at high risk of re-feeding syndrome or for whom supplements are a sole source of nutrition should be referred to local dietetic services for assessment
- Patients in the final weeks of life are unlikely to benefit from an ONS prescription. Over the counter (OTC) supplements like Build Up®, Complan®, Food link®, Nutriment® or Nurishment® can be suggested as alternatives if required
- Patients with complex nutritional needs (i.e. renal disease, gastrointestinal disorders) may require specialist products and should be referred to local dietetic services
- Contact local dietetic services before switching products for patients under dietetic care
Oral Nutritional Supplements (ONS) should only be prescribed to patients who meet the Advisory Committee for Borderline Substances (ACBS) prescribing criteria (see below) and have been screened using a local malnutrition screening tool, e.g. Malnutrition Universal Screening Tool (‘MUST’) and deemed to be at nutritional risk. ‘MUST’ is a validated, NICE approved tool for screening for malnutrition and risk of malnutrition. This tool is available from www.bapen.org.uk.

ACBS Indications for Oral Nutritional Supplements

- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of patients who are undernourished
- Proven inflammatory bowel
- Following total gastrectomy
- Dysphagia
- Bowel fistulas
- Disease-related malnutrition
- Continuous ambulatory peritoneal dialysis (CAPD)
- Haemodialysis

Oral Nutritional Supplements are often prescribed for patients while in hospital. ONS may be included on the discharge drug summary and a small supply provided for the patients to take home. In the absence of written correspondence from the hospital dietitian, patients should be assessed using a local malnutrition screening tool, such as ‘MUST’ prior to continuing to prescribe ONS commenced by secondary care.

Oral Nutritional Supplements for nutritional support should be considered in people who are malnourished, as defined by any of the following:

- Body Mass Index (BMI) of less than 18.5 kg/m²
- Unintentional weight loss greater than 10% within the last 3–6 months
- BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3–6 months
- Eaten little or nothing for more than 5 days or unlikely to for the next 5 days, or
- Poor absorptive capacity and /or high nutrient losses and/or increased nutritional needs, e.g. catabolism.
The following patients are at risk of developing re-feeding problems and should be referred to the community dietetic service without delay. Patients:

- With a BMI of 16.5 kg/m² or less
- Who have had little or no nutritional intake for less than 10 days
- Who have lost more than 15% of their body weight within the last 3-6 months, except patients at the end of their lives
- For whom supplements are the sole source of nutrition should also be referred to the dietetic service.

Once nutritional risk has been established, the underlying cause and treatment options should be assessed (see guide to assessing underlying causes of malnutrition (see page 9).

A food first approach should be used initially and patients reviewed after 4 weeks prior to initiating ONS (see ONS Flow Chart for guidance on page 8).

Supplements should not be used as first line treatment, unless they are being prescribed only for patients who have a HIGH risk of malnutrition and who have lost weight despite trying dietary modification.

Avoid prescribing 1kcal/ml sip feeds. These contain less nutritional benefit and are not as cost effective as 1.5-2.4 kcal/ml products (see page 12-14 for the formulary of preferred products).

Clear goals and a care plan should be set with patients prior to starting ONS. An initial prescription of a week’s supply or trial pack should be dispensed to avoid wastage, in case of products not being well tolerated. Repeat prescriptions should be avoided, supplements should be prescribed acutely and patients reviewed regularly (i.e. monthly). The following parameters should be monitored:

- Weight (If unable to weigh the patient, use other measures to assess if weight has changed, e.g. mid upper arm circumference, clothes or rings looser/tighter, visual assessment)
- Changes in dietary intake
- Compliance with ONS and stock levels at home.

Patients should be advised to take supplements between meals and not as a meal replacement to maximise their benefit.

Avoid prescribing less than the clinically beneficial dose of 2 bottles a day which will provide an extra 500-600kcals/day. Once daily prescriptions only provide 250-300kcals which can easily be met with food fortification e.g. enriched milk (1 pint full cream milk with 4 tablespoons of milk powder added). NB some powdered products such as Scandishake®, Enshake® and Calshake® are higher in calories so only 1 sachet is required to provide 500-600kcals. NB: Please be aware that there is no additional benefit from prescribing above TDS unless referred for dietetic assessment.

It is important to reassure patients that the dietary needs of the undernourished are different to that of the healthy population and that they should eat foods they might perceive to be unhealthy e.g. full fat dairy products.
• Patients with complex nutritional needs (i.e. renal disease, gastrointestinal disorders) may require specialist products and should be referred to local dietetic services.

• Patients with swallowing problems should be referred to Speech & Language services for assessment.

• Patients with diabetes can be given milk based or savoury supplements. Patients should be advised to sip the supplement slowly over 20-30 minutes. Blood glucose levels will need careful monitoring and medication may need to be adjusted accordingly. Fruit juice based supplements (i.e. Fortijuce, Resource Fruit, Fresubin Jucy) should be avoided due to their high sugar content/glycaemic load. In some instances patients may not be able to tolerate milk and require a supplement and therefore juice maybe the only alternative, patients should therefore be advised to monitor their blood sugars regularly.

• Supplements should be discontinued once the patient has reached their agreed treatment goals. One review after discontinuation of the supplements is good practice to ensure non recurrence of the original problem.

• Over the counter supplements such as Build Up™, Complan™, Nutriment™, Nurishment™ can be recommended for patients who do not meet the ACBS criteria unless contraindicated, i.e. renal disease or diabetes, those in the final stages of life, or wishing to have supplements and these are no longer indicated.

• Care should be taken when prescribing supplements in substance misusers as once started, ONS can be difficult to stop. Supplements are often used to replace meals and therefore can be of negligible clinical benefit. Clear goals should be set for patients who meet prescribing criteria (see Appendix 2).

• Care homes should provide adequate quantities of good quality food, so the use of unnecessary nutrition support is avoided. ONS should not be used as a substitute for the provision of food. Suitable snacks, food fortification as well as OTC products can be used to improve the nutritional intake of those at risk of malnutrition.
ONS Flow Chart

Patient identified via ‘MUST’ as having a score of 2 or more should be referred to dietetic services

If the above does not apply assess underlying causes, set goals and give first line dietary advice on food fortification as appropriate

Review at one month or before if clinical need demands.
- Record weight
- Assess diet changes

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**Improvement, i.e. weight stable or increasing and/or appetite improved:**
- Reinforce advice
- Reassess after one month

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**Continued improvement or improvement:**
- Reinforce advice
- Reassess after one month until

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**Treatment goals met:**
- Continue to monitor for 3 months
- If problems reoccur – return to start of flow chart

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**No improvement, i.e. still losing weight and/or no improvement in intake:**
- Reinforce advice
- Reassess underlying problems and treat
- Trial ONS, i.e. Complan Shake or Fortisip Compact as first line as per guideline (if meets ACBS criteria) in addition to fortified foods. If does not meet ACBS criteria recommend OTC supplements.
- Reassess after 1 month

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**No improvements – continue ONS support & refer to the dietetic service**
Tel: 020 8812 4155/ 020 8487 6432
cswdietitians@nhs.net

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Clinical judgement to be used. If BMI <16.5kg/m², at high risk of re-feeding syndrome or relying solely on ONS – refer urgently to dietetic services.
(For further reading on re-feeding syndrome see NICE CG32)
### Appropriate Use of Oral Nutritional Supplements (ONS)

<table>
<thead>
<tr>
<th>Medical conditions causing poor appetite, oral intake, nausea etc (e.g. cancer, COPD, diarrhoea, constipation)</th>
<th>GP &amp;/or Community Matron, or District Nursing management, appropriate medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor emotional or mental health, e.g. depression, isolation, bereavement</td>
<td>GP management, counselling (IAPTS 0203 513 6264), social clubs, day centres, Community Psychiatric Nursing, Battersea Junction CMHT (020 3513 5852), West Battersea CMHT (020 315 6334), Older Peoples Joint Service (020 3513 0210 Ext 5205), Putney &amp; Roehampton CMHT (020 8487 6857), Balham, Tooting, Furzedown CMHT (020 3513 6431/39)</td>
</tr>
<tr>
<td>Poor dentition</td>
<td>Refer to Dentist and advise patient on soft/appropriate diet (020 8335 1399)</td>
</tr>
<tr>
<td>Difficulties or unable to swallow</td>
<td>Refer to Speech &amp; Language Therapy Services (020 8812 4070)</td>
</tr>
<tr>
<td>Unable to do own shopping &amp;/or cook &amp;/of feed self</td>
<td>Suggest home delivery or food – Meals on Wheels – help from relatives/friends &amp; refer to Social Services (020 8871 7707) &amp;/or Community Therapy Team (020 8812 4070)</td>
</tr>
<tr>
<td>Experiencing financial difficulties</td>
<td>Refer to Social Services (020 8871 7707)</td>
</tr>
<tr>
<td>Alcohol intake exceeding maximum recommendations (men 21 units, women 14 units) per week, or other substance abuse</td>
<td>Refer to Community Drug and Alcohol Services (020 8812 4120), Fresh Start Clinic (Bridge Lane Group Practice 0488 477 3306 or Heathbridge Practice 0844 477 1877)</td>
</tr>
</tbody>
</table>

Adapted from guidelines for managing adult malnutrition and prescribing supplements, Havering PCT; 2006.
Wandsworth CCG Formulary

This formulary does not include all sip feeds and, therefore, comprises of supplements based on optimum nutritional content and cost effectiveness. All healthcare professionals must exercise their own professional judgement when using these guidelines.

The formulary has been established in collaboration with St. George’s Healthcare NHS Trust. It therefore reflects the current enteral feeding contract terms, in turn supporting sustainability across the local health economy.

STARTING PRESCRIPTIONS

See page 12 for “Starting ONS – which ONS to prescribe?” and “Recommended Prescribable First Line Powder and Liquid ONS”.

- **Issue an initial acute prescription for Complan® Shake (twice a day-bd)** as a starter pack or 16 sachets (4 boxes) of preferred or varied flavours (chocolate, strawberry, banana, vanilla, original). Each sachet to be made up with 200mls full fat (whole) milk. If after the starter pack or first week the patient is compliant with Complan® Shake bd, issue a monthly acute prescription for 2 sachets daily of the patients preferred flavours (56 sachets or 14 boxes).

- **Consider prescribing Fortisip® Compact (twice a day- bd)** If the patient is likely to have difficulties preparing Complan® Shake, or has lactose intolerance or is unable to tolerate twice daily ONS because the volume is too great and wastage is occurring. This will provide similar calories and protein in a smaller volume (125mls). Issue a prescription for a starter pack or 12 bottles of preferred or varied flavours (banana, mocha, vanilla, strawberry, forest fruits, chocolate, and apricot). If after the starter pack or first week the patient is compliant with Fortisip® Compact, issue a monthly acute prescription for 2 bottles daily of the patients preferred flavours (56 bottles/7000mls).

- **If Complan® Shake bd or Fortisip® Compact bd are unacceptable, prescribe one of the alternatives** depending on suitability. If this is acceptable, issue a monthly acute prescription for 2 bottles daily of the patient's preferred flavours (56 bottles).

DISCONTINUING PRESCRIPTIONS

- When the treatment goals are achieved, ONS should be discontinued.

- At least one review, ideally after one month, is required after discontinuation of ONS to ensure that there is no recurrence of the precipitating problem.

- If patients wish to continue with a supplement once the prescription has ceased, OTC products should be suggested e.g. Build Up®, Complan®, Food Link®,Nutriment® or Nurishment.
INAPPROPRIATE PRESCRIBING

- Avoid prescribing 1kcal/ml sip feeds which contain less nutritionally and are not as cost effective as higher calorie ONS (see Appendix 1, Cost per 100kcals of ONS)

- Avoid prescribing less than the clinically effective dose of 2 sachets/bottles daily which will provide 500-600kcals/day. Once daily prescriptions provide only 250-300kcals/day, an amount which can be easily met with food fortification.

- Patients with complex nutritional needs e.g. renal disease, liver disease, swallowing problems and gastrointestinal disorders, may require specialist products and should be referred to local dietetic services in the usual way.

- Patients with swallowing problems should be referred to Speech and Language services for assessment in the usual way, and will require assessment by SALT before dietetic input.

- Patients with diabetes should not be prescribed fruit juice based supplements e.g. Fortijuce®, Fresubin Jucy, Ensure® Plus Juce, Resource® Fruit, due to their high sugar content and high glycaemic index. Milk based supplements or savoury supplements are preferable, but blood glucose levels will need careful monitoring and medication may need to be adjusted.

- Patients who are substance misusers should not routinely be prescribed ONS (see guidance ‘Substance Misusers’ refer to Appendix 2).
RECOMMENDED PRESCRIBABLE FIRST LINE ONS STARTER PACKS

Powder which requires mixing with full fat milk

<table>
<thead>
<tr>
<th>Product</th>
<th>Content of Starter Pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complan® Shake Starter Pack</td>
<td>5 x 57g sachets, assorted flavours, to be mixed with 200ml full fat milk, and 1 x shaker</td>
</tr>
</tbody>
</table>

Ready to drink milkshake style liquid 125ml bottle with straw

Fortisip Compact is the preferred choice because it’s the most energy dense, nutritionally complete, low volume product, which supports patient compliance and reduces wastage

<table>
<thead>
<tr>
<th>Product</th>
<th>Content of Starter Pack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fortisip® Compact Starter Pack</td>
<td>6 x 125ml bottles, assorted flavours</td>
</tr>
</tbody>
</table>

Starting ONS – Which ONS to Prescribe?

Is the patient able to tolerate milk AND mix a shake, or has access to a carer to mix a shake?

- **No**
- **Yes** → Complan® Shake BD

Is the patient unable to tolerate twice daily ONS because the volume is too large, creating waste of ONS? Or unable to tolerate lactose or mix a shake?

- **Yes** → Fortisip® Compact BD
### RECOMMENDED PRESCRIBABLE FIRST LINE POWDER

Powder which requires mixing with full fat milk

<table>
<thead>
<tr>
<th>Product</th>
<th>Unit</th>
<th>Nutritional Profile per single serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complan® Shake</td>
<td>57g sachet to be mixed with 200ml full fat milk</td>
<td>387kcal, 15.6g protein</td>
</tr>
</tbody>
</table>

### RECOMMENDED PRESCRIBABLE FIRST LINE LIQUID ONS

Ready to drink milkshake style 125ml bottle with straw

<table>
<thead>
<tr>
<th>Product</th>
<th>Unit</th>
<th>Nutritional Profile per single serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fortisip® Compact</td>
<td>125ml bottle</td>
<td>300kcal, 12g protein</td>
</tr>
</tbody>
</table>

### PRESCRIBABLE ALTERNATIVES IF FIRST LINES NOT MEDICALLY SUITABLE

Fruit juice style supplements (not suitable for patients with diabetes)

<table>
<thead>
<tr>
<th>Product</th>
<th>Unit</th>
<th>Nutritional Profile per single serving</th>
<th>Cost per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fortijuce®</td>
<td>200ml bottle</td>
<td>300kcal, 8g protein</td>
<td>Recommended</td>
</tr>
<tr>
<td>Fresubin Jucy</td>
<td>220ml bottle</td>
<td>300kcal, 8g protein</td>
<td>£1.82</td>
</tr>
<tr>
<td>Ensure® Plus Juce</td>
<td>220ml bottle</td>
<td>330kcal, 10.6g protein</td>
<td>£1.97</td>
</tr>
<tr>
<td>Resource® Fruit</td>
<td>200ml bottle</td>
<td>250kcal, 8g protein</td>
<td>£1.84</td>
</tr>
</tbody>
</table>
Yogurt supplements (suitable for patients with taste changes)

<table>
<thead>
<tr>
<th>Product</th>
<th>Unit</th>
<th>Nutritional Profile per single serving</th>
<th>Cost per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fortisip® Yogurt Style</strong></td>
<td>200ml bottle</td>
<td>300kcal 12g protein</td>
<td>Recommended</td>
</tr>
<tr>
<td><strong>Ensure® Plus Yogurt Style</strong></td>
<td>220ml bottle</td>
<td>330kcal 13.8g protein</td>
<td>£2.02</td>
</tr>
</tbody>
</table>

N.B Fortisip® Yogurt Style contains lactose

Fibre enriched supplements (suitable for patients with constipation)

<table>
<thead>
<tr>
<th>Product</th>
<th>Unit</th>
<th>Nutritional Profile per single serving</th>
<th>Cost per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fortisip® Compact Fibre</strong></td>
<td>125ml bottle</td>
<td>300kcal 12g protein 4.6g fibre</td>
<td>Recommended</td>
</tr>
<tr>
<td>Fresubin 2kcal Fibre</td>
<td>200ml bottle</td>
<td>400kcal 20g protein 3.2g fibre</td>
<td>£1.85</td>
</tr>
<tr>
<td><strong>Ensure® Plus Fibre</strong></td>
<td>200ml bottle</td>
<td>310kcal 12.5g protein 5g fibre</td>
<td>£2.02</td>
</tr>
</tbody>
</table>

High protein milkshake style supplement

<table>
<thead>
<tr>
<th>Product</th>
<th>Unit</th>
<th>Nutritional Profile per single serving</th>
<th>Cost per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Fortisip® Compact Protein * **</td>
<td>125ml bottle</td>
<td>300kcal 18g protein</td>
<td>£1.94</td>
</tr>
</tbody>
</table>

*Fortisip extra can be considered as an alternative if patient requires a protein containing supplement with a larger volume as it contains 200mls, 320 kcals and 20 grams of protein.
References & Further Reading


FURTHER READING


British Association Parenteral and Enteral Nutrition (BAPEN), Accessed online: www.bapen.org.uk

Key documents and reports. ‘MUST’ toolkit, including ‘MUST’ explanatory booklet, e-learning and ‘MUST’ calculator.

ACKNOWLEDGEMENTS:

## COST PER 100KCAL OF ONS

**Complan® Shake and Fortisip® Compact compared with 1kcal per ml supplements**

<table>
<thead>
<tr>
<th>Milkshake Style Products</th>
<th>Presentation</th>
<th>Prescribable Cost per 100kcal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complan® Shake</strong></td>
<td>57g sachet mixed with 200ml full fat milk</td>
<td>25p</td>
</tr>
<tr>
<td>(1.6kcal per ml)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fortisip® Compact</strong></td>
<td>125ml bottle</td>
<td>67p</td>
</tr>
<tr>
<td>(2.4kcal per ml)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ensure®</strong></td>
<td>250ml can</td>
<td>91p</td>
</tr>
<tr>
<td>(1kcal per ml)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fresubin® Original</strong></td>
<td>200ml bottle</td>
<td>100p</td>
</tr>
<tr>
<td>(1kcal per ml)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

USE OF ONS IN SUBSTANCE MISUSERS

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 question of appropriateness.

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

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

Reasons for nutrition related problems include:

- Drugs themselves – can often cause poor appetite, reduce pH of saliva leading to dental problems, constipation, craving sweet foods (drug misusers in particular)
- Chaotic lifestyles
- Lack of interest in food and eating
- Poor dental hygiene (drug misusers in particular)
- Irregular eating habits
- Poor memory
- Poor nutrition knowledge and skills
- Low income, intensified by increased spending on drugs or alcohol
- Homelessness/poor living accommodation
- Poor access to food
- Infection with HIV or hepatitis B and C
- Eating disorders with co-existent substance misuse.
Problems often created by prescribing ONS in substance misusers:

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

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, tried and not been successful

AND the patient is in a rehabilitation programme e.g. methadone or alcohol programme or on the waiting list to enter a programme.

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 ONS per day)
- NO repeat prescriptions
- Prescribed on a short term basis only (i.e. 1-3 months)
- 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 individual is insistent on using a high energy supplement recommend OTC supplements such as Build Up™, Complan™, Nutriment™.
Appendix 3

6 STEPS TO APPROPRIATE PRESCRIBING OF ONS

Step 1: Identification of nutritional risk

The following criteria is used to identify those who are malnourished or at nutritional risk (NICE Guidelines (32) Nutritional Support in Adults):

- Body Mass Index (BMI) < 18.5kg/m²
- Unintentional weight loss > 10% in the past 3-6 months
- BMI < 20kg/m² and an unintentional weight loss > 5% in past 3-6 months
- Those who have eaten little or nothing for > 5 days
- Those who have poor absorptive capacity or high nutrient losses

Step 2: Global nutritional assessment

Assess underlying causes of malnutrition and consider availability of adequate diet:

- Ability to chew and swallowing issues
- Impact of medication
- Physical symptoms (i.e. vomiting, pain, GI symptoms)
- Medical prognosis
- Environmental and social issues
- Psychological issues
- Substance/alcohol misuse

Step 3: Set goals

Set and document realistic and measurable goals, including aim of nutrition support treatment and timescale:

- Target weight gain/BMI
- Wound healing
- Treatment aims, i.e. weight maintenance, weight gain, improving nutritional intake or improvement in symptoms

Review treatment plan and refer to appropriate local services
### Step 4: Food First advice

**Promote and encourage:**

- High calorie, high protein dietary advice
- Over the counter products (Complan, Build Up, Nurishment, Nutrament)

### Step 5: Prescribing ONS

**Consider ONS bd if:**

- Patients meet ACBS prescribing criteria;
  - **Short bowel syndrome, intractable malabsorption, pre-operative preparation of patient who are undernourished, proven inflammatory bowel, following total gastrectomy, dysphagia, bowel fistulae, disease-related malnutrition, continuous ambulatory peritoneal dialysis (CAPD) or haemodialysis**
- Food First has failed to improve nutritional intake or functional status after **one month**
- Specify dosage, timing and length of treatment

### Step 6: Review and discontinuation of ONS

- Review regularly to monitor, set goals and assess continued need for ONS
- When goals of treatment are met, discontinue ONS
- If patients no longer meet ACBS but wish to continue ONS, recommend over the counter supplements (Complan, Build Up, Nurishment, Nutrament)
## Appendix 4

**CHOOSING A STANDARD ONS**

<table>
<thead>
<tr>
<th>Patients deemed to be malnourished or at risk of malnutrition and deemed appropriate by Advisory Committee for Borderline Substances (ACBS) prescribing criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>There are no dietary restrictions</strong></td>
</tr>
<tr>
<td>Complan Shake BD needs to be reconstituted with 200ml of whole milk OR Fortisip Compact BD</td>
</tr>
<tr>
<td><strong>Patients who dislike milk based rinks (also suitable for those who are lactose intolerant)</strong></td>
</tr>
<tr>
<td>Fortijuce</td>
</tr>
<tr>
<td><strong>Patients who require fibre-rich supplements</strong></td>
</tr>
<tr>
<td>Fortisip Compact Fibre</td>
</tr>
</tbody>
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ADAPTED ‘MUST’ (MALNUTRITION UNIVERSAL SCREENING TOOL)

Malnutrition Universal Screening Tool ‘MUST’

**Step 1**
BMI Score

- Score
  - $>20$ = 0
  - $18.5 - 20$ = 1
  - $<18.5$ = 2

**Step 2**
Weight Loss Score

- Percent unplanned weight loss in past 3-6 months
  - $<5\%$ = 0
  - $5 - 10\%$ = 1
  - $>10\%$ = 2

**Step 3**
Acute Disease Effect Score

- If patient is acutely ill and there has been or is likely to be no nutritional Intake for 5 days or more Score 2

Stage 4: Overall risk of malnutrition. ‘MUST’ Score. Add scores together to calculate overall risk of malnutrition

0
Low Risk
Routine Clinical Care
- Repeat screening if there is a clinical concern
- Care homes monthly
- Community annually

1
Medium Risk
Observe
- Or treat if approaching high risk or if rapid clinical deterioration anticipated
- Advise patient on how to fortify every day foods and give written information, leaflet “Food First” leaflet
- Repeat screening monthly. If patients score is 2 or more and there is no improvement proceed according to high risk pathway

2 or more
High Risk
Treat
- Reinforce dietary advice & give written information on how to fortify every day foods
- Prescribe a supplement depending on patient’s preference i.e. milk, juice, or pudding style
- Repeat MUST monthly and record progress. If no improvement or deterioration after 2 months, refer to Dietitian
- Unless detrimental or no benefit expected e.g. imminent death

For more information on The Malnutrition Universal Screening Tool (‘MUST’) see the ‘MUST’ Explanatory Booklet at www.bapen.org.uk
Food first dietary advice: Suggestions for a poor appetite:

If you are experiencing a poor appetite & or are losing weight unintentionally this leaflet will help you increase the calorie & nutrient content of what you eat normally.

- Eat little and often of “what you fancy” Eat three small meals a day
- Eat small and frequent nourishing snacks in-between meals and before bed
- Avoid drinking with meals
- Eat more high energy foods, adding sugar (unless you are diabetic) to cereals, desserts & drinks
- Enrich at least one dish at each meal with extra butter, margarine, double cream, grated cheese, evaporated milk, condensed milk, honey, jam or sugar
- Have full fat products daily rather than ‘diet’ ‘low fat’ or ‘health eating’ products
- Add 5 tbsp of semi skimmed milk powder to a pint of whole milk (blue top) and use as normal every day.
- Have milk based drinks e.g. milky coffee, hot cocoa & milkshakes.
- Get some fresh air - this can often help to stimulate your appetite

Nourishing Snacks

Slice of pizza, medium sausage roll, cereal bar, pot of rice pudding or custard, scoop of ice cream, handful of dried fruit & nuts, pot of thick and creamy yoghurt, individual cheesecake slice of fruit/sponge cake, 2 cream crackers with cheese, chocolate bar, handful of peanuts (50g), crumpet, half a teacake, pot of trifle, doughnut, small flapjack, half a scone with jam and cream

Use butter & margarine generously on your snacks
High calorie, protein (fortified) diets

You can fortify your meals by adding cream, milk powder or butter to increase the overall nutritional content, without increasing the portion size, which means every mouthful you eat, will be full of nourishment.

Foods that you can add to your dishes are:
- Milk powder (1 heaped tbsp)
- Double or whipping cream (1-2 tbsp)
- Butter/margarine/jam (1 tsp)
- When you add milk powder to your dishes, make a paste with milk so that it mixes better.

Fortified milk
To a pint of whole milk add 5 heaped tbsp of milk powder. Mix milk to make a runny paste and add to the remainder of the pint.

Fortified Soup
Take a ladle of soup add a heaped tbsp of milk powder & 2 tbsp of double cream.

Fortified custard/porridge/milk pudding
Take a ladle of normal custard/porridge/milk pudding add a heaped tbsp of milk powder & 2 tbsp of double cream.

Nourishing Drinks

Try having drinks which contain lots of calories, rather than tea and coffee, try to drink one to two nourishing drinks during the day. You can try the recipes below or you can buy readymade drinks like, Mars, Mars Extra, Mars Active, Yazoo, Galaxy, Aero, Bounty flavoured milk or smoothies and milkshakes.

Hot chocolate malted drink
150mls whole milk
1 Tbsp milk powder
2 Tbsp double cream
3 tsps hot choc/malted drink powder.

Fruit Smoothies
300mls of whole milk, 1 pot of thick and creamy yogurt or large scoop of vanilla ice cream, 1 tbsp milk powder 75g of soft fresh or tinned fruit in syrup Liquidise all ingredients for 10-15 seconds.

Nourishing soup
200mls whole milk
1 tbsp of milk powder
1 packet of dried soup powder heat milk until simmering, mix with soup and milk powder using a mini whisk.

Nourishing milkshake
4 tsp of Nesquik powder or 2 tsp Crusha syrup
4 tsp of skimmed milk powder
200mls of whole milk
1 scoop of ice cream
3 tbsp double cream
Blend the nesquik or crusha with the milk powder with some milk to make a paste then add the remaining milk and whisk thoroughly.
Appendix 7

300KCAL SNACKS AND NOURISHING DRINKS

These can be useful alternatives to prescribable nutritional supplements and can be more palatable.

**250ml Enriched Whole Milk + A Banana**
ADD 2 TABLESPOONS SKIMMED MILK POWDER TO ½ PINT (280ml) FULL FAT MILK
340 calories and 17g protein

**250ml whole milk (full fat) + 50g Chocolate**
360 calories and 11g protein

**250ml Whole milk (full fat) + Shortbread Biscuit + 25g drinking chocolate or Ovaltine®**
350 calories and 10.6g protein

**3 crackers with butter and 30g cheese**
300 calories and 10g protein.

Tinned fruit in syrup and 150g Greek yogurt (full fat)
330 calories and 8.8g protein.

Suzanne Lever, Medicines Management, NCL and Valerie Hainsworth, Dietitian CLCH.14/7/11.