

## Oral Nutritional Supplement (ONS or 'Sip' feeds) Prescription Request Form

**Use this form for all direct to GP ONS Prescription Requests – for completion by care home**

*Aiming to ensure ONS prescribed in care homes meet the [SWL ONS prescribing criteria](#)*

<b>Care Home Name:</b>		<b>Contact number:</b>	
<b>ONS Prescription requested by:</b>		<b>Date:</b>	

<b>Patient Name:</b>		<b>DOB:</b>		<b>NHS no. :</b>	
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### 1. Malnutrition Universal Screening Tool (MUST) Score.

<p><b>N.B. <a href="#">MUST</a> Score of 0 (low risk) or 1 (medium risk) does not meet the criteria for ONS prescription – implement <a href="#">Food First Advice</a> instead (homemade nourishing drinks, snacks &amp; food fortification)</b></p>	Weight (kg):
	Date weight taken:
	Height (m):
	MUST score:
	BMI (kg/m <sup>2</sup> ):
	Highest weight in previous 3-6months (kg/date):
Alternative measurements:	

### 2. [Food First Advice](#) trialled for at least 1 month

Yes       No  (if no, patient does not meet prescribing criteria for ONS)

If yes, please detail which Food First methods have been trialled:

### 3. Barriers to nutritional intake identified and addressed

Details and Support Provided:

**N.B: If swallowing difficulties refer to Speech and Language Therapy Team**

### 4. Goal of ONS prescription – should be measurable and achievable (please choose)

Goal of prescription:  
Please detail:

5. ONS Prescription Request					
New Prescription?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Previous trial?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ONS prescribed for >3 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, review Goal of ONS prescription			
Does the patient currently have any ONS in stock?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please detail how much:			
<b>ONS to prescribe:</b>	<input type="checkbox"/> <b>Foodlink Complete Powder 57g twice daily</b> Mix with 200ml full fat milk  <input type="checkbox"/> <b>Foodlink Complete Compact Powder 57g twice daily</b> Mix with 100ml full fat milk (for patients who require a smaller volume)		<b>Acute prescription for 4 weeks only</b>	<b>Volume to prescribe:</b> 3,192g total or 8x399g packs for 28 days	
<p>Powder ONS is not suitable for patients with dysphagia, cow's milk protein allergy or intolerance, unstable diabetic patients or for patients with renal disease (CKD 4, 5 or receiving dialysis). Speak to local dietitian or GP.</p>					
<ul style="list-style-type: none"> <li>✓ Continue to provide food and fluid based strategies (nourishing drinks and snacks, food fortification)</li> <li>✓ Provide supplements between meals</li> <li>✓ Review in one month</li> <li>✓ If concerns continue or an alternative supplement is required, refer to local dietitian</li> </ul>					
<b>For GP Use: Please ensure patient meets ACBS Indicator for ONS Prescription (please tick)</b>					
<input type="checkbox"/> <i>Disease Related Malnutrition</i>		<input type="checkbox"/> <i>Proven inflammatory bowel disease</i>			
<input type="checkbox"/> <i>Dysphagia (ensure patient has been referred to SALT)</i>		<input type="checkbox"/> <i>Following a gastrectomy</i>			
<input type="checkbox"/> <i>Short Bowel Syndrome</i>		<input type="checkbox"/> <i>Continuous Ambulatory Peritoneal Dialysis</i>			
<input type="checkbox"/> <i>Pre-operative preparation of patients who are malnourished</i>		<input type="checkbox"/> <i>Intractable Malabsorption</i>			