

South West London

The Identification, Treatment and Management of Malnutrition in Adults;

Including the appropriate prescribing of Oral Nutritional Supplements.

Abbreviations

ACBS - Advisory Committee on Borderline Substances

BAPEN – British Association for Parenteral and Enteral Nutrition

CCG – Clinical Commissioning Group

GP – General Practitioner/General Practice

IDDSI – International Dysphagia Diet Standardisation Initiative

MUST – Malnutrition Universal Screening Tool

NICE – National Institute of Clinical Excellence

ONS – Oral Nutritional Supplements

SWL – South West London

SLT – Speech and Language Therapist

Document History

Version: V1.0

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Approved by: Integrated Medicines Optimisation Committee (IMOC)

Approval date: April 2022

Review Date: March 2024

Version: V1.1 (Updated 1/3/2023: ONS Prescribing Poster added to appendices and ONS Product Guidance updated with new prices taken from MIMS January 2023)

Acknowledgements: These guidelines have been adapted to include local policy and are based on the NHS London Procurement Programme Guide to Prescribing Oral Nutritional Supplements in the Community 2014. The guidelines have been developed and reviewed with input from all SWL Medicines Optimisation Teams, local clinicians including primary care clinicians (GPs, pharmacists) and primary and secondary care dietetic teams across SWL.

Scope of implementation: South West London ICS

A [‘Quick Reference Guide for Prescribing ONS in Primary Care’](#) is also available.

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

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Section 1: Introduction and Background

1.1 Introduction

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

The guidelines are intended to provide information on current best practice, reduce unnecessary expenditure and to ensure a consistent approach by primary care clinicians across SWL in the management of malnutrition. The guidelines are designed for use by GPs, medicines optimisation teams, dietitians, district nurses, practice nurses, pharmacists, care home staff and other community health care professionals.

1.2 Background – Malnutrition and Oral Nutritional Supplement Prescribing

Causes and consequences of malnutrition

Malnutrition is both a cause and consequence of poor health primarily occurring due to an inadequate energy intake resulting in weight loss and a depletion of both body fat and muscle. Malnutrition is directly associated with delayed recovery, increased complications and increased mortality¹. Adverse effects include:

- Impaired immune responses – increasing risk of infection
- Reduced muscle strength and fatigue
- Reduced respiratory muscle function – increasing risk of chest infections and respiratory failure
- Impaired thermoregulation – predisposition to hypothermia
- Impaired wound healing and delayed recovery from illness
- Apathy, depression and self-neglect
- Increased risk of admission to hospital and length of stay
- Poor libido, fertility, pregnancy outcome and mother child interactions^{2,3,4}

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 Diseases	Dementia, neurological conditions (Parkinson's disease, motor neurone disease)
Acute Illness	Where food is not being consumed for more than 5 days (this is often seen in the acute setting and is rare in the community)
Debility	Frailty, immobility, old age, depression, recent discharge from hospital
Social Issues	Poor support, housebound, inability to cook and shop, poverty

Malnutrition is associated with increased mortality and morbidity and results in greater frequency of hospital admissions, longer hospital stay and greater number of GP visits. Once in hospital, patients' average length of hospital stay is three days longer^{2,3,6} and re-admission is more likely⁷.

Financial Implications

- Malnutrition is estimated to affect at least three million adults in the UK⁶. The estimated health costs associated with malnutrition exceed £19.6 billion annually⁶ and substantially impact on the health economy with increased demands on GP services, out of hours services and increase rates of transition across pathways of care.

- Oral nutritional supplements (ONS) are commercially produced and available to prescribe on FP10 for the treatment of malnutrition in certain patients. £2.9 million was spent on ONS across SWL CCG in the financial year 2020/21 (NHSBSA). However, London audit data suggests that 57-75% of these prescriptions may be inappropriate (based on ACBS prescribing criteria and dietetic clinical judgment)⁵.
- Whilst ONS have beneficial effects in terms of clinical outcomes, their use as a first line treatment option has caused concerns about efficacy and expense⁶.

Section 2: Identification of Malnutrition

2.1 Assessment and Monitoring of Malnutrition Risk

To assess their risk of malnutrition patients should be screened using a validated nutritional screening tool such as Malnutrition Universal Screening Tool ([MUST](#)) or [Patients Association Nutrition Checklist](#). Screening should take place on initial registration at general practice surgeries and when there is clinical concern. Screening should also be considered at other opportunities (for example, health checks, flu injections). Patients in care homes should be screened on admission and monthly thereafter¹. Anthropometry such as weights, height, BMI and MUST score should be documented in the patient record.

[Malnutrition Universal Screening Tool \(MUST\)](#)

- MUST is a 5-step validated screening tool, used across acute and community health care settings to identify an individual's risk of malnutrition, categorised as low, medium or high¹⁰. Screening should be carried out by professionals with appropriate skills and training¹.
- Those who are malnourished or at risk of malnutrition should meet at least one of the following criteria^{1,9}:-
 - o A body mass index (BMI) of less than 18.5kg/m²
 - o Unintentional weight loss greater than 10% within the last 3 to 6 months
 - o A BMI less than 20kg/m² AND unintentional weight loss greater than 5% in the previous 3 to 6 months
 - o Eaten little or nothing for more than 5 days and/or likely to eat little or nothing for the next 5 days or longer
 - o A poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism

Clinical judgement should be applied for community dwelling patients undergoing treatment (e.g. chemotherapy, dialysis) or following recent/recurrent episodes of acute illness/exacerbations of chronic illness (e.g. COPD, Chronic Kidney Disease) which impact on their nutritional intake, absorption or results 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 through weight loss or low BMI (i.e. BMI<20kg/m²).

Management guidelines are recommended based on the patient's overall risk score:

- o For Community Dwelling Patients see [Appendix 2](#)
- o For patients residing in Care Homes see [Appendix 3](#)

[Patients Association Nutrition Checklist](#)

This checklist can be used as an alternative screening tool when MUST may not be appropriate, for example in situations where staff have not been trained in nutrition screening, or when an accurate body weight cannot be obtained. There are two versions of the checklist: – one for patients and one for staff, who may include healthcare professionals, social care staff or volunteers. It is a simple and easy to use questionnaire which helps to identify those at risk of malnutrition and gives advice and signposting to services that can provide support. The Patients Association Nutrition Checklist has been validated against MUST¹¹.

2.2 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 groups, day services, community social groups and social prescribing services. See [Appendix 4](#) for a list of potential causes and suggested actions.

Section 3. Treatment of Malnutrition (including the appropriate prescribing of ONS)

3.1 Food First Advice

Once a patient has been identified as malnourished or at risk of malnutrition, Food First Advice should be given as the first line treatment. Education and encouragement regarding food fortification, nourishing snacks and nourishing drinks should be provided and trialled for at least 4 weeks prior to considering a prescription for ONS.

- ONS should NOT be used as first line treatment.
- Where a patient commenced ONS in secondary care, it is unlikely the patient will have completed a 4 week trial of Food First Advice. Patients should receive appropriate advice regarding Food First on discharge, and the need for the ONS prescription to continue in primary care should be reviewed as outlined in [Section 5](#).
- 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 the [South West London Integrated Medicines Optimisation Website](#) (SWL IMO).
- These aim to support clinicians providing patients and carers with advice regarding Food First, homemade nourishing drinks and overcoming barriers to nutritional intake. To support care homes implementing these guidelines a [care home resource pack](#) is also available to download.

3.2 Oral Nutritional Supplement Prescribing Criteria

Oral Nutritional Supplements (ONS) should only be prescribed to patients who meet ALL the below criteria:

1. Have been screened using a validated malnutrition screening tool e.g. MUST, and deemed to be at high risk of malnutrition or malnourished (MUST \geq 2)
2. Assessed regarding the underlying cause of malnutrition, with appropriate advice and support to address the underlying cause ([Appendix 4](#))
3. Meet the Advisory Committee for Borderline Substances (ACBS) criteria (see table below)
4. Trialled with Food First Advice for at least one month, prior to initiating the ONS prescription

Standard ACBS Indications for Oral Nutritional Supplements	
Short Bowel Syndrome	Proven inflammatory bowel disease
Intractable malabsorption	Following total gastrectomy
Pre-operative preparation of patients who are undernourished	Dysphagia
Disease-related malnutrition	Bowel Fistulas
Continuous ambulatory peritoneal dialysis (CAPD)	Haemodialysis

If the patient meets the above criteria, the ONS Product Guidance ([Appendix 1](#)) should be utilised to ensure a clinically appropriate and cost-effective product is prescribed. Powdered ONS should be prescribed unless contraindicated.

3.3 Commencing an ONS Prescription

Once a patient has been assessed as meeting the ONS Prescribing Criteria (see section 3.2), the standardised ONS Product Guidance will provide guidance on clinically and cost effective ONS to prescribe. See [Appendix 1](#).

Initially a sample or starter pack should be provided aiming to establish taste preference and avoid unnecessary medicines waste.

Samples can be provided in two ways. Please select an appropriate method based on local policy:

- GP Practices are encouraged to supply 'samples' via prescription. A starter pack or a one-week supply of the ONS can be prescribed.
- Dietitians have the option of using free 'direct to patient' ONS sample services. These are available to order online via the nutritional company websites and are usually delivered direct to the patient's home/care home within 1-3 working days.

Review the sample pack within one week, identify flavour preference and prescribe an initial ACUTE four-week prescription; DO NOT prescribe a starter pack on repeat.

Notes for prescribing:

- Powdered ONS should be prescribed unless contraindicated. Starter packs of powdered ONS contain a shaker for patient use.
- Ensure any ongoing prescription is NOT a starter pack as these have a higher cost.
- Choose a maximum of 2 flavours for ongoing prescription to reduce dispensing costs.
- The suggested dose for ONS is twice daily. Once daily prescriptions should be avoided where possible, these provide 300-380kcal per day which can easily be achieved via Food First Advice. Exceptions may be made for frail patients with very poor food intakes, where a daily powder-based ONS may significantly increase overall nutritional intake – clinical judgment should be utilised.
- If under dietetic review, the volume/quantity of ONS prescription will be identified on dietetic assessment.
- 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.
- To maximise their effectiveness, patients should be advised to take supplements between meals and not as a meal replacement.
- Patients should continue to implement Food First Advice alongside their ONS prescription.
- Ensure all anthropometry such as weights, height, BMI and MUST score, and patient goals are documented in the patient record to aid reviews.

3.4 Choosing which ONS product to prescribe

The ONS Product Guidance ([Appendix 1](#)) is designed to provide concise information on clinically and cost effective ONS for GPs, Dietitians, Pharmacists and other Healthcare Professionals when an ONS prescription has been indicated. This product guidance condenses the range of ONS available to provide a more manageable list of suggested products. This list has been discussed and agreed by the SWL ONS Group, which includes Dietitians and Pharmacists.

The product guidance recommends:

- Food First Advice should be used as the first line treatment option.
- If an ONS prescription is required following a Food First trial, powdered ONS are the second line treatment option unless contraindicated.
- If powdered ONS are contraindicated or not tolerated, ready to drink ONS can be used as a third line option.
- Within each category a variety of clinically and cost effective ONS choices have been listed. The selection aims to ensure appropriate ONS can be prescribed to meet patients' identified nutritional

needs, offer choice, achieve taste preference, optimise compliance and therefore avoid unnecessary medicines waste.

- ONS products outside this list should be prescribed on recommendation of a dietitian only, and clear clinical justification should be given in the prescription request letter. Dietitians are uniquely skilled to be able to complete a thorough nutritional assessment and identify when these specialist products are needed to meet nutritional requirements.

The ONS Product Guidance will be updated annually to reflect any changes in ONS pricing and available products. The most up to date guidance will be uploaded on the [SWL IMO website](#).

Contraindications to prescribing powdered ONS include limited dexterity & inability to prepare, cow's milk allergy or intolerance, under 6 years of age, galactosaemia, not suitable for enteral feeding tubes. Patients with renal disease should be assessed by a dietitian prior to prescribing a powdered ONS. Seek dietetic advice if unsure.

Modular ONS (high fat and/or protein supplements) are not nutritionally complete and 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. SWL CCG does not support prescribing of Calogen® for the routine management of malnutrition. See [SWL Position Statement for Calogen](#) for more details.

3.5 Prescribing ONS in Care Homes

Patients in care homes should be screened for malnutrition on admission and monthly thereafter using a validated screening tool such as MUST^{1,10}. See [Appendix 3](#) for MUST management guidelines for care home patients. A [Care Home Malnutrition Resource Pack](#) is also available to download.

Care Homes have a responsibility to meet CQC Regulation 14 'Meeting Nutrition and Hydration Needs'. This regulation states that providers must ensure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.

Food First Advice should be utilised for all 'at risk' residents, and ONS should only be prescribed where there is a clear clinical justification i.e. patients meet the prescribing criteria and there is evidence that Food First Advice has resulted in no improvement.

When requesting a prescription of ONS, care homes should utilise the 'SWL Care Homes ONS Prescription Request Form' ([Appendix 6](#)). This form can be used to support care homes and GPs in ensuring that patients meet the SWL ONS Prescribing Criteria, and an appropriate ONS product and quantity is prescribed.

If ONS is required, powdered ONS should be prescribed unless contraindicated. Inability to prepare powdered ONS should not be used as a contraindication for care home patients as nursing / care staff are able to do this.

Requests for pudding / dessert style ONS should be avoided. Similar nutritional intake can be achieved from common foods such as chocolate mousse, trifle, crème caramel.

ONS should be prescribed, similar to other medications, on an individual patient named basis and documented in the patients' drug chart/medications card or electronic record. Care Home staff should be advised ONS must not be provided to a patient if they have not been prescribed the product.

Section 4. ONS Reviews

4.1 Reviewing ONS Prescription

Following initial prescription, ONS should ideally be reviewed after 4 weeks¹⁰, however if this is not feasible a review should take place at least every 3-6 months, or more frequently if there is a change in clinical condition¹. The following areas should be considered during reviews:

- Weight and MUST score
- Goals of ONS intervention
- Tolerance and compliance with the prescribed dose of ONS
- Progress of care plans to address underlying causes of malnutrition
- Reinforcement of Food First Advice

During reviews, anthropometry such as weight, BMI and MUST score should be documented in the patient record.

If no improvement, a further 4 week ACUTE prescription should be provided. If there is still no improvement a referral to local dietitians should be considered if available.

A quick reference flow chart is available to support with reviewing ONS prescriptions; see [Appendix 5](#).

4.2 Discontinuing ONS

When the agreed treatment goals are achieved, ONS should be discontinued. ONS may be reviewed and discontinued by the GP, pharmacist and/or dietitian. Discontinuation or changes to ONS prescriptions should be communicated clearly by the clinician to the patient, GP and any other healthcare professional involved in the patients' nutritional care. A dietetic treatment summary should be completed following dietetic assessment and shared with appropriate persons as above.

On discontinuing ONS, a review of nutritional risk screening should ideally be provided within one month to ensure there is no recurring problem. Arrangements for review should be detailed by the healthcare professional who discontinued the ONS.

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.

Based on malnutrition risk score, steps should be followed as per management guidelines ([Appendices 2&3](#))

If the patient wishes to continue taking ONS although they do not meet prescribing criteria (e.g. MUST \leq 1 and/or the patient does not meet ACBS criteria and/or goals of ONS intervention have been achieved) Over The Counter supplements (such as Complian[®], Meritene[®] or Nurishment[®]) and Food First Advice should be recommended as opposed to a continuation of the ONS prescription.

Section 5. ONS Prescribing Across the Pathways of Care

Guidance provided within this section should be followed to ensure appropriate prescribing practices across the primary and secondary care interface in line with section 10 of the [South West London Interface Prescribing Policy](#).

5.1 Dietetic Communication

High quality dietetic letters can help to reduce errors in prescribing and aid ONS reviews in Primary Care.

Letters should provide clear, concise and relevant information regarding:

- ONS prescription request, as detailed in table below
- Goals of ONS and dietetic intervention
- Dietetic treatment summary including anthropometry
- Review and monitoring plan
- Additional actions required by the GP
- Assessment of ONS prescribing criteria
- Underlying cause(s) of malnutrition and support provided

****Prescription Request****						
Product Name	Flavour (choose up to 2)	Dose	Quantity per 28 days	Duration	Prescription Type	Provides (kcal and g protein)
<i>e.g. Foodlink Complete powder</i>	<i>Chocolate & Vanilla</i>	<i>2 x 57g sachets per day</i>	<i>56 sachets / 3192g</i>	<i>4 weeks</i>	<i>Acute</i>	<i>766 kcals & 38g protein</i>
<i>e.g. Altraplen Energy</i>	<i>Strawberry & Banana</i>	<i>2 x 200ml bottles per day</i>	<i>56 bottles / 11,200ml</i>	<i>4 weeks</i>	<i>Acute</i>	<i>600kcals & 24g protein</i>

An example of an appropriate dietetic letter template can be found in [Appendix 7](#). If you would like support in adapting this letter for use in your team, please contact your local Prescribing Support Dietitian or Medicines Optimisation Team.

5.2 ONS Prescription Requests on Discharge from Secondary Care

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

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); however ONS is not always required post-discharge. As such, ONS for patients discharged into primary care should be clearly communicated to GP Practices. If no clear communication, the need for ONS prescription should be reviewed in line with local guidance. The patient's nutritional status should also be reviewed to ensure an appropriate treatment and management plan is in place.

Supplements requested to continue in primary care on FP10 prescription should meet the SWL primary care ONS Prescribing Criteria ([section 3.2](#)). If the patient does not meet defined criteria, OTC supplements and Food First Advice should be recommended instead.

If the patient meets ONS prescribing criteria, the ONS product prescribed should be in line with the SWL primary care ONS product guidance. ONS should ideally be prescribed on an acute 4 week prescription and reviewed prior to continuation.

ONS products in the RED section prescribed during secondary care admission should only continue post discharge if the patient remains under dietetic review or if ONS in the GREEN and AMBER sections are contraindicated or not suitable. This information should be included in discharge communication. Rationale for continuation should be documented in the patient's consultation notes in the GP Practice.

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 to prescribe in line with SWL Guidelines. It is helpful to advise the patient that their ONS product may change once they are discharged into Primary Care.

5.3 ONS Prescription Requests from other Healthcare Professionals

ONS prescription requests may be received from other healthcare professionals such as District Nurses, Tissue Viability Nurses or Consultants.

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

If the patient meets ONS prescribing criteria, the ONS product prescribed should be in line with the SWL primary care ONS product guidance. ONS should ideally be prescribed on an acute 4 week prescription and reviewed prior to continuation. If the patient does not meet the prescribing criteria, OTC supplements and Food First advice should be recommended instead.

Please note products on the 'Red' list in the SWL ONS Product Guidance should only be prescribed on the recommendation of a dietitian. If these products are requested, other than by a dietitian, a suitable product should be chosen from the 'Green' or 'Amber' lists instead.

5.4 Promoting Integrated Care

To promote the continuum 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 concerns increase following discharge (e.g. re-referral to dietetics as appropriate).

Section 10 of the [South West London Interface Prescribing Policy](#) outlines requirements regarding communication across secondary and primary care interface.

Section 6: Specialist / Complex Patient Groups

6.1 Dysphagia / Speech and Language Therapy (SALT) Input

Patients presenting with dysphagia should be referred to a Speech and Language Therapist for specialist assessment, monitoring, intervention and advice.

Patients at risk of malnutrition may also be referred to local dietetic teams for specialist Food First Advice for texture modified diets and thickened fluids, and advice on appropriate ONS to prescribe if SWL ONS Prescribing Criteria are met. ONS prescribed should follow recommendations as per the SALT assessment.

The International Dysphagia Diet Standardisation Initiative (IDDSI) framework provides a common terminology for describing food textures and fluid thicknesses to improve safety for patients with swallowing difficulties. Indicative IDDSI levels of ONS products are listed on the ONS Product Guidance ([Appendix 1](#)), as reported by the manufacturers. Specialist dysphagia-specific products are also available; however these may not be required if one of the standard products has an appropriate IDDSI level.

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. An emphasis should be placed on minimising barriers to nutritional intake including pain, nausea, and constipation.

Patient's receiving early palliative care treatment, with months or years to live may be receiving palliative care to help improve their quality of life. Nutritional screening, assessment and management is a priority for this patient group, and nutrition support may help to improve treatment outcomes and reduce complications. If ONS is prescribed, appropriate goals should be agreed and the continued need for ONS should be reviewed on a regular basis¹⁴.

In end of life palliative care, the use of ONS 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 ONS can contribute to distress and anxiety. Nutritional support should focus on the provision of favoured foods and drinks to help maximise quality of life.

6.3 Diabetes

Malnutrition risk should be reviewed with dietary advice aiming to optimise both nutritional status and diabetic control; however treatment of malnutrition may take priority over optimising blood glucose control depending on the diagnosis, prognosis and degree of malnutrition.

'Juice' based ONS should not routinely be prescribed for patients with diabetes. Milk based or savoury ONS are preferable due to their lower Glycaemic Index.

Following prescription of ONS or a significant change in oral intake, blood glucose levels may need to be monitored more closely, and diabetes medications reviewed.

6.4 Renal Patients

Dependant on Chronic Kidney Disease (CKD) stage and treatment, malnutrition can be a significant problem for renal patients. When treating malnutrition consideration needs to be given to the stage of CKD and the presence of any fluid or electrolyte imbalances. Muscle atrophy is a significant consequence at CKD stage 5 on dialysis and nutrition support often focuses on high energy, high protein interventions; however in CKD stage 4 the focus is on high energy and protein intake may need to be restricted.

Due to the above complications, Food First Advice is not always appropriate. Similarly, first / second line ONS may not meet patients' nutritional needs and specialist ONS products may be required. From CKD stage 4 patients should be under the care of a Renal Dietitian and they will recommend the most appropriate ONS. ONS should not be switched without first consulting with the dietitian.

6.5 Vitamin K / Warfarin

For patients on Warfarin therapy, inconsistent intakes of Vitamin K can affect INR (International Normalised Ratio) levels and the way that Warfarin works. Therefore, it is important to aim to have a consistent intake of Vitamin K on a daily basis. ONS contain varying levels of Vitamin K and nutritional companies will be able to provide details of this if necessary.

Patients who commence, change or stop ONS whilst on Warfarin therapy should be advised to discuss this with their GP or appropriate healthcare professional. INR levels may need to be checked more often or Warfarin dose adjusted¹⁵.

6.6 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. The Department of Health recommends that substance misusers should only receive oral nutrition support if there are clear medical reasons¹³.

Substance misusers may have a range of nutrition related problems such as poor appetite, weight loss, nutritionally inadequate diet, constipation and dental decay. Therefore, advice on diet and nutrition should be given, especially if drinking heavily.

Prescribing ONS in this patient group can be problematic. ONS may be difficult to stop as the following issues can occur:

- 1) ONS may be taken instead of meals, therefore providing no benefit
- 2) They may be sold on as a source of income
- 3) Prescriptions can be difficult to review due to poor appointment attendance

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

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

If ONS is initiated:

- The patient should be assessed by a dietitian. If they fail to attend on two consecutive occasions, ONS should be discontinued
- Maximum prescription should be for 600 kcal/day (twice daily)
- NO repeat prescriptions
- Prescribed on a short term basis only (i.e. 1-3 months)
- If there is no change in weight after three months, ONS should 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 does not meet the criteria, recommend OTC supplements and Food First Advice.

The above patient groups can be particularly challenging for primary care clinicians. To support implementation of these guidelines local CCG Prescribing Support Dietitians and Medicines Optimisation Teams may be contacted.

7. References and Further Reading

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- ¹⁰ Malnutrition Advisory Group. BAPEN (British Association of Parenteral and Enteral Nutrition). Malnutrition Universal Screening Tool ('MUST'). http://www.bapen.org.uk/pdfs/must/must_full.pdf
- ¹¹ The Patients Association Nutrition Checklist, 2021. Accessed online: <https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=db830c67-e823-4ed9-895d-d542dc4d247f>
- ¹² NHS England (2015) Guidance to Commissioning Excellent Nutrition and Hydration 2015-18 <https://www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guid.pdf>
- ¹³ Department of Health. Drug Misuse and Dependence, UK Guidelines on Clinical Management. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf
- ¹⁴ ESPEN guideline on ethical aspects of artificial nutrition and hydration. https://www.espen.org/files/ESPEN-Guidelines/3_ESPEN_guideline_on_ethical_aspects_of_artificial_nutrition_and_hydration.pdf
- ¹⁵ Vitamin K: a practical guide to the dietary management of patients on warfarin. <https://pubmed.ncbi.nlm.nih.gov/10568341/>

8 Appendices

Appendix 1 – SWL ONS Product Guidance (prices updated January 2023)

1st line treatment = Food First Advice

Should be trialled for at least 1 month prior to considering prescription of ONS

- Provide [Food First resources](#)
- Eat little and often, aiming to have 3 small meals per day plus 2-3 snacks in between
- Fortify meals with high calorie / high protein ingredients e.g. double cream, butter, cheese, peanut butter, olive oil, skimmed milk powder. For example:
 - Make porridge with full fat milk and add skimmed milk powder and peanut butter
 - Drizzle olive oil over salads and vegetables
 - Add cheese to savoury dishes such as pasta, omelettes, jacket potato
 - Make sandwiches with extra butter and mayonnaise
 - Add double cream or ice cream to chopped fruit
- Choose full fat / sugar products where possible. For example:
 - Full fat (whole) milk
 - Double cream
 - Full fat, thick & creamy yogurt
- Include Nourishing drinks e.g. milky coffee, hot chocolate, milkshakes, fruit smoothies.
- Avoid 'diet' or 'light' versions of products such as custard, yogurts, rice pudding.
- Advice should be tailored to patients' religion, culture and beliefs.
- Over the counter supplements can be considered e.g. Complian[®], Nurishment[®], Meritene[®] which can be bought from local pharmacies and larger supermarkets.

2nd line treatment = Prescription of Powdered ONS

Powdered ONS is the preferred choice unless contraindicated.

Contraindications:

- Limited dexterity & inability to prepare
- Cow's milk allergy or intolerance
- Under 6 years
- Galactosaemia
- Not suitable for enteral feeding tubes
- Patients with renal disease should be assessed by a dietitian prior to prescribing a powdered ONS

Product Name	Price per Unit	Nutrition Per Serving	Flavours	Pack Size	IDDSI Level*	Volume to prescribe for 28 day supply
Preferred powder ONS:						
Foodlink Complete Powder to be mixed with 200ml whole milk	£0.52	383kcal, 19g protein	Banana, Chocolate, Natural, Strawberry, Vanilla	399g (7 x 57g sachets)	0	57g twice daily for 28 days Total volume: 3,192g No. of packs: 8 x 399g
<i>Alternative option:</i>						
<i>Aymes Shake to be mixed with 200ml whole milk</i>	£0.52	383kcal, 19g protein	Banana, Chocolate, Ginger, Natural, Vanilla	399g (7 x 57g sachets)	0	57g twice daily for 28 days Total volume: 3,192g No. of packs: 8 x 399g
Compact option for patients who require a smaller volume:						
Foodlink Complete Compact Powder to be mixed with 100ml whole milk	£0.52	318kcal, 15g protein	Banana, Chocolate, Natural, Strawberry, Vanilla	399g (7 x 57g sachets)	0	57g twice daily for 28 days Total volume: 3,192g No. of packs: 8 x 399g
<i>Alternative option:</i>						
<i>Aymes Shake Compact to be mixed with 100ml whole milk</i>	£0.52	318kcal, 15g protein	Banana, Chocolate, Ginger, Natural, Vanilla	399g (7 x 57g)	1	57g twice daily for 28 days Total volume: 3,192g No. of packs: 8 x 399g
'Juice' based option for patients who cannot tolerate or dislike milk:						
Aymes ActaSolve Smoothie to be mixed with 150ml water	£0.99	297kcal, 10.7g protein	Mango, Peach, Pineapple & Strawberry, Cranberry	462g (7 x 66g sachets)	2	66g twice daily for 28 days Total volume: 3,696g No. of packs: 8 x 462g

3rd line treatment = Prescription of Ready to Drink ONS

To be prescribed only if powdered ONS is contraindicated or not tolerated

Product Name	Price per unit	Nutrition per serving	Flavours	Pack Size	IDDSI Level*	Volume to prescribe for 28 day supply
Preferred ready to drink ONS:						
Altraplen Energy	£0.89	300kcal, 12g protein	Banana, Chocolate, Strawberry, Vanilla	800ml (4 x 200ml)	0-1	200ml twice daily for 28 days Total volume: 11,200ml 56 bottles
<i>Alternative options:</i>						
<i>Aymes Complete</i>	<i>£1.11</i>	<i>300kcal, 12g protein</i>	<i>Banana, Chocolate, Strawberry, Vanilla</i>	<i>800ml (4 x 200ml)</i>	<i>0</i>	<i>200ml twice daily for 28 days Total volume: 11,200ml 56 bottles</i>
<i>Fortisip Bottle</i>	<i>£1.25</i>	<i>300kcal, 12g protein</i>	<i>Vanilla, Tropical Fruit, Banana, Strawberry, Chocolate, Neutral</i>	<i>800ml (4 x 200ml)</i>	<i>NK</i>	<i>200ml twice daily for 28 days Total volume: 11,200ml 56 bottles</i>
Compact option for patients who require a smaller volume:						
Fortisip Compact	£1.48	300kcal, 12g protein	Apricot, Banana, Chocolate, Forest Fruits, Mocha, Neutral, Strawberry, Vanilla	500ml (4 x 125ml)	NK	125ml twice daily for 28 days Total volume: 7,000ml No. of packs: 14 x 500ml
<i>Alternative option:</i>						
<i>Altraplen Compact</i>	<i>£1.39</i>	<i>300kcal, 12g protein</i>	<i>Banana, Chocolate, Strawberry, Vanilla</i>	<i>500ml (4 x 125ml)</i>	<i>2</i>	<i>125ml twice daily for 28 days Total volume: 7,000ml No. of packs: 14 x 500ml</i>
'Juice' based option for patients who cannot tolerate / dislike milk. Should not routinely be prescribed for patients with diabetes.						
Altrajuce	£1.89	300kcal, 8g protein	Apple, Blackcurrant, Orange, Strawberry	200ml bottle	0	200ml twice daily for 28 days Total volume: 11,200ml 56 bottles
<i>Alternative option:</i>						
<i>Aymes ActaGain Juice</i>	<i>£1.70</i>	<i>300kcal, 11g protein</i>	<i>Apple, Orange</i>	<i>200ml</i>	<i>0</i>	<i>200ml twice daily for 28 days Total volume: 11,200ml 56 bottles</i>

Oral Nutritional Supplements not to be routinely prescribed in primary care

Items on this list may be recommended to be prescribed following dietitian assessment only.

Prescription requests must include:

- Clear clinical justification for the product choice
- Length of prescription
- Goal / aim of ONS treatment
- Review Plan

Please choose the most cost effective product within each category where possible.

Product Name	Price per unit	Calories per serving (kcal)	Protein per serving (g)	Unit Size	Pack Size	IDDSI Level*
Powdered ONS:						
Complan Shake	£0.54	380	15.5	57g	399g	NK
Ensure Shake	£0.51	389	17.0	57g	399g	0
Aymes ActaSolve High Energy	£1.96	593	12.5	85g	510g	0
Enshake	£2.82	600	16.0	96.5	579g	0
Calshake	£2.83	600	12.0	87g	609g	NK
Scandishake	£3.07	585	12.5	85g	510g	NK
Milkshake Style:						
Ensure Plus Milkshake	£1.18	300	12.5	200ml	800ml	0
Fresubin Energy	£1.40	300	11.2	200ml	800ml	0
Aymes 2.0kcal	£1.73	400	16.0	200ml	800ml	2
Fortisip 2kcal	£2.22	400	20.0	200ml	800ml	NK
Ensure TwoCal	£2.33	399	16.8	200ml	800ml	1
Compact Style:						
Ensure Compact	£1.39	300	12.0	125ml	500ml	1
Juice Style:						
Ensure Plus Juice	£2.12	330	10.6	220ml	880ml	1
Fresubin Jucy	£2.02	300	8.0	200ml	800ml	0
Fortijuice	£2.12	300	7.8	200ml	800ml	0
'Once a day' ONS:						
Aymes ActaGain 600	£1.60	600	24.0	250ml	250ml	2
Altraplen Compact Daily	£1.60	600	24.0	250ml	1000ml	2
High protein:						
Aymes ActaSolve Protein Compact	£0.95	312	20.2	57g	399g	2/3
Aymes ActaGain 2.4 Complete Maxi	£1.41	400	19.2	200ml	800ml	2
Altraplen Protein	£1.83	300	20.0	200ml	800ml	1
Fortisip Compact Protein	£2.29	300	18.0	125ml	500ml	NK
Ensure Plus Advance	£2.31	330	20.0	220ml	880ml	1
Fortisip Extra	£2.82	318	19.6	200ml	800ml	1
Fibre containing:						
Aymes Shake Fibre	£0.71	374 (+5g fibre)	19.0	57g	399g	0
Foodlink Complete with Fibre	£0.76	397 (+4.5g fibre)	19.0	63g	441g	1
Resource 2.0 Fibre	£2.23	400 (+5g fibre)	18.0	200ml	800g	NK
Fortisip Compact Fibre	£2.46	300 (+4.5g fibre)	11.8	125ml	500ml	NK
Ensure Plus Fibre	£2.36	310 (+5g fibre)	13.0	200ml	800ml	1
Savoury Style:						
Aymes ActaSolve Savoury	£0.76	250	9.2	57g	399g	1
Yogurt Style:						
Ensure Plus Yogurt	£1.23	300	12.5	200ml	200ml	0
Fortisip Yogurt	£2.60	300	11.8	200ml	200ml	2

Product Name	Price per unit	Calories per serving (kcal)	Protein per serving (g)	Unit Size	Pack Size	IDDSI Level*
Pre-Thickened ONS for patients with dysphagia:						
Slo Milkshake IDDSI Level 1	£0.95	401	27.6	50g	350g	1
Slo Milkshake IDDSI Level 2	£0.85	333	24.2	50g	350g	2
Slo Milkshake IDDSI Level 3	£0.85	333	24.2	50g	350g	3
Slo Milkshake IDDSI Level 4	£0.95	265	20.8	50g	350g	4
Nutlis Complete Drink level 3	£2.32	306	12.0	125ml	500ml	3
Nutlis Complete Crème Level 3	£2.32	306	12.0	125g	500g	3
Fresubin thickened Level 2 / 3	£2.46	300	20.0	200ml	800ml	2 / 3
Puddings / desserts:						
Aymes ActaSolve Delight	£1.05	302	11.2	57g	399g	4
Nutricrem	£1.83	225	12.5	125g	500g	4
Aymes ActaCal Creme	£1.27	188	9.4	125g	500g	4
Forticreme Complete	£2.30	200	11.9	125g	500g	NK
Nutlis Fruit Level 4	£2.88	206	10.5	150g	600g	4
Modular ONS:						
Altrashot	£2.30	420	6.0	120ml	480ml	2
Calogen See position statement	£5.86/ £14.42	419 (3 x 30ml servings)	0	200ml / 500ml	200ml / 500ml	NK
Calogen Extra	£5.20	480 (3 x 40ml servings)	6.0	200ml	200ml	NK
ProSource Liquid	£1.21	100	10.0	30ml	100 x 30ml	NK
ProSource TF	£1.42	44	11.0	45ml	100 x 45ml	0
ProSource Plus	£1.72	100	15.0	30ml	50 or 100 x 30ml	NK
ProSource Jelly	£2.24	90	20.0	118ml	36 x 118ml	4
Specialist ONS:						
Vital 1.5	£3.63	300	13.5	200ml	800ml	0
Modulen IBD	£17.35	2000	70	400g	12 x 400g	NK
Elemental 028 Extra Powder	£9.02	443	12.5	100g	10 x 100g	NK

This list is not exhaustive. Please contact your CCG Prescribing Support Dietitian or Medicines Optimisation Team with any queries.

*International Dysphagia Diet Standardisation Initiative (IDDSI) levels are reported by manufacturers. NK = Not Known.

For details on how IDDSI flow testing was completed please see manufacturers' websites.

Adding thickener to powdered or ready to drink ONS can be problematic; therefore it is advised to choose a pre-thickened ONS or a product which is 'naturally' the correct IDDSI level. Always follow advice from a SLT / Dietitian.

Prices taken from MIMS, January 2023.

Oral Nutritional Supplements (ONS) Allergens & Cultural Diet Information

Product Name		Suitable for:				Contains:			
		Vegan	Vegetarian	Halal	Kosher	Nut	Soya	Gluten	Lactose
Powder ONS	Foodlink Complete Powder (including Compact Powder)	X	✓	✓ [3]	✓ [4]	X	✓	X	✓
	Aymes Shake Powder (including Compact Powder)	X	✓	✓	✓	X	✓	X	✓
	Aymes ActaSolve Smoothie	✓	✓	✓	✓	X	✓	X	X
Ready to Drink ONS	Altraplen Energy	X	✓ [1]	✓ [3]	✓ [4]	X	✓	X	X
	Aymes Complete	X	✓ [1]	✓ [3,5]	✓ [5]	X	X	X	X
	Fortisip Bottle	X	✓ [1]	✓	✓ [5]	X	✓	X	X
	Fortisip Compact	X	✓ [1]	✓	✓ [5]	X	✓	X	✓
	Altraplen Compact	X	✓ [1]	✓ [3,5]	✓ [4,5]	X	✓	X	X
	Ensure Compact	X	✓ [1]	✓	✓ [2]	X	✓	X	✓
	Altrajuce	X	✓ [1]	✓ [3,5]	✓ [4,5]	X	✓	X	X

[1] Strawberry flavour contains Cochineal / Carmine (E120) which may not be acceptable to some vegetarians. Also present in the following flavours:

Fortisip Compact – Forest Fruits, Apricot

Fortisip Bottle – Tropical

[2] Some flavours not suitable, please see manufacturer's website for details

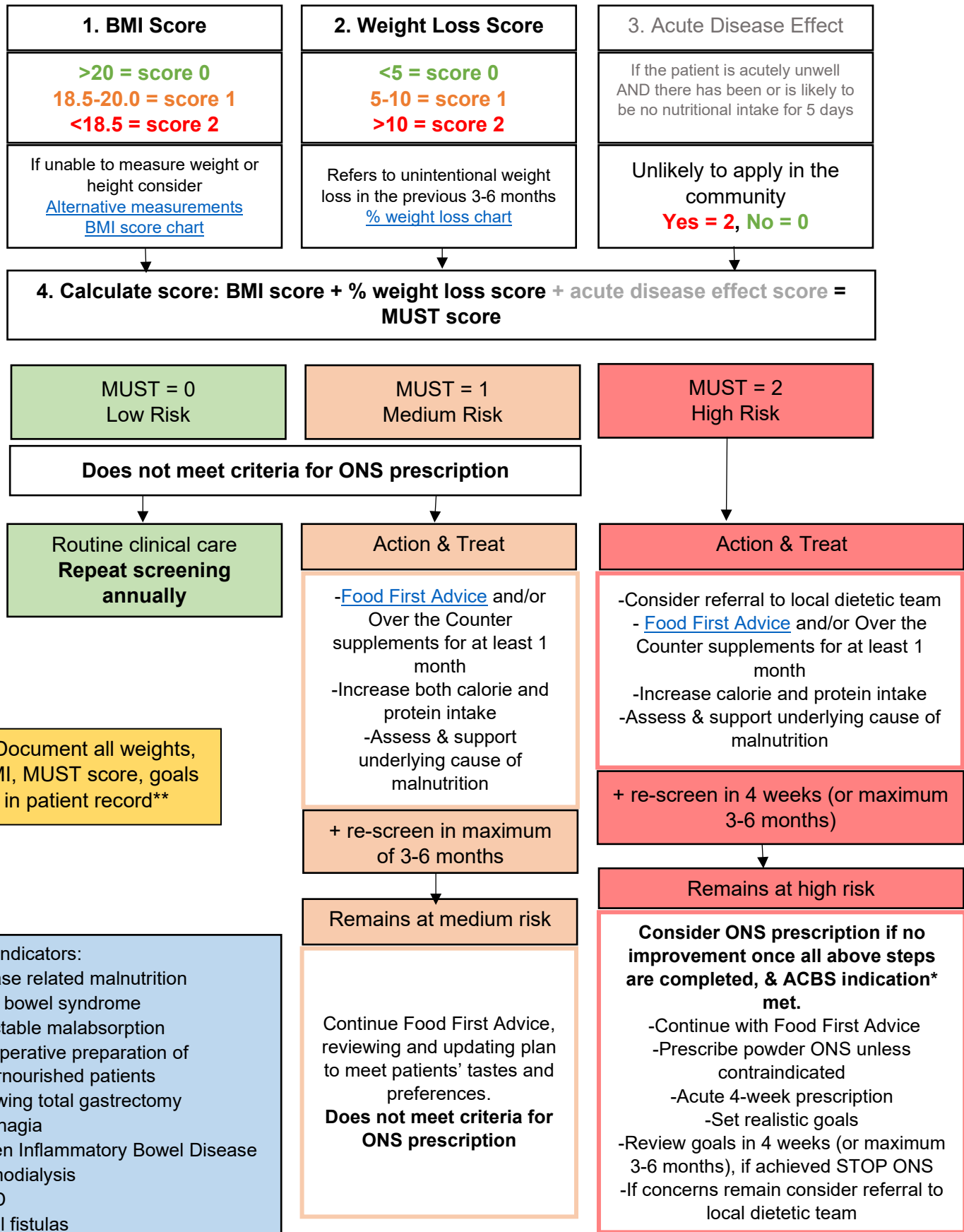
[3] Does not have Halal certification. However, does not contain any products forbidden in the Halal diet

[4] Does not have Kosher certification. However, does not contain any products forbidden in the Kosher diet

[5] Except the flavours which contain Cochineal / Carmine (E120)

Appendix 2 - MUST management guidelines for community dwelling patients

Online [MUST calculator](#)



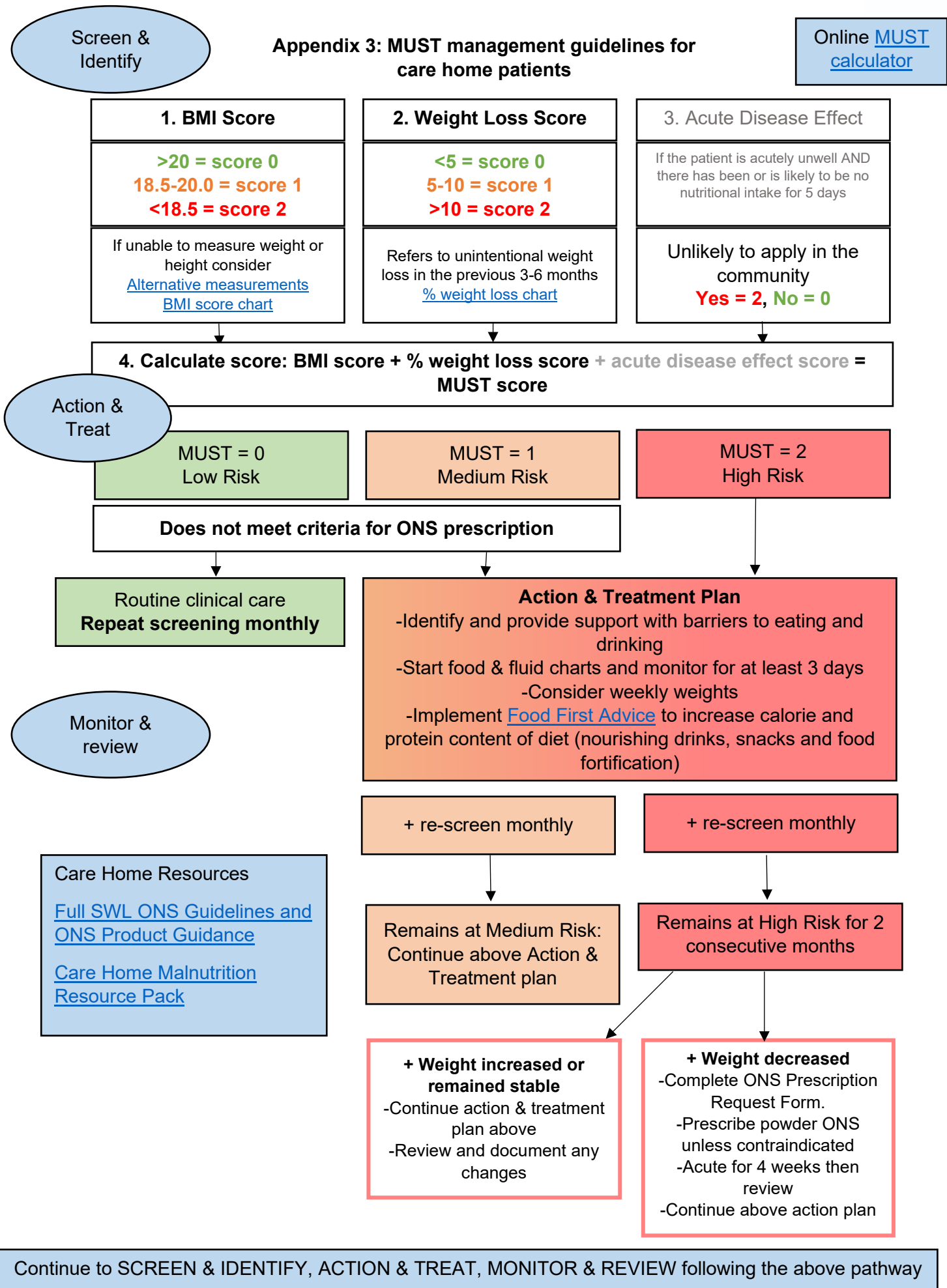
*ACBS indicators:

- Disease related malnutrition
- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of undernourished patients
- Following total gastrectomy
- Dysphagia
- Proven Inflammatory Bowel Disease
- Haemodialysis
- CAPD
- Bowel fistulas

Continue to SCREEN & IDENTIFY, ACTION & TREAT, MONITOR & REVIEW following the above pathway

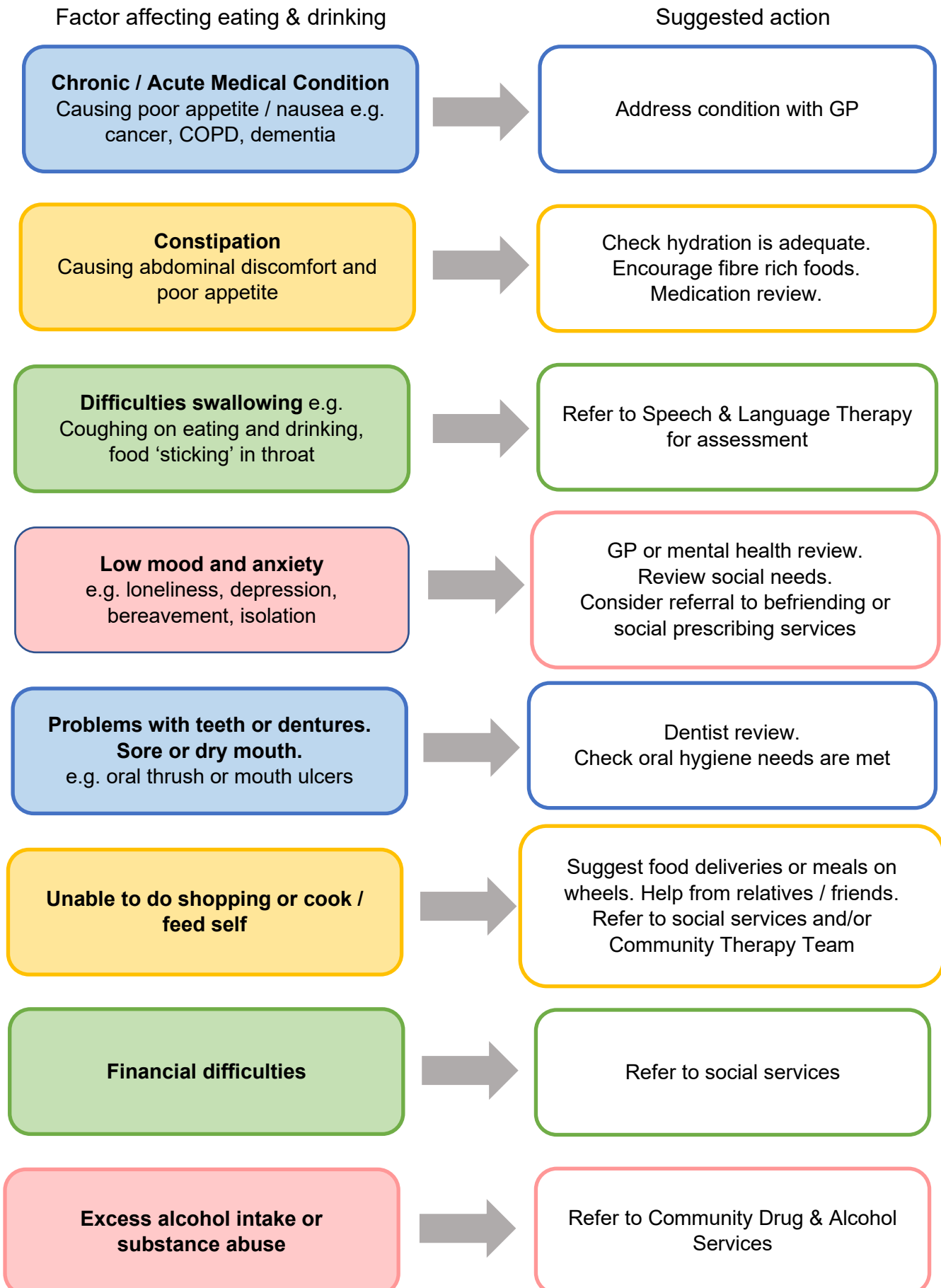
Online [MUST calculator](#)

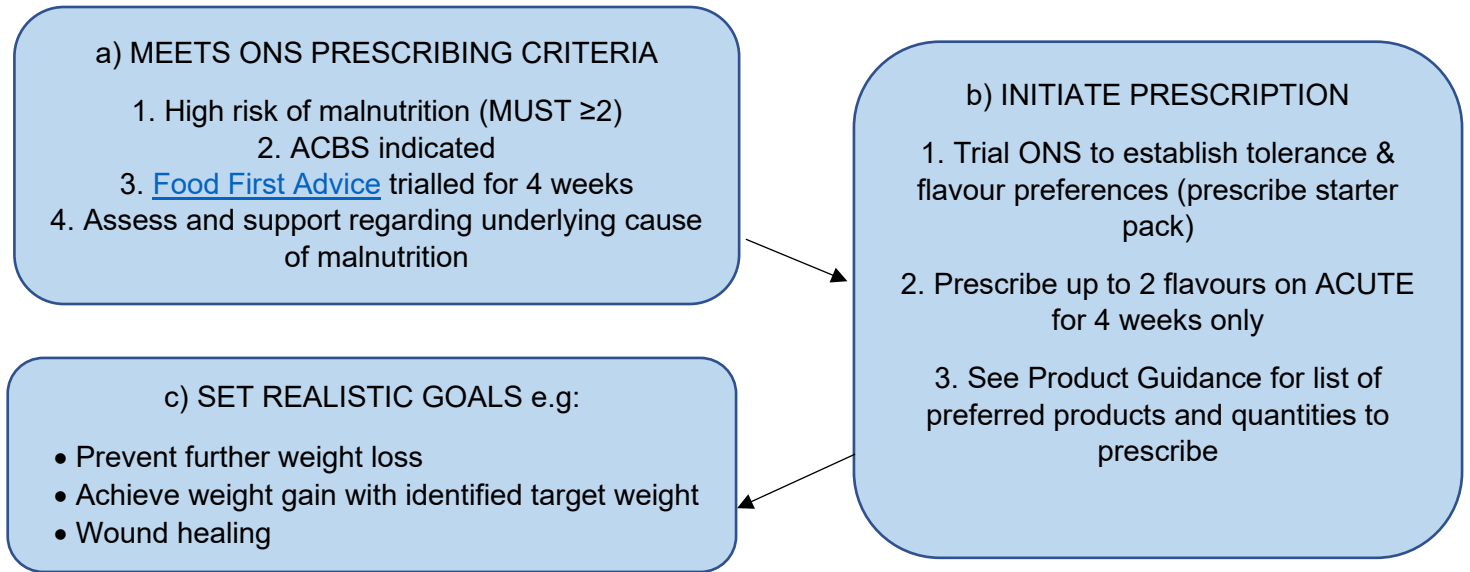
Appendix 3: MUST management guidelines for care home patients



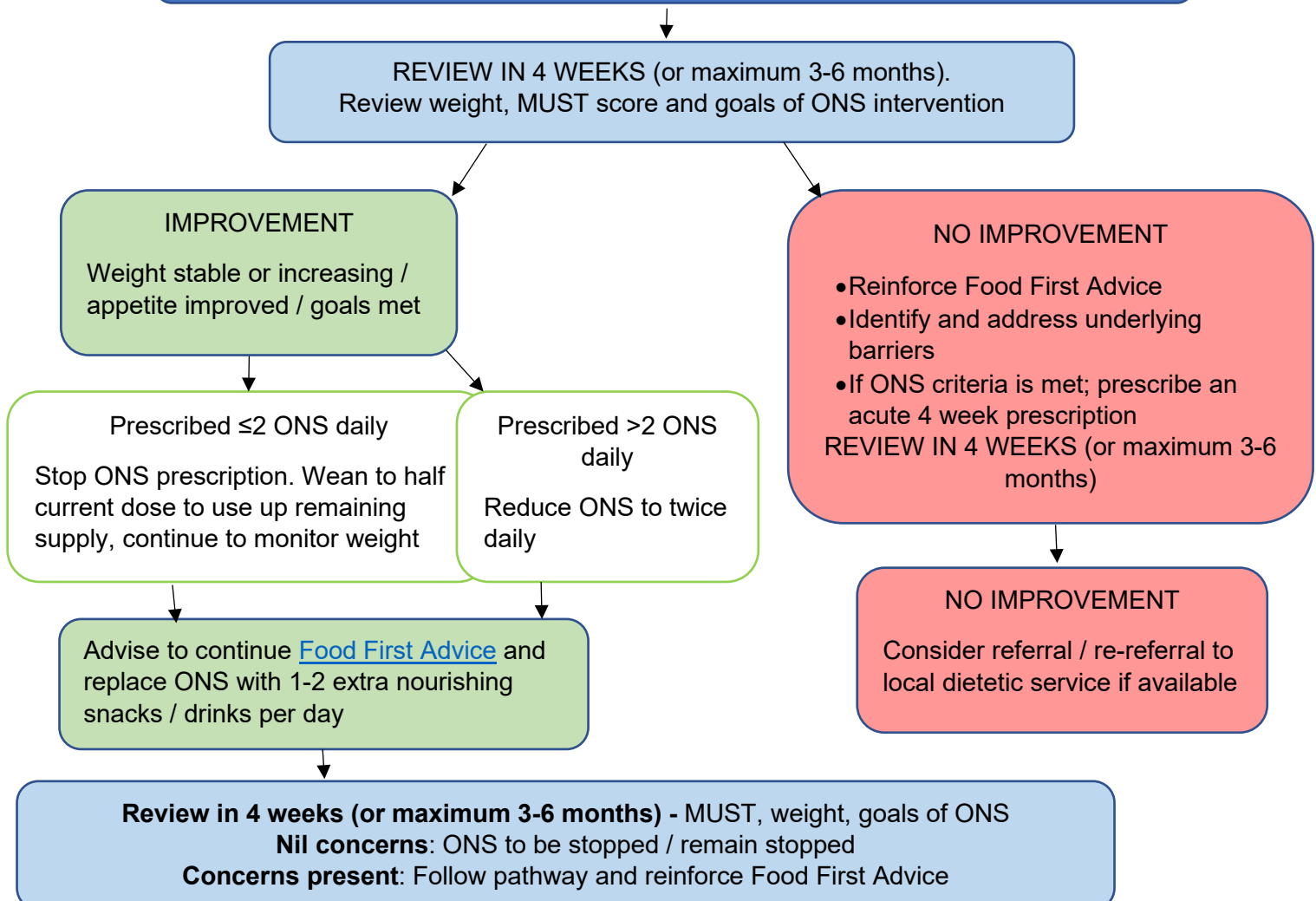
Appendix 4 – Underlying causes of malnutrition

Assessing the underlying cause of malnutrition



Appendix 5 – Flowchart to Aid GP / Primary Care initiation and review of ONS
COMMENCING ONS (following 4 Week Food First Trial)
 Pathway for patients not under dietetics

REVIEWING ONS

Pathway for patients not under dietetics



Appendix 6 – Care Home ONS Prescription Request Form

Oral Nutritional Supplement (ONS or ‘Sip’ feeds) Prescription Request
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](#)

Care Home Name:		Contact number:	
ONS Prescription requested by:		Date:	

Patient Name:		DOB:		NHS:	
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1. Malnutrition Universal Screening Tool (MUST) Score. Date Completed: / /	
N.B. <u>MUST</u> Score of 0 (low risk) or 1 (medium risk) does not meet the criteria for ONS prescription – implement Food First Advice (homemade nourishing drinks, snacks & food fortification)	MUST Score: _____ Height (m): _____ Weight (kg): _____ Date: _____ BMI (kg/m ²): _____ Highest weight in previous 3-6months (kg/date): _____ Alternative measurements: _____
2. Food First Advice trialed for at least 1 month	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please detail which Food First methods have been trialed:	
3. Barriers to nutritional intake identified and addressed	
Details and Support Provided: <u>N.B: If swallowing difficulties refer to Speech and Language Therapy Team</u>	
4. Goal of ONS Prescription – should be measurable and achievable (please tick / state)	
<input type="checkbox"/> Target weight <input type="checkbox"/> Target BMI..... <input type="checkbox"/> Weight maintenance..... <input type="checkbox"/> Other (e.g. wound healing).....	

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"/>	If yes, review Goal of ONS prescription			
Does the patient currently have any ONS in stock?	Yes <input type="checkbox"/>	If yes, please detail how much:			
ONS to prescribe:	Foodlink Complete Powder 57g twice daily <input type="checkbox"/> Mix with 100ml full fat milk <input type="checkbox"/> Mix with 200ml full fat milk		Acute prescription for 4 weeks only	Volume to prescribe: 3,192g total or 8x399g packs for 28days	
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.					
<input checked="" type="checkbox"/> Continue to provide food and fluid based strategies (nourishing drinks and snacks, food fortification) <input checked="" type="checkbox"/> Provide supplements between meals <input checked="" type="checkbox"/> Review in one month <input checked="" type="checkbox"/> If concerns continue or an alternative supplement is required, refer to local dietitian					
For GP Use: Please ensure patient meets ACBS Indicator for ONS Prescription (please tick)					
<input type="checkbox"/> Disease Related Malnutrition <input type="checkbox"/> Dysphagia (ensure patient has been referred to SALT) <input type="checkbox"/> Short Bowel Syndrome <input type="checkbox"/> Pre-operative preparation of patients who are undernourished			<input type="checkbox"/> Proven inflammatory bowel disease <input type="checkbox"/> Following a gastrectomy <input type="checkbox"/> Continuous Ambulatory Peritoneal Dialysis <input type="checkbox"/> Intractable Malabsorption		

Appendix 7 – Example Dietetic Prescription Request Letter

GP PRACTICE ADDRESS

DATE

Dear GP / Clinician,

DIETETIC ASSESSMENT

ACTION REQUIRED – PRESCRIPTION REQUEST

Patient:			
Address:			
DOB:		NHS No:	

Weight Kg	Height m	Body mass Index Kg/m ²	MUST score

The above patient has been assessed by a Dietitian as an *outpatient/ during their inpatient admission. (add clinical and nutritional details as relevant)*.

They have been advised on food fortification but are unlikely to meet nutritional requirements using the “Food First” approach only. Therefore, in line with SWL ONS Guidelines I am recommending a prescription for Oral Nutritional Supplements.

Indication for nutritional supplements (as per ACBS criteria):

(insert ACBS indication)

Nutritional aim:

(Insert nutritional aim)

In view of the above, please kindly prescribe:

*****Prescription Request*****						
Product Name	Flavour (choose up to 2)	Dose	Quantity per 28 days	Duration	Prescription Type	Provides (kcal and g protein)
<i>e.g. Foodlink Complete powder</i>	<i>Chocolate & Vanilla</i>	<i>2 x 57g sachets per day</i>	<i>56 sachets / 3192g</i>	<i>4 weeks</i>	<i>Acute</i>	<i>766 kcals & 38g protein</i>

NB If product requested is a ‘Red’ product on SWL ONS Product Guidance, please provide clear clinical justification for the product choice.

Follow up plans:

This patient *will/ will not* be followed up by the Dietitian.

Do not hesitate to discontinue a product if the patient no longer takes it. Please contact me if you have any queries.

Yours sincerely,

Appendix 8 – ONS Prescribing Poster

SWL Guide for Prescribing Oral Nutritional Supplements (ONS) in Primary Care*

ONS Prescribing Criteria

- High risk of malnutrition i.e. MUST score ≥ 2 .
- ACBS indicated (Disease related malnutrition, Short bowel syndrome, Intractable malabsorption, Pre-op preparation of undernourished patients, Following Total Gastrectomy, Dysphagia, Proven Inflammatory Bowel Disease, Haemodialysis or Continuous Ambulatory Peritoneal Dialysis, Bowel fistulas).
- Food First Advice trialled for one month, including Over the Counter supplements.
- Assess and support regarding underlying causes of malnutrition.
- Review weight, BMI, MUST score and goals of treatment prior to continuation of prescription*.

1st line: Food First Advice

Should be trialled for at least one month prior to considering prescription of ONS

- Provide **Food First Resources****
- Eat little and often, aiming to have 3 small meals a day plus 2-3 snacks.
- **Fortify meals** with high calorie / high protein ingredients.
- Choose **full fat / sugar** products where possible.
- Include **nourishing drinks**.
- **Avoid 'diet' or 'light'** versions of products.
- Advice should be tailored to patients' religion, culture & beliefs.
- Over the counter supplements available at local pharmacies and supermarkets.

2nd line: Prescription of Powdered ONS

Powdered ONS is the preferred choice unless contraindicated*

Type	Product Name	Pack Size	Volume to prescribe for 28 days
Preferred Powder	Foodlink Complete	399g (7 x 57g sachets)	57g twice daily (3,192g)
Preferred Compact Powder*	Foodlink Complete Compact	399g (7 x 57g sachets)	57g twice daily (3,192g)
Preferred 'Juice'*	Aymes ActaSolve Smoothie	462g (7 x 66g sachets)	66g twice daily (3,696g)

3rd line: Prescription of Ready to Drink ONS

To be prescribed only if powdered ONS is contraindicated or not tolerated

Type	Product Name	Pack Size	Volume to prescribe for 28 days
Preferred Ready to Drink	Altraplen Energy	1 x 200ml Tetra carton	200ml twice daily (11,200ml or 56 x 200ml cartons)
Preferred Compact*	Fortisip Compact	500ml (4 x 125ml)	125ml twice daily (7,000ml or 56 x 125ml bottles)
Preferred 'Juice'*	Altrajuce	1 x 200ml Tetra carton	200ml twice daily (11,200ml or 56 x 200ml cartons)

*For more information, please refer to full [SWL Guidelines for Prescribing ONS in Primary Care](#)

**Food First Resources found at: <https://swlimo.southwestlondon.icb.nhs.uk/clinical-guidance/nutrition-and-blood/nutrition/oral-nutritional-supplements/food-first-resources/>