

Prescribing Guidelines for Oral Nutritional Supplements (ONS) for adults

September 2017

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Version 3.0

Version Control:

Version No	Type of Change	Date	Description of change
2.0	Product added	27/11/17	Fortisip added as an option where liquid ONS is clinically appropriate
3.0	Wording	December 2017	Changed to read comments received form rather than individuals consulted

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Comments received from the following individual in the development of this document

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1.0 INTRODUCTION

The purpose of this guidance is to outline recommendations for the use of oral nutritional supplements in Worcestershire.

The objectives of the guidance are to:

- Advise on who is at risk of malnutrition and identify any underlying causes of malnutrition.
- Outline initial goal setting and advice on food boosting/ food first and over the counter oral nutritional supplements (ONS) products.
- Advise when prescribing ONS is considered appropriate and the preferred products.
- Advise on prescribing in palliative care patients.

All adult patients should be nutritionally screened using MUST (Malnutrition Universal Screening Tool) to assess their risk of malnutrition. [MUST Score and assessment tool.](#)

2.0 SUMMARY

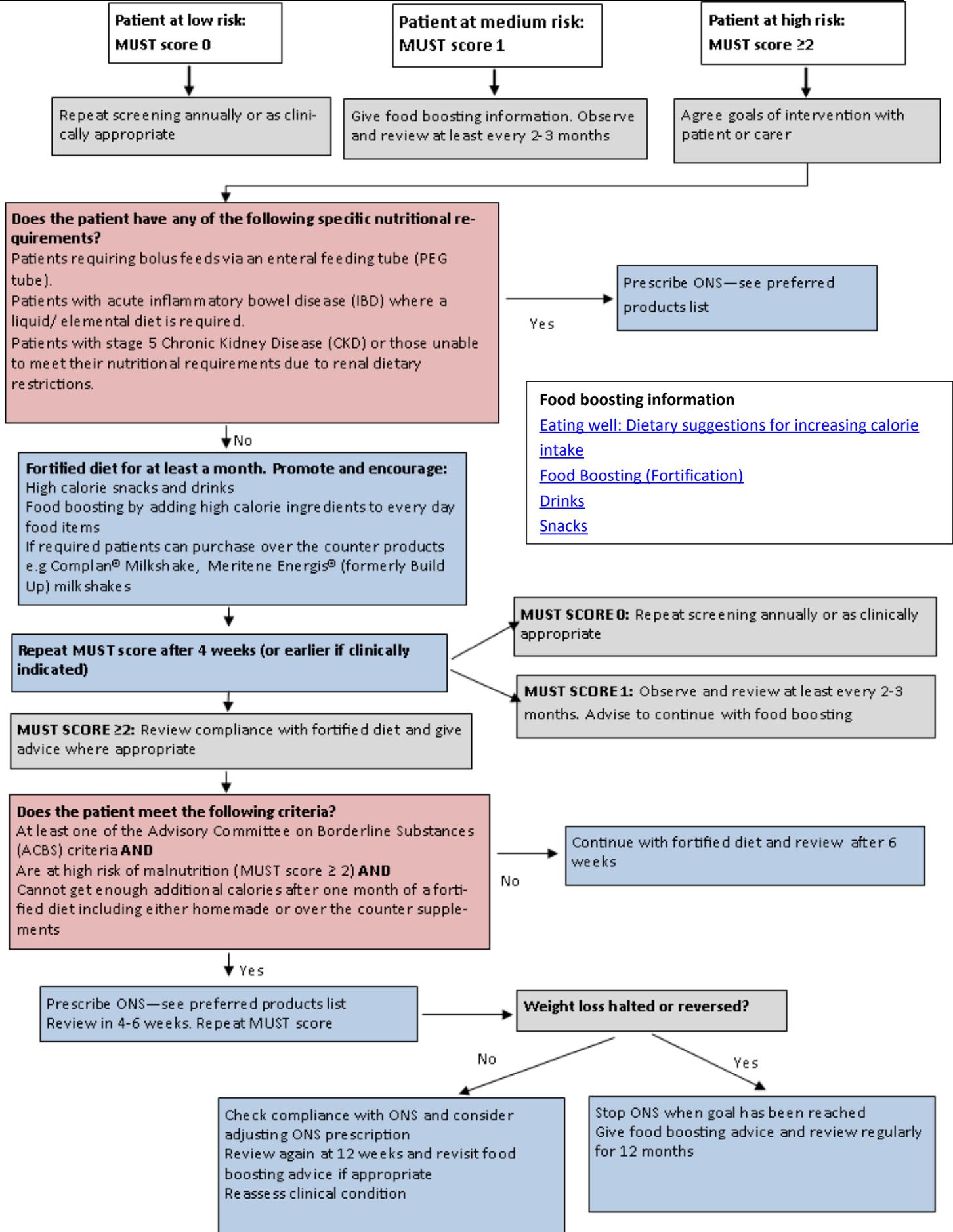
For patients where there are concerns about nutrition:

- Underlying causes must be considered and addressed
- Weight and MUST score should be recorded

See tables on page 4 and 5

The Worcestershire CCGs Oral Nutritional Supplements (Adults) Commissioning Policy should be read in conjunction with this guideline.

Prescribing Guidelines for Oral Nutritional Supplements: Summary



ACBS Criteria	Short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel disease, following total gastrectomy, dysphagia, bowel fistulae or disease-related malnutrition
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Preferred ONS First line: powdered shakes for primary care		
	Nutritional content	Cost per unit
Aymes® Shake	388 kcals 15.7g protein	61p
Aymes® Shake starter pack	388 kcals 15.7g protein	95p
Foodlink® Complete	386kcals 18.5g protein	61p
Foodlink® Complete starter pack	386kcals 18.5g protein	62p

- A one week prescription or starter pack should always be prescribed initially to avoid wastage. Do not prescribe starter packs for on-going use because of increased cost.
- Starter packs are also available from manufacturers free of charge.
- These products need to be mixed to the manufacturer’s instructions with 200mls full fat milk.

Preferred ONS second line: liquid ONS for primary care		
	Nutritional content	Cost per unit
Aymes® Complete	300 kcals 12g protein	£1.12
Aymes® Complete Starter pack	300 kcals 12g protein	£1.40
Ensure® Plus Milkshake Style	330kcal 11.2g protein	£1.12
Fortisip® Bottle Milkshake style	300kcal 12.0g protein	£1.12
Ensure® Compact	300kcal 12.8g protein	£1.35

- Second line should only be used when clinically indicated e.g. the patient is fed via an enteral feeding tube, has lactose intolerance or CKD stages 5.
- Compact products should only be used where volume is a problem.

NHS Trusts may use other products but these should only be continued following hospital discharge with written correspondence from the dietitian.

Specific patient groups

Residents of catered residential or nursing homes	DO NOT prescribe ONS for residents of catered care and nursing homes, unless they have special nutritional requirements as detailed in section 6.
Patients discharged from hospital with ONS	DO NOT automatically prescribe ONS. Patients who are discharged from hospital with ONS in the absence of any written correspondence from the hospital dietitians, patients should not be given nutritional supplements post-discharge.
Nutritional management in early palliative care	Assess and manage in line with this guidance.
Nutritional management in late palliative care	Do not routinely prescribe ONS. Goal of nutrition should NOT be weight gain or reversal of malnutrition, but quality of life.

3.0 IDENTIFICATION OF NUTRITIONAL RISK

- NICE Clinical Guideline 32 Nutrition support for adults suggests the following criteria are used to identify those who are malnourished or at nutritional risk:
 - MUST score of 2 or more
 - 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 and/or are likely to eat nothing for the next five days or longer
 - Those who have poor absorptive capacity or high nutrient losses.

4.0 ASSESSMENT OF THE UNDERLYING CAUSES OF NUTRITION

- Once nutritional risk has been established, the underlying cause and treatment options should be assessed and appropriate action taken. Consider:
 - Ability to chew and swallowing issues
 - Impact of medication
 - Physical symptoms e.g. pain, nausea, vomiting, constipation, diarrhoea
 - Medical prognosis
 - Environmental and social issues
 - Psychological issues/low mood
 - Tissue viability/ skin integrity
 - Substance or alcohol misuse.

5.0 SETTING A TREATMENT GOAL AND FOOD BOOSTING ADVICE

- Clear treatment goals and a care plan should be agreed with patients and carers
- Treatment goals should be documented and include the aim of nutritional support with a timescale
- In line with the Oral Nutritional Supplements (Adults) Commissioning Policy Worcestershire CCGs expect that dietary intervention using a Food Boosting/Food First approach is first line for patients identified as being at risk from malnutrition unless they have special nutritional requirements. See 6.1 below.
- Food boosting (fortification) is based on the principle of using every day food items to enrich the diet with energy and protein. Many patients who are at risk of malnutrition also suffer with poor appetites. Food boosting helps these individuals to increase the calorie content of their food without necessarily increasing the quantity they have to eat.
- If patients or carers do not have the ability or do not wish to make their own products they can purchase a range of over the counter foods supplements and products.

Food Boosting leaflets

[Eating well: Dietary suggestions for increasing calorie intake](#)

[Food Boosting \(Fortification\)](#)

[Drinks](#)

[Snacks](#)

6.0 SPECIAL NUTRITIONAL REQUIREMENTS WHERE MAY BE APPROPRIATE

Funding for ONS will be considered if a patient meets one of the criteria in 6.1 or all of the criteria in 6.2.

- 6.1 Patients who have specific nutritional requirements that cannot be met by a fortified diet. This would include patients in any of the following categories:
- a. patients requiring bolus feeds via an enteral feeding tube (PEG tube)
 - b. patients with acute inflammatory bowel disease (IBD) where a liquid/ elemental diet is required
 - c. patients with stage 5 Chronic Kidney Disease (CKD) or those unable to meet their nutritional requirements due to renal dietary restrictions
- 6.2. Patients who meet all of the following criteria (a-c):
- a. meet the Advisory Committee on Borderline Substances (ACBS) criteria AND
 - b. are at high risk of malnutrition (MUST score ≥ 2) AND
 - c. cannot get enough additional calories after one month of a fortified diet including either homemade or over the counter supplements

7.0 REVIEW OF FOOD BOOSTING AND PRESCRIBING OF ONS

- A MUST score should be repeated after 4 weeks (or earlier using professional judgment).
- Review compliance with fortified diet and give advice where appropriate.
- Consider prescribing ONS if the patient meets the criteria listed in 6.2. Preferred products are listed in Appendix 1.
- In line with the Oral Nutritional Supplements (Adults) Commissioning Policy Worcestershire CCGs do not support the prescribing of pudding or soup ONS preparations and they should not be prescribed. Homemade or bought products are readily available which can also be fortified.

7.1 ACBS criteria

Patients must meet at least one of the ACBS criteria listed below to be eligible for an NHS prescription for any of the ONS products recommended in this guideline:

- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of patients who are undernourished
- Proven inflammatory bowel disease
- Following total gastrectomy
- Dysphagia
- Bowel fistulae
- Disease related malnutrition

7.2 Starting Prescriptions

- Where ONS is considered appropriate a powdered shake should be prescribed unless there are specific reasons why this would not be appropriate e.g. patient is fed via an enteral feeding tube, has chronic kidney disease stages 4 or 5 or has lactose intolerance.
- To be clinically effective ONS should be prescribed twice daily. This ensures that calorie and protein intake is sufficient to achieve weight gain.
- The ONS should initially be prescribed as an ACUTE prescription.
- To maximise their effectiveness and avoid spoiling appetite, patients should be advised to take ONS twice daily between or after meals and not before meals or as a meal replacement.
- Sip feeds not finished in one sitting can be stored in the fridge for up to 24 hours and consumed later to avoid wastage.

7.3 Reviewing Prescriptions

- If weight loss has not been halted or reversed after a 6 week trial, the prescription should be adjusted or discontinued as appropriate.
- Prescription of a sip feed should be discontinued once the target set has been reached.
- A trial of reverting to food boosting should be considered at regular intervals.

8.0 SPECIFIC PATIENT GROUPS

8.1 Care home residents

- In line with the Oral Nutritional Supplements (Adults) Commissioning Policy Worcestershire CCGs do not support the prescribing of ONS to residents of catered care and nursing homes, with the exception of patients listed in 6.1 above.

8.2 Patients discharged from hospital with ONS

- Patients who are discharged from hospital with ONS in the absence of any written correspondence from the hospital dietitians should not be given nutritional supplements post-discharge. The letter from the dietitian should identify the aims of nutrition support. The GP should then identify the most appropriate health care professional to re-assess nutritional status within four weeks following discharge using 'MUST', this will indicate whether a further supply is required.

8.3 Palliative care patients

- The use of ONS in palliative care should be assessed on an individual basis and appropriateness depends on the patient's health and their treatment plan.
- Emphasis should be on the enjoyment of nourishing food and drinks and maximizing quality of life.

Nutritional management in early palliative care	<ul style="list-style-type: none">• Nutrition and screening is a priority to ensure appropriate interventions where required to improve the patients response to treatment.• Assessment of these patients should be in line with this guidance with specific attention to the causes of malnutrition.
Nutritional management in late palliative care	<ul style="list-style-type: none">• In late palliative care, the patient's condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.• The nutritional content of the meal is no longer of prime importance.• Patients should be encouraged to eat and drink the foods they enjoy.• The goal of nutrition should NOT be weight gain or reversal of malnutrition, but quality of life.• Nutrition screening, weighing and initiating prescribing of ONS is <u>NOT RECOMMENDED</u>.• Avoid prescribing ONS for the sake of 'doing something' when other dietary advice has failed.
Nutritional management in the last few days of life	<ul style="list-style-type: none">• The patient is likely to be bed bound, very weak and drowsy with little desire for food or fluid.• The aim should be to provide comfort for the patient and offer mouth care and sips of fluid or mouthfuls of food as desired.

9. References

Prescqiip: Guidelines for the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care. April 2017. Accessed at: <https://www.prescqiip.info/send/106-ons-guidelines/3406-bulletin-145-ons-guidelines>

NICE Clinical Guideline 32: Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. August 2017. <https://www.nice.org.uk/guidance/cg32>

10. Acknowledgements

Oxfordshire CCG

Appendix 1: Preferred ONS products when indicated on prescription for primary care

NHS Trusts may use other products but these should only be continued following hospital discharge with written correspondence from the dietitian.

Powdered ONS:

- Should be prescribed as first line only when prescribing is appropriate in line with the Oral Nutritional Supplements (Adults) Commissioning Policy.
- Recommended dose is one sachet twice a day with 200ml full cream milk.
- Rely on an individual having access to milk and the ability to mix the products.
- Are not suitable for use in those with lactose intolerance.
- Products listed below are the least costly products and therefore the preferred products.
- A one week prescription or starter pack should always be prescribed initially to avoid wastage in case products are not well tolerated. Avoid prescribing starter packs of powdered ONS except as an initial trial (or if shaker needs to be replaced), as they often contain a shaker device, which makes them more costly. Starter packs may be available free of charge from manufacturers.

Product	Presentation	Nutritional Content per sachet mixed with 200ml full fat milk	Cost per unit
Aymes® Shake	1 box of 7 x 57g sachets of one flavor Vanilla, banana, strawberry, chocolate and natural flavours	388kcal 15.7g protein	61p 15.7p per 100kcal
Aymes® Shake starter pack	1 box of 5 x 57g sachets of mixed flavor with a shaker TO BE USED FOR INITIAL TRIAL ONLY	388kcal 15.7g protein	95p 24.6p per 100kcal
Foodlink® Complete	1 box of 7 sachets of one flavour Vanilla (with added fibre), banana, strawberry, chocolate and natural flavours	386 kcal 18.5g protein	61p 15.8p per 100kcal
Foodlink® Complete starter pack	1 box of 5 sachets mixed flavours with a shaker TO BE USED FOR INITIAL TRIAL ONLY	386 kcal 18.5g protein	62p 16.1p per 100kcal

Liquid ONS:

- Prescribe only when clinically indicated as second line to powdered ONS in line with the Oral Nutritional Supplements (Adults) Commissioning Policy.
- Recommended dose is one bottle/ carton twice daily.
- If volume is an issue then a compact product may be more appropriate.

Product	Presentation	Nutritional Content per sachet mixed with 200ml full fat milk	Cost per unit
Aymes® Complete	200ml bottle Vanilla, banana, strawberry, chocolate flavours	300kcal 12g protein	£1.12 37.3p per 100kcal
Aymes® Complete starter pack	4 x 200ml bottle Mixed flavours TO BE USED FOR INITIAL TRIAL ONLY	300kcal 12g protein	£1.40 46.6p per 100kcal
Ensure® Plus Milkshake Style	220ml bottle Strawberry, chocolate, vanilla, banana, coffee, fruits of the forest, orange, peach, neutral or raspberry flavours	330kcal 11.2g protein	£1.12 33.9p per 100kcal
Fortisip® Bottle Milkshake Style	200ml bottle Neutral, vanilla, caramel/toffee, chocolate, banana, orange, strawberry and tropical fruit flavours	300kcal 12.0g protein	£1.12 37.3p per 100kcal
Ensure® Compact	4 x 125ml bottles Vanilla, banana or strawberry flavours	300kcal 12.8g protein	£1.35 45p per 100kcal

Juice style ONS

- Prescribe only when clinically indicated as second line to powdered ONS and milk shake style ONS in line with the Oral Nutritional Supplements (Adults) Commissioning Policy.
- The recommended dose is one bottle twice daily.
- Are not usually suitable for patients with diabetes.

Product	Presentation	Nutritional Content per sachet mixed with 200ml full fat milk	Cost per unit
Ensure® Plus Juice	220ml bottle Orange, apple, lemon and lime, strawberry, peach, fruit punch flavours	330kcal 10.6g protein	£1.97 59.7p per 100 kcal

Prices are taken from MIMS August 2017.