

**Guidelines for Primary Care Prescribing of Oral Nutritional Supplements (ONS)  
in Adults**

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1	Yiki Chi and Amali Gamaarachchi	12.05.2023	<p>New document.</p> <p>First draft developed by Amali Gamaarachchi and Faria Magre (KMCCG). Comments received from Jagdeep Minhas (KMCCG), Shruti Webb-Butler (MCH dietitian), Joanne Coyle (MCH dietitian) and Liz King (KCHFT dietitian), Eileen Brookson (DGS dietitian), Wendy Lawie (DGS dietitian), Eunice Musa (DGS dietitian), AJ (DGS dietitian), JW (DGS dietitian) and KM (DGS dietitian), Bryony Donaldson (KCHFT dietitian), Ola Yates (KMCCG) and Acacia Sooklal (KMCCG), Tapan Shah (KMCCG), Cath Cooksey (KMCCG), Liz King (KCHFT), Louise Downs (KMCCG).</p> <p>Updated draft guidelines. Further comments from dietitians, primary care clinicians, secondary care clinicians.</p>

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**Aim**

This guideline has been designed to support primary care prescribers (including clinicians in General Practice and community dietitians) initiating oral nutrition support for adults within Kent and Medway. It includes instructions on how to initiate patients on Oral Nutritional Supplements (ONS) following the use of the Malnutrition Universal Screening Tool (MUST) in patients where dietary interventions have failed (food first approach). The guidelines support national guidance from NICE and other health organisations. Adults with swallowing difficulties should be referred to the speech and language therapists – the advice in these guidelines may not be appropriate for these patients.

**Scope**

The guidelines are intended to provide information on current best practice, ensure cost effective prescribing and a consistent approach by primary care clinicians, across Kent and Medway in the management of malnutrition in adults. The guidelines are designed for use by general practitioners (GPs), medicines optimisation teams, dietitians, district nurses, practice nurses, pharmacists, care home staff and other community health care professionals.

The guidelines advise on the 6 steps to appropriate prescribing of ONS:

- STEP 1 - who is at risk of malnutrition
- STEP 2 - assessing underlying causes of malnutrition
- STEP 3 - setting a treatment goal
- STEP 4 - food first advice and over the counter products or homemade fortified drinks
- STEP 5 - initiating prescribing of ONS – ensuring patients meet ACBS criteria, which products to prescribe, how much to prescribe
- STEP 6 - reviewing and discontinuing prescriptions

**Malnutrition Universal Screening Tool (MUST)**

The Malnutrition Universal Screening Tool (MUST) is the validated, NICE approved tool for identifying patients deemed to be at nutritional risk. It is used throughout the NHS in primary and secondary care. It was developed by a multi-disciplinary group of healthcare professionals. It includes appropriate care plans and so can influence clinical outcomes.

Refer to Appendix 1 for ONS Quick Reference Guide which includes MUST scoring and step-by-step guidance on helping your patient. This is based on the BAPEN MUST flowchart <http://www.bapen.org.uk/screening-for-malnutrition/must/must-toolkit/the-must-itself>

**Step 1 – Identification of Nutritional Risk**

NICE Clinical Guideline 32, Nutritional Support in Adults, suggests the following criteria are used to identify those who are malnourished or at nutritional risk:

Malnourished	At risk of malnutrition
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<ul style="list-style-type: none"> <li>• Body mass index (BMI) less than 18.5kg/m<sup>2</sup></li> <li>• Unintentional weight loss more than 10% in the past 3-6 months</li> <li>• BMI less than 20kg/m<sup>2</sup> and an unintentional weight loss more than 5% in the past 3-6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Those who have eaten little or nothing for more than 5 days and/or likely to eat little or nothing for next 5 days or more</li> <li>• Those who have poor absorptive capacity or high nutrient losses or increased nutritional needs e.g. from catabolism.</li> </ul>
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The MUST score should be used to assess the level of malnutrition risk.

**MUST score**

0 = low risk

1 = medium risk

2 or more = high risk

A score of 2 or more indicates the need to refer to dietitian.

Referral to the dietetic service

The following patients are at risk of developing re-feeding problems and should be referred to the dietetic service without delay:

**Any of the following**

- Patients with a BMI of less than 16kg/m<sup>2</sup>
- have had little or no nutritional intake for more than 10 days
- have unintentionally lost more than 15% body weight within the last 3-6 months, except patients at the end of their lives

**Or two or more of the following**

- BMI less than 18.5kg/m<sup>2</sup>
- Unintentional weight loss more than 10% within last 3-6 months
- Little or no nutritional intake for more than 5 days
- History of alcohol abuse or drugs including insulin, chemotherapy, antacids or diuretics.

**In addition to note:**

- Patients for whom supplements are a sole source of nutrition should also be referred to dietetic services without delay.
- Those with MUST score of 3 or more and BMI of less than 18.5kg/m<sup>2</sup> , and those with pressure ulcers grade 3 or 4 should be referred to the dietetic service, but can be offered food first advice as outlined in Step 4.

**Step 2 - Assessment of causes of malnutrition**

Once nutritional risk has been established, the underlying cause and treatment options should be assessed, and appropriate action taken.

Consider:

- Ability to chew, dental or swallowing issues
- Impact of medication
- Physical disability, impairment or symptoms e.g. pain, vomiting, constipation, diarrhoea
- Medical prognosis
- Environmental and social issues
- Psychological issues
- Substance or alcohol misuse

Review the treatment plan in respect of these issues and if needed make appropriate referrals (including social prescribing).

### Step 3 - Setting a treatment goal

Clear treatment goals and a care plan should be agreed with patients and/or their carer. Treatment goals should be documented on the patient record and should include the aim of the nutritional support, timescale, and be realistic and measurable.

This could include:

- Target weight or target weight gain or target BMI over a period of time
- Wound or pressure ulcer healing if relevant
- Weight maintenance where weight gain is unrealistic or undesirable
- Falls prevention or improved activities of daily living
- Reduced infections

### Step 4 - Offering Food First Advice

Oral nutritional supplements (ONS) should **not** be used alone as first line treatment for those who do not meet ACBS criteria or MUST score is less than 2.

A 'food first' approach should be used initially for 1 month. This means offering advice on food fortification to increase calories and protein in everyday foods. Additional snacks will be needed to meet requirements for those with a small appetite.

More information can be found in Appendix 2 'Your guide to making the most of your food – advice for patients and carers', and 'Recipes for Fortified Drinks and Foods' can be found online. These leaflets can be offered to patients (including those in care homes) and their carers or relatives.

Resources can be found at:

<https://www.bapen.org.uk/nutrition-support/nutrition-by-mouth/food-first-food-enrichment>  
<https://www.malnutritionpathway.co.uk/dietary>

Leaflets for patients/carers:

Eating Well [https://www.malnutritionpathway.co.uk/library/leaflet\\_green.pdf](https://www.malnutritionpathway.co.uk/library/leaflet_green.pdf)

Guide to Making the Most of Your Food

[https://www.malnutritionpathway.co.uk/library/leaflet\\_yellow.pdf](https://www.malnutritionpathway.co.uk/library/leaflet_yellow.pdf)

Patients who do not meet ACBS prescribing criteria can be advised to purchase ONS products over the counter or prepare homemade nourishing drinks. Patients should be reviewed one month after being offered this advice to assess the progress with a 'food first' approach. If there is a positive change towards meeting goals, the changes should be encouraged and maintained, and a further review arranged until goals are met.

#### Care homes

Care homes are required to provide adequate nutrition and hydration for all residents including those requiring fortified foods and snacks. Care homes should be able to prepare homemade milkshakes and smoothies, which should negate the need to prescribe ONS in the majority of cases. The following resources should be referred to:

[https://www.malnutritionpathway.co.uk/library/care\\_homes.pdf](https://www.malnutritionpathway.co.uk/library/care_homes.pdf)

In addition, for patients in care homes, food fortifying care plans can be inserted into the individual's care plan to instruct staff regarding food fortification.

For further resources on food fortification please refer to the following:

<https://www.bapen.org.uk/nutrition-support/nutrition-by-mouth/food-first-food-enrichment>  
 'High Protein Care Plan for Wound Healing' which also contains advice for vegans/vegetarians <https://www.malnutritionpathway.co.uk/library/proteinideas.pdf>  
 KCHFT leaflet <https://www.kentcht.nhs.uk/leaflet/food-first-for-care-homes/>

### Step 5- Prescribing ONS

If a 'food first' approach has failed to achieve a positive change towards meeting goals after at least one month, consider prescribing first line ONS in addition to the 'food first' changes which should be maintained.

Prescribing of ONS can be considered for patients with MUST score of two or more if deemed necessary whilst awaiting dietitian review. All patients being considered for ONS prescribing must be referred to a dietitian. An ONS care plan (Appendix 3) must be completed with a copy sent to the dietitian for their input and further update.

#### **Patients must meet at least one of the ACBS criteria below to be eligible for prescribed ONS:**

- 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

In addition, some specialist supplements and food products are prescribable for those receiving continuous ambulatory dialysis (CAPD) and haemodialysis, or are specifically prescribable for individual conditions. These products would normally be requested by a dietitian and should not be routinely started in primary care.

#### Starting prescriptions:

- To maximise their effectiveness and avoid spoiling appetite, patients should be advised to take ONS between or after meals and not before meals or as a meal replacement.
- Consider using a direct to patient sample service to trial products and flavours and avoid waste (see Appendix 4 Ordering ONS samples online) – this is an alternative to prescribing a starter pack.
- Avoid prescribing starter packs of powdered ONS as they often contain a shaker device which makes them more costly.
- Avoid adding prescriptions for ONS to the repeat template unless a short review date is included to ensure review against goals. Add a prompt/reminder on patient's records to ensure there is follow up of the ONS.
- 'Compact style' ONS should not be prescribed without consideration of the patient's overall fluid balance and risk of dehydration.
- Avoid low calorie ONS as these are not cost-effective and not recommended.
- To be clinically effective it is recommended that ONS are prescribed twice daily (BD). This ensures that calorie and protein intake is sufficient to achieve weight gain.
- Ensure dosage instructions are included when prescribing.

Oral Nutritional Supplements to be prescribed in primary care can be found in the Formulary Product Guide (Appendix 5). This is also available as a standalone guide.

Please ensure an ONS Care Plan for each patient is completed on first initiation of ONS in primary care. Template care plan can be found in Appendix 3.

*Continuation of ONS on prescriptions must not be considered unless patient still meets ACBS criteria and MUST score.*

Useful leaflet for patients/carers on ONS:

[https://www.malnutritionpathway.co.uk/library/leaflet\\_red.pdf](https://www.malnutritionpathway.co.uk/library/leaflet_red.pdf)

**Powdered ONS to be prescribed initially unless contraindicated**

<b>Contraindications of Powdered ONS</b>		
<b>Clinical contraindication</b>	<b>Clinical Reason</b>	<b>Action</b>
1. Dexterity & cognition problems	Assess ability of patient or carers to use a shaker device. Patient will not be able to prepare the product. This rule does not apply to care homes where staff can assist with preparation.	Prescribe liquid ready to drink ONS for those who live alone & have no assistance in preparing food. Consider social prescribing. If a patient is living in a nursing/care home or with carers to support consider prescribing powdered ONS
2. High and unstable blood sugars	Due to the carbohydrate content	A diabetes nurse specialist should review the patient's medication considering low nutritional intake & adjust medication accordingly. Prescribe Fortisip Bottle® (lower glycaemic effect than the regular 1.5kcal ONS options)
3. Tube fed	Powder is inappropriate for patients who are tube fed	Local dietitian from the Home Enteral Nutrition (HEN team) will guide you on the correct product.
4. Renal disease	This product should not be used in Chronic Kidney Disease (CKD) Stage 4 and 5 or in dialysis. Due to the phosphate & potassium levels if the patient is on electrolyte restrictions.	If a renal dietitian is not involved in the patients care, refer to local dietitian/renal dietitian. Fluid restrictions may be in place; follow advice as per renal dietitian.
5. Lactose intolerance	Due to the milk content	Prescribe first line Aymes ActaSolve smoothie (powdered product – low lactose) if not tolerated Ensure Plus (clinically lactose free) or Fortisip Bottle® (clinically lactose free) Always check with manufacturer for the latest information on allergens.

**COVID-19 or other disease**

Please note COVID-19 is not listed as an ACBS criteria and therefore patients suffering or recovering from COVID-19 should not be prescribed an oral nutritional supplement unless they have a MUST score of 2 or more and meet the ACBS criteria for prescribing.

**Please note: Each 1st line preparation when made have very different tastes and consistencies. A patient should try at least two 1st line preparations before moving onto 2nd line alternatives.**



## Step 6 - Review and discontinuation of ONS

### Review of ONS

Patients on ONS should be reviewed regularly, ideally every 1-3 months depending on severity of malnutrition, to assess progress towards goals and whether there is a continued need for ONS on prescription. When a routine medication/annual review is due, the ONS prescribed should also be reviewed.

The original care plan should be reviewed, if no care plan then reassess as below.

The following parameters should be monitored:

- Weight/BMI/wound healing depending on goal set – if unable to weigh patient, record other measures to assess if weight has changed e.g. mid-upper arm circumference, clothes/rings/watch looser or tighter, visual assessment
- Changes in food intake and fluid intake especially if prescribed a 'compact style' ONS
- Compliance with ONS and stock levels at home/care home. When conducting general medication reviews, ONS should be included as above.

It is important to ensure that patients started on ONS are reviewed before the next prescription is issued to ensure progress towards goals. If there is improvement, continue ONS. Practices must ensure follow up of patients on ONS.

Once goals have been achieved ONS should be withdrawn in a step wise manner i.e. if a patient is prescribed 2 ONS per day, advise reduction to one per day for month then discontinue.

### Discontinuation of ONS

**Oral Nutritional Supplements can be discontinued by clinicians if all of the following criteria are met:**

- Food and fluid intake are satisfactory i.e. patient is eating more than half of their meals and managing to drink an adequate amount of fluid (8 cups per day) AND
- The Body Mass Index is above 18.5kg/m<sup>2</sup> AND
- The patient has maintained their current weight for the last 2 months or is gaining weight.

When treatment goals are met, prescriptions should be discontinued.

Ideally, review one month after discontinuation of ONS to ensure that there is no recurrence of the precipitating problem.

If the patient no longer meets ACBS criteria, or goals are met, but still wishes to take ONS, suggest over the counter products e.g. Aymes®, Meritene®, Complan® or Nurishment®.

**If necessary re-assess using MUST tool**

### Patients discharged from hospital

Review actions from discharge notification or eDN and ensure follow up review. A care plan should have been included at the point of discharge – if a care plan has not been included then the above steps to review the patient should be followed.

Consider also the following:

- On discharge, the patient's appetite and food intake may improve.
- Ensure care plan available otherwise reassess MUST score and post-discharge nutritional status for ONS need.
- Switch to an equivalent formulary product if patient still requires ONS.

*Continuation of ONS on prescriptions must not be considered unless patient still meets ACBS criteria and MUST score of 2 or more.*

## Prescribing ONS in patients with special considerations

Please note: The following list of special considerations is not exhaustive. Advice for management of patients with other special considerations not included in this document should be sought from the local community dietitians. Contact details can be found in at the end of this guideline. The ACBS criteria still apply.

Patients with certain special considerations must be referred to dietitians.

### Substance misuse

Patients who are substance misusers should not routinely be prescribed ONS unless they are at malnutrition risk or are malnourished, please treat as outlined in the above steps.

### Oncology

Patients with cancer requiring ONS should be referred to the local dietetic service or specialist dietitian from oncology. (Contact details for the dietetic service can be found at the end of this document). This includes certain previous cancer patients who may still require ongoing ONS, years after treatment has completed (e.g. oesophagectomy/some head and neck cancer patients with taste disturbances).

MUST scores may not be appropriate for oncology patients. The aim of the dietetic intervention when a patient is receiving radiotherapy or chemotherapy is to try to prevent weight loss to improve outcomes. A clear rationale for the prescription and follow up arrangements will be included in requests to primary care. In case of query contact the requesting dietitian.

### Renal disease

Patients with renal disease requiring ONS should be referred to the local dietetic service.

Consideration of the amount of fluid, electrolytes and protein provided by ONS is essential for Chronic Kidney Disease (CKD). Energy requirements for well individuals with CKD are 30 to 35kcal/kg/body weight (using ideal body weight in patients with a BMI <20kg/m<sup>2</sup> or >25kg/m<sup>2</sup>) which may be difficult to achieve without ONS. Aymes Shake should not be the first line choice for CKD stages 4 and 5 (nor for patients on dialysis), unless advised by a renal dietitian. Please provide body weight, eGFR, potassium, phosphate and calcium levels on referral.

### Palliative care

Patients in the final weeks of life are unlikely to benefit from an ONS prescription. Milky drinks or over the counter supplements like Build Up, Complan, Foodlink, Nutriment or Nurishment, can be suggested as alternatives.

Use of ONS in palliative care should be assessed on an individual basis. Appropriateness of ONS will be dependent upon the patient's status and their treatment plan. Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.

ONS may be appropriate for some patients in early palliative care. In early palliative care the patient is diagnosed with a terminal disease but death is not imminent. Patients in early palliative care may have months or years to live and may be undergoing palliative treatment to improve quality of life. Therefore, if a patient's nutritional intake and nutritional status is compromised, ONS may be beneficial and may improve treatment outcomes.

In late palliative care, the patient's condition is likely deteriorating and they may be experiencing increasing symptoms such as pain, nausea and reduced appetite. The main aim of any intervention for these patients should be to maximise the quality of life. Patients should be encouraged to eat and drink the foods that they enjoy and aggressive feeding is unlikely to be appropriate, especially as this can cause distress and anxiety. ONS is unlikely to improve nutritional status or prolong life in late palliative care. Referrals to dietitians are therefore not recommended for these patients.

### **Diabetes**

The food first approach is most important for diabetic patients. The dietary treatment of malnutrition may require patients to have foods higher in fat, protein and sugar than is usually recommended. For this reason, tighter monitoring of blood glucose levels is recommended. It is desirable to keep the blood glucose levels in a reasonable range to prevent undesirable side effects. Diabetes medications may need to be reviewed if oral intake has changed significantly. Malnutrition risk should be reviewed with dietary advice to optimise both nutritional status and diabetic control reflecting the diagnosis, prognosis and degree of malnutrition. Food first is very important in treating diabetic patients prior to initiation of ONS.

ONS (milk and savoury based) are appropriate for patients with diabetes however their blood glucose levels may require careful monitoring with medication reviews provided as appropriate. It is important to apply clinical Multidisciplinary Team (MDT) judgement to ensure the individual's risk of malnutrition and need for ONS is not overlooked. If ONS is indicated, choose milky based products rather than juice based (due to lower glycaemic index (GI) value).

If milk and savoury ONS are not well tolerated, and concerns continue regarding increasing risk of malnutrition; fruit juice based supplements may be provided. Juice based supplements have a higher sugar content and therefore blood sugar levels should be monitored closely.

People with diabetes can develop autonomic neuropathy which affects gut motility. It often presents with cyclical vomiting and/or diarrhoea. Such patients may require small volume ONS such as Ensure Compact in order to achieve maximum retention of nutrients.

### **Dysphagia and International Dysphagia Diet Standardisation Initiative (IDDSI)**

Patients with suspected dysphagia should always be referred to the local speech and language therapists (SALT) team for a full assessment on swallowing difficulties. At the same time patients should also be referred to the local dietetics service for an assessment on nutritional needs.

Please note: first line powdered ONS is contraindicated in patients with dysphagia, these patients should be referred to the SALT team and local dietetics service. Clinicians should ensure patients are prescribed appropriate ONS according to their IDDSI level and be aware that IDDSI level can change dependant on temperature.

### **SALT Team Contact Details:**

North Kent: <https://northkentacs.nhs.uk/clinics-and-treatments/speech-language-therapy/>

Medway: <https://www.medwaycommunityhealthcare.nhs.uk/our-services/a-z-services/speech-and-language-therapy>

West and East Kent: <https://www.kentcht.nhs.uk/service/adult-community-speech-and-language-therapy/>

## Inappropriate Prescribing of ONS

- Care homes should provide adequate quantities of good quality food so that 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 homemade milkshakes and smoothies and over the counter products can be used to improve the nutritional intake of those at risk of malnutrition and help improve their quality of life.
- Patients who are discharged from hospital on ONS with no ongoing dietetic review process in place will not automatically require ONS on prescription once home. They may have required ONS whilst acutely unwell or recovering from surgery, but once home and eating normally the need is negated. **Therefore it is recommended that ONS products are not prescribed following hospital discharge without instruction on the discharge summary in line with the guideline. If ONS are required, a switch to first line community products is recommended. Any requests for alternatives should be clinically justified. Ensure care plan available otherwise reassess MUST or post-discharge status for ONS need.**
- Avoid prescribing less than the clinically effective dose of 2 sachets/bottles daily which will provide 600-800kcal/day. Once daily prescribing provides amounts which can be met with food fortification alone and will delay resolution of the problem.
- Patients with complex nutritional needs e.g. renal disease, liver disease, swallowing problems, poorly controlled diabetes and gastrointestinal disorders may require specialist products and should be under the care of hospital or community dietetic services.
- ONS can present an aspiration risk to patients with swallowing problems. Patients with dysphagia will require assessment by a Speech and Language Therapist before ONS can be safely prescribed and before dietetic input.
- Patients with diabetes should not routinely be prescribed fruit juice based ONS i.e. Ensure® Plus Juice. This is because these products have a higher glycaemic index, and blood glucose levels will need monitoring, with possible changes required to medication.
- For patients with pressure ulcers who are eating well and are not malnourished it may be more appropriate to recommend an over the counter A-Z multivitamin and mineral supplement once daily eg. Centrum®, Sanatogen® A-Z or supermarket equivalent instead of ONS, in order to encourage wound healing. Prescribing ONS is not always appropriate.
- Patients in the final days or weeks of life are unlikely to benefit from ONS.
- Patients who are substance misusers should not routinely be prescribed ONS unless there is a clinical need, malnutrition and ACBS criteria met.
- **Do not prescribe non-formulary ONS unless the product has been clinically justified by a dietitian and the patient is under dietetic review**

## Dietetic referral

Contact details for the dietetic service can be found below:

### a) DGS HCP

Community Dietetic Service for Housebound and Care Home Patients

Address: Archery House, Bow Arrow Lane, Dartford, Kent, DA2 6PB

Telephone: 01322 622132

Email: [dgn-tr.dgscommunitydietitians@nhs.net](mailto:dgn-tr.dgscommunitydietitians@nhs.net)

Out-patient service at Darent Valley Hospital

Address: Darent Valley Hospital, Darent Wood Road, Dartford, DA2 2DA

Telephone: 01322 428439

Email: [dgn-tr.dietitianreferrals@nhs.net](mailto:dgn-tr.dietitianreferrals@nhs.net)

### b) West Kent HCP

Community Dietetic Service, Kent Community Health NHS Foundation Trust

Queen Victoria Memorial Hospital, King Edward Ave, Herne Bay CT6 6EB

West Kent: 0300 1230861

Email: [kcht.centralisedappointmentteam@nhs.net](mailto:kcht.centralisedappointmentteam@nhs.net)

### c) Medway and Swale HCP

Department of Nutrition and Dietetics

Medway Community Healthcare

MCH House, Bailey Drive, Gillingham Business Park,

Gillingham, Kent ME8 0PZ

Telephone: 0300 123 3444

Email: [medway.dietitians@nhs.net](mailto:medway.dietitians@nhs.net)

<https://www.medwaycommunityhealthcare.nhs.uk/our-services/a-z-services/nutrition-and-dietetics>

### d) East Kent HCP

Community Dietetic Service, Kent Community Health NHS Foundation Trust

Queen Victoria Memorial Hospital, King Edward Ave, Herne Bay CT6 6EB

East Kent: 0300 1230861

Email: [kcht.centralisedappointmentteam@nhs.net](mailto:kcht.centralisedappointmentteam@nhs.net)

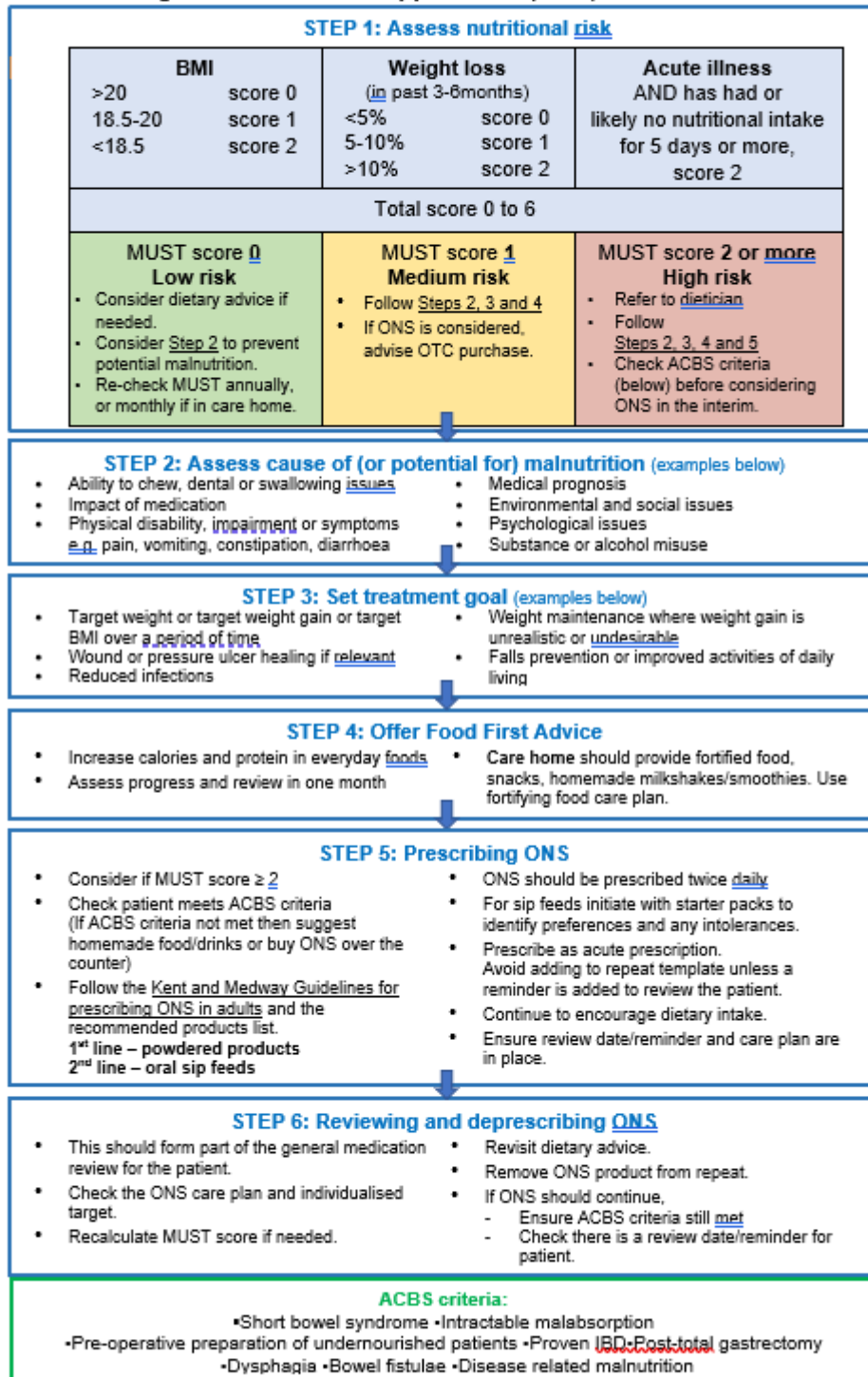
## References:

1. British Association for Parenteral and Enteral Nutrition <http://www.bapen.org.uk/>
2. PrescQIPP Guidelines for the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care [index \(prescqipp.info\)](http://index.prescqipp.info)
3. Mims online. <https://www.mims.co.uk/drugs/nutrition/tube-and-sip-feeding>
4. Drug Tariff online. Borderline substances.  
<http://www.drugtariff.nhsbsa.nhs.uk/#/00548381-DA/DA00548373/Part%20XV%20-%20Borderline%20Substances>
5. National Institute of Clinical Excellence (NICE) Clinical Guidance 32 Nutrition support in adults: Oral nutrition support, enteral tube feeding and parenteral nutrition  
<https://www.nice.org.uk/Guidance/CG32>

Appendices

Appendix 1 ONS Quick Reference Guide

Prescribing Oral Nutritional Supplements (ONS) Quick Reference Guide



## Appendix 2 Making the Most of Your Food – Food First Advice

Can be downloaded at [https://www.malnutritionpathway.co.uk/library/pleaflet\\_yellow.pdf](https://www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf)

### Your Guide To Making the Most of Your Food Advice for patients and carers

This leaflet provides some simple ideas on how you can get the most nutrition from the food you are eating. **If you have a medical condition, food allergies or issues with swallowing for which you have received special dietary advice, the information in this leaflet may not be right for you. Please discuss with your healthcare professional.**

#### Little and Often

- Eating smaller meals with snacks and nourishing drinks in between may be best for you
- Try having drinks separately from meals, as the liquid can fill you up
- Try having a pudding once or twice a day such as full fat yogurt, ice cream, cake, custard, rice pudding
- Snacks in between meals can help you to eat more each day



#### Snacks Ideas:

Sandwiches, fruit cake, nuts, Bombay mix, crisps, cereals, soups, yogurts, finger foods (e.g. sausage rolls, scotch eggs, samosas), toasted tea cakes with butter, crackers and cheese, toast + topping (e.g. beans, scrambled egg, butter), tinned fruit in syrup

NB: Vegan options (e.g. vegan cream, cheese, mayonnaise, spreads) are available. If you are following a vegan diet try to include a range of plant based protein sources in your diet (e.g. tofu, beans, pulses, nuts)

#### Enriching your Food/Adding Extra Calories

- Choose full fat/full cream/with sugar foods rather than low fat/low sugar types e.g. full fat yogurts, full cream milk
- Add cheese or ground nuts to soups, mashed potatoes, vegetables, pasta dishes, curries
- Use butter, mayonnaise, olive oil or salad cream in sandwiches, on potatoes, yams and salads
- Add extra butter, margarine or ghee to vegetables, scrambled eggs and bread
- Add cream or condensed milk to puddings
- Add sugar, jam, honey or milk powder to porridge, breakfast cereals or puddings
- Use cooking methods that add oil e.g. frying and if you roast or grill then brush generously with oil. Healthier options include either polyunsaturated oils (e.g. sunflower, soya, corn) and monounsaturated oils (e.g. olive, rapeseed)



#### Nourishing Drinks

- Milk is full of goodness. To make fortified milk, mix 4 tablespoonfuls of milk powder into a paste with some milk and stir or whisk the mixture into one pint of milk. This can be used throughout the day in drinks, on cereals, in sauces, to make custard
- Using full cream milk (including fortified milk) to make the following drinks is also a good idea:
  - Hot chocolate or cocoa
  - Coffee and cappuccinos
  - Malted drinks
  - Milkshakes or smoothies
  - Soya, rice, coconut, oat or almond can be used if you have dietary intolerances or follow a vegan/plant based diet. Lactose-free milk is also available.
- Choose fruit juices and sugar containing squashes
- Nutrition supplement drinks (most often powdered) are available from most pharmacies and supermarkets as well as online and can be used between meals



#### Other Helpful Hints

- Eat foods you fancy
- Try not to miss or skip meals
- Ready meals (frozen or tinned) are easy
- Add some frozen vegetables to make a more balanced meal
- It is useful to keep a store of some basic foods in case you are not able to get to the shops e.g. long life milk, skimmed milk powder, tinned meat and fish, ready meals, hot chocolate, tinned or frozen fruit and vegetables, cereals, biscuits
- If preparing food is too much, why not consider meal delivery services or ask friends and family for help with shopping, preparing and cooking meals
- Try to have company at meal times, e.g. with a friend or family member or attend a local lunch club
- If food choice and quantity is limited take a "one-a-day multivitamin and mineral supplement"
- Information on increasing the protein in your diet and high protein foods can be found at <https://www.malnutritionpathway.co.uk/library/proteinideas.pdf>
- A little exercise or activity can help you feel hungry



- If you are worried about weight loss you can check if you are losing too much weight, and are at risk of becoming malnourished, by using a simple online screening tool that has been created by the British Association of Parenteral and Enteral Nutrition (BAPEN): <https://www.malnutritionselfscreening.org>
- If you have used some of the ideas in this leaflet and have continued to lose weight unintentionally or are concerned about your diet please see your GP who may refer you to a Dietitian.

**Appendix 3 Oral Nutritional Supplement (ONS) Care Plan**

**Oral Nutritional Supplement (ONS) Care plan**

DATE of review \_\_\_\_\_

**Patient Details**

*\*To complete on initiation of ONS\**

*If this is for a change in ONS choice then please enter details in the 'Change of ONS' section below.*

Name:	
DOB:	
NHS No:	
EMIS ref:	
Gender:	

**Clinical information**

**MUST calculation:**

BMI		Weight loss (in past 3-6months)		Acute illness AND has had or likely no nutritional intake for 5 days or more,
>20	score 0	<5%	score 0	score 2
18.5-20	score 1	5-10%	score 1	
<18.5	score 2	>10%	score 2	

Current weight (kg):	
Current height (m):	
BMI (kg/m <sup>2</sup> ):	
MUST Score:	

**Food/fluid intake comments including current nutritional/clinical concerns with patient:**

**Rationale for initiating ONS:**

**Target outcome for patient:**



**ONS Product 1 Details:**

ONS Product:	
Dose:	
Flavour:	
Monthly quantity:	
Date of initiation:	
Expected duration:	
Review date:	
To be reviewed by: (role)	

*Any change to ONS choice will be stated in subsequent pages (ONS review section)*

**ONS Product 2 Details (if needed):**

ONS Product:	
Dose:	
Flavour:	
Monthly quantity:	
Date of initiation:	
Expected duration:	
Review date:	
To be reviewed by: (role)	

*Any change to ONS choice will be stated in subsequent pages (ONS review section)*

**Other comments/Actions for GP (primary care):**

Initiating clinician signature (if sent via generic email or via post):

Initiating clinician name:

Professional title/clinical role:

Date:

## ONS Review

*\*This form should be completed at regular intervals whilst the patient is on ONS\**

	... month review	... month review	... month review
Date:			
BMI:			
Weight:			
MUST Score:			
Food and fluid intake comments:			
ONS Compliance/comments:			
<b>Plans for ONS above: (continue, change or stop)</b> <i>if change pls state new product below</i>			
ONS product name:			
Dose:			
Flavour:			
Target outcome: <i>(if different from targets above)</i>			
Expected duration: <i>(if different from above)</i>			
Other comments including any actions for GP/Primary Care clinician:			
Reviewed by clinician: <i>(sign, name)</i> Clinical Role:			
<b>Next review date:</b>			
<b>To be reviewed by:</b>			

**Oral Nutritional Supplements can be weaned down/discontinued by clinicians if all of the following criteria are met:**

- Food and fluid intake are satisfactory i.e. patient is eating more than half of their meals and managing to drink an adequate amount of fluid (8 cups per day) AND
- The Body Mass Index is above 18.5kg/m<sup>2</sup> AND
- The patient has maintained their current weight for the last 2 months or is gaining weight.

When treatment goals are met, wean down patients and eventually discontinue prescriptions.

Ideally, review one month after discontinuation of ONS to ensure that there is no recurrence of the precipitating problem. If the patient no longer meets ACBS criteria, or goals are met, but still wishes to take ONS, suggest over the counter products e.g. Aymes<sup>®</sup>, Meritene<sup>®</sup>, Complian<sup>®</sup> or Nurishment<sup>®</sup>.

#### Appendix 4 Ordering ONS samples online

Trial packs can be ordered from the links below:

- Foodlink Complete, Foodlink Complete Compact, Altraplen Energy, Altrajuce (Nualtra) <https://nualtra.com/get-samples>
- Aymes Shake, Aymes Shake Compact, Aymes Complete, Aymes Actajuce, Aymes ActaSolve Smoothie: <https://aymes.com/pages/aymes-sample-service>
- Ensure Plus Milkshake, Ensure Compact, Ensure plus juce (Abbott): <https://samples.nutrition.abbott/sample-order>
- Fresubin Energy, Fresubin Jucy (Fresenius Kabi): <https://www.fresenius-kabi.com/gb/products/fresubin-sample-form>
- Fortisip bottle, Fortisip Compact, Complian Shake, Fortijuce (Nutricia): [https://www.nutriciahcp.com/uploadedFiles/Main/Sub\\_sites/ONS\\_Site/ons/samples/ONS\\_Sample\\_Order\\_Form.pdf](https://www.nutriciahcp.com/uploadedFiles/Main/Sub_sites/ONS_Site/ons/samples/ONS_Sample_Order_Form.pdf)

Please note: This list is not exhaustive and links are correct at time of publication, for further information on samples the manufacturer should be contacted.

## Appendix 5 Oral Nutritional Supplement (ONS) Formulary Product Guide

### Oral Nutritional Supplement (ONS) Formulary Product Guide

ONS should only be prescribed to patients where a 'food first' approach has failed **and** who meet at least one of the Advisory Committee on Borderline Substances (ACBS) criteria.

*See full guideline.*

This list contains recommendations of ONS for use in primary care, ONS not listed on this guidance should only be prescribed if recommended by a dietitian following assessment. Please seek dietetic advice for ONS prescribing in line with dysphagia recommendations

#### FIRST LINE – Powdered ONS

These should be mixed to manufacturer's instructions. These products are not suitable as sole source of nutrition and should not be administered via a feeding tube.

Type of Product	Product Name	Flavours Available	Energy/serve	Protein/serve	Unit Size	Pack Size	Volume/packs to prescribe for 28 days
Milk Based* <b>PREFERRED</b>	<u>Aymes Shake</u> (mixed with 200ml full fat milk)	Banana, chocolate, strawberry, vanilla, neutral	383kcal	19g	57g	399g	57g Twice daily for 28 days Total Volume 3192g No. of packs: 8x399g
Milk Based* <b>PREFERRED</b>	<u>Ensure Shake</u> (mixed with 200ml full fat milk)	Banana, Chocolate Strawberry, Vanilla	386kcal	17g	57g	399g	57g Twice daily for 28 days Total Volume 3192g No. of packs: 8x399g
Milk Based* <b>PREFERRED</b>	<u>Foodlink Complete</u> (mixed with 200ml full fat milk)	Banana, chocolate, strawberry, vanilla, neutral	383kcal	19g	57g	399g	57g Twice daily for 28 days Total Volume 3192g No. of packs: 8x399g
Milk Based* <b>PREFERRED</b>	<u>Complan® Shake</u> (mixed with 200ml full fat milk)	Banana, Chocolate, Strawberry, Vanilla, Original	380kcal	16g	57g	399g	57g Twice daily for 28 days Total Volume 3192g No. of packs: 8x399g
Compact *** (low volume)	<u>Aymes Shake Compact</u> (mixed with 100ml full fat milk)	Banana, chocolate, strawberry, vanilla, neutral	319kcal	12.4g	57g	399g	57g Twice daily for 28 days Total Volume 3192g No. of packs: 8x399g
Compact *** (low volume)	<u>Foodlink Complete Compact</u> (mixed with 100ml full fat milk)	Banana, chocolate, strawberry, vanilla, neutral	318kcal	15g	57g	399g	57g Twice daily for 28 days Total Volume 3192g No. of packs: 8x399g
Juice/Fruit based** (vegan, low lactose)	<u>Aymes ActaSolve Smoothie</u> (mixed with 150ml water)	Mango, Peach, Pineapple, Strawberry & cranberry	298kcal	11g	66g	462g	66g Twice daily for 28 days Total Volume 3696g No. of packs: 8x462g

**Contraindications:** dysphagia • limited dexterity & inability to prepare • cow's milk allergy or intolerance (check company allergen information) • under 6 years • galactosaemia • requires thickened fluids • not suitable for enteral feeding tubes • patients with renal disease should be assessed by a dietitian prior to prescribing a powder ONS or OTC supplements

Aymes ActaSolve Smoothie: Plant based protein as per Aymes. Lactose Powdered products that contain milk powder as an ingredient will contain a small amount of lactose that is inherent to the milk-based ingredient.

## SECOND LINE – Liquid (Ready to drink) ONS

Prescribe only if patient is likely to have difficulty preparing powdered ONS or has tried and not tolerated at least 2 different powdered ONS products or has clinical contraindications to powdered ONS.

**Milkshake style is the preferred choice** - if patient can tolerate milky drinks. Suitable for people with diabetes.

If patient cannot tolerate milky drinks, prescribe Juice style (these may contain less protein and calories than milk based ONS). **Caution:** patients with diabetes should not routinely be prescribed fruit juice based ONS due to their higher glycaemic index. If prescribed, blood glucose levels will need monitoring with possible changes required to medication.

Type of Product	Product Name	Flavours Available	Energy/serve	Protein/serve	Unit Size	Pack Size	Volume/packs to prescribe for 28 days
Milkshake Style	<u>Aymes Complete</u>	Vanilla, Strawberry, Banana, Chocolate	300kcal	12g	200ml	800ml	200ml Twice daily for 28 days Total Volume: 11,200ml No. of packs: 14x800ml
Milkshake Style	<u>Ensure Plus</u>	Banana, Chocolate, Coffee, Fruits of the forest, Neutral, Peach, Raspberry, Strawberry, Vanilla	300kcal	13g	200ml	800ml	200ml Twice daily for 28 days Total Volume: 11,200ml No. of packs: 14x800ml
Milkshake Style	<u>Fortisip Bottle</u>	Banana, chocolate, Strawberry, Vanilla, Neutral, Orange, Caramel, Tropical	300kcal	12g	200ml	800ml	200ml Twice daily for 28 days Total Volume: 11,200ml No. of packs: 14x800ml
Milkshake Style	<u>Altraplen Energy</u>	Banana, Chocolate, Strawberry, Vanilla	300kcal	12g	200ml	800ml	200ml Twice daily for 28 days Total Volume: 11,200ml No. of packs: 14x800ml
Milkshake Style	<u>Fresubin Energy</u>	Banana, Blackcurrant, Cappuccino, Chocolate*, Lemon, Neutral, Strawberry, Tropical fruits, Vanilla	300kcal	11g	200ml	800ml	200ml Twice daily for 28 days Total Volume: 11,200ml No. of packs: 14x800ml
Milkshake Style <i>Compact (low volume)</i>	<u>Altraplen Compact</u>	Banana, Hazel chocolate, Strawberry, Vanilla	300kcal	12g	125ml	500ml	125ml Twice daily for 28 days Total Volume: 7000ml No. of packs: 14x500ml
Milkshake Style <i>Compact (low volume)</i>	<u>Ensure Compact</u>	Banana, Café late, Strawberry, Vanilla	300kcal	13g	125ml	500ml	125ml Twice daily for 28 days Total Volume: 7000ml No. of packs: 14x500ml
Milkshake Style <i>Compact (low volume)</i>	<u>Fortisip Compact</u>	Banana, chocolate, strawberry, vanilla, fruits of the forest, apricot, mocha	300kcal	12g	125ml	500ml	125ml Twice daily for 28 days Total Volume: 7000ml No. of packs: 14x500ml

Type of Product	Product Name	Flavours Available	Energy/serve	Protein/serve	Unit Size	Pack Size	Volume/packs to prescribe for 28 days
Juice Style	<a href="#"><u>Altrajuce</u></a>	Apple, blackcurrant, orange, strawberry	300kcal	7.8g	200ml	800ml	200ml Twice daily for 28 days Total Volume: 11,200ml No. of packs: 14x800ml
Juice Style	<a href="#"><u>Aymes Actajuce</u></a>	Apple, Orange, Cranberry & Raspberry, Mango & Passionfruit	300kcal	11g	200ml	800ml	200ml Twice daily for 28 days Total Volume: 11,200ml No. of packs: 14x800ml
Juice Style	<a href="#"><u>Ensure Plus Juce</u></a>	Apple, Fruit punch, Lemon & lime, Orange, Peach, Strawberry	330kcal	11g	220ml	1100ml	220ml twice daily for 28 days Total volume: 12320ml No of packs: 11 x 220ml
Juice Style	<a href="#"><u>Fresubin Jucy Drink</u></a>	Apple, Orange, Pineapple, Blackcurrant, Cherry	300kcal	8g	200ml	800ml	200ml Twice daily for 28 days Total Volume: 11,200ml No. of packs: 14x800ml
Juice Style	<a href="#"><u>Fortijuce</u></a>	Strawberry, Apple, Orange, Forest fruits, Lemon, Tropical, Blackcurrant	300kcal	8g	200ml	800ml	200ml Twice daily for 28 days Total Volume: 11,200ml No. of packs: 14x800ml

Special consideration [need](#) to be taken when prescribing ONS in certain patients (patients discharged from hospital, nursing/care home patients, substance misuse, renal, oncology, diabetes, palliative care) further information can be found in the full guideline.

For allergen advise on all products listed above please refer to the manufacturer for the latest information.

Adapted from [South East](#) London Integrated Medicines Optimisation Committee (SEL IMOC).