

Six Steps to Appropriate Prescribing of Oral Nutritional Supplements (ONS) in Adults in Primary Care

<p>Step 1: Identification of nutritional risk</p>	<ul style="list-style-type: none"> •The Malnutrition Universal Screening Tool (MUST) should be used to identify those who are malnourished or at nutritional risk (<i>online MUST calculator available here</i>) •MUST score should be repeated at every assessment •A MUST score of 2+ indicates a high risk of malnutrition. •A Malnutrition Care Pathway is available to support carers of people in care homes or in the community with steps 1-4.
<p>Step 2: Assessment of causes of malnutrition</p>	<ul style="list-style-type: none"> •Assess underlying causes of malnutrition and consider availability of adequate diet* •Identify problems which could reduce or alter food intake, such as medications or difficulties swallowing. Consider treatment options, including referral to appropriate local services e.g. speech and language therapy, dentist, meal delivery services, or pharmacist.
<p>Step 3: Setting a treatment goal</p>	<ul style="list-style-type: none"> •Agree and document realistic and measurable goals with the patient. These should include aims of nutrition support and timescales, e.g. target weight or BMI, weight maintenance, wound healing*.
<p>Step 4: Offering 'Food First' advice</p>	<ul style="list-style-type: none"> •A 'Food First' approach encourages a high calorie, high protein diet (<i>refer to the Surrey PAD for 'Food First' patient resources</i>) •Always provide appropriate 'Food First' advice before considering oral nutritional supplements (ONS).
<p>Step 5: Prescribing ONS</p>	<ul style="list-style-type: none"> •Only consider ONS when a 'Food First' approach has failed to improve nutritional intake or status after one month. Individuals should be reviewed and MUST screening should be repeated prior to prescription being initiated. •Patients must meet ACBS criteria. Aim to choose first line products† See <i>first line options overleaf</i> or Preferred Product List •ONS should provide at least 600kcal/day, usually 2 servings, (daily compact products once per day) prescribe between meals. •ONS should be prescribed on an acute basis and starter packs should be utilised to determine preference.
<p>Step 6: Reviewing and discontinuing ONS</p>	<ul style="list-style-type: none"> •Review regularly to monitor and assess ongoing need for ONS •Document MUST score and weight at each review •When goals of treatment are met, discontinue or wean off ONS and continue to monitor for at least three months after ONS are discontinued •If ongoing concern or deterioration, consider referral to the local dietetic team in line with local services and care pathways*.

*Consider the individual's condition and ensure nutrition support is appropriate and goals are **realistic and achievable**. For example, individuals receiving end of life care are unlikely to eat enough to maintain their body weight or physical function - a good nutrition care plan can aim to promote good quality of life.

† If a patient is likely to have difficulties preparing a first line powdered ONS or if this is contraindicated (e.g. CKD stage 4/5): consider second line, ready to use ONS (see [Preferred Product List](#)). **Contact a dietitian for advice if there is concern over potential contraindications to first line products**, or if there are concerns about the complexity of their medical and nutritional conditions. Do not change prescriptions for tube fed patients.

Patients **discharged from hospital** with an ONS prescription:

- Continue to review as per hospital dietitian advice, **specialist products may be requested by dietitians in line with the preferred product list** and, if justified, should be prescribed.
- If no correspondence is received within 2 weeks from a dietitian patients **will not automatically require an ONS** prescription and patients should be re-assessed using MUST and the 'Six Steps', this does not require dietetic referral.
- If ONS is required, a **switch to a first line powdered ONS** should be considered[†].

1st Line Powdered ONS							
Prescribe standard versions if individual is able to drink 2 x 200ml servings per day and is able to prepare milkshakes from powder (or has support from carers who could prepare the drinks). If individual requires a lower volume prescribe compact versions.							
Product name	Serving Size	Kcal/serve	Protein/ Serve (g)	Flavours	Additional information	Monthly volume to prescribe	Ambient IDDSI Level (20°C)
AYMES Shake	57g	388*	19*	Ba, Ch, G, Ne, S, V	Requires mixing from powder with 200ml milk, starter pack available	3192g (56 x 57g)	
AYMES Shake Compact	57g	316*	15*	Ba, Ch, Ne, S, V	Requires mixing from powder with 100ml milk, starter pack available	3192g (56 x 57g)	
Foodlink Complete	57g	383*	19*	Ba, Ch, Na, S, V	Requires mixing from powder with 200ml milk, starter pack available	3192g (56 x 57g)	
Foodlink Complete Compact	57g	318*	15*	Ba, Ch, Na, S, V	Requires mixing from powder with 100ml milk, starter pack available	3192g (56 x 57g)	

N.B. Products not suitable for patients with cow's milk intolerance or galactosaemia, or as a sole source of nutrition. Powdered ONS are contraindicated in renal patients with electrolyte imbalances and/or fluid restrictions (usually CKD stage 4/5), contact a dietitian for more advice.

* kcal values when made with full fat milk. If other milks (e.g. semi-skimmed) are used calorie per serve will be lower

Flavour Key: Ba = Banana, Ch = Chocolate, G = Ginger, Na = Natural, Ne = Neutral, S = Strawberry, V = Vanilla

Prescribing Do's and Don'ts

DO's	DON'Ts
✓ Promote a 'Food First' approach by providing the local resources from the Surrey PAD	✗ ONS should not be continued when patients are discharged from hospital on ONS, unless correspondence is received from a dietitian
✓ Patients must meet at least one of the ACBS criteria to be eligible for an NHS prescription for ONS	✗ Patients who are substance misusers should not routinely be prescribed ONS, unless they meet ACBS criteria
✓ Choose first line powdered options if patient/ carer can prepare a milkshake and not contraindicated	✗ Powdered ONS are contraindicated in renal patients with electrolyte imbalances and/or fluid restrictions (usually CKD stage 4/5)
✓ Aim to prescribe a clinically effective dose of at least 600kcal/day, usually 2 servings, (daily compact products once per day).	✗ As directed' should not be used on prescription directions: provide clear directions for use, e.g., 'twice daily, 1 hour after meals'
✓ Advise patients to take ONS between or after meals to avoid affecting their appetite	✗ Do not prescribe ONS on a PRN basis
✓ Consider prescribing a starter pack initially to determine compliance and flavour preferences	✗ Avoid adding ONS prescriptions to the repeat template. Prescribe on an acute basis to encourage regular review
✓ Assess underlying causes of malnutrition and consider treatment options	✗ ONS should not be used as a sole source of nutrition unless under the supervision of a dietitian