

# Oral Nutritional Supplement (ONS) prescribing guidelines for use by GPs and community staff assessing adults for nutrition support

If any of the following statements apply to you, please read this document:

- My patient and / or their carers regularly request nutritional supplements on prescription.
- I am looking to provide supplemental nutrition for a patient but it must be cost-effective and appropriate.
- I need to refer my patient to a Dietitian but would like to give some advice / nutrition support prior to their appointment.

If a patient is already known to Dietitians, the guidance in this document is not required.

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On behalf of: North East Essex Clinical Commissioning Group

Approved by: North East Essex Medicines Management Committee Date: January 2018  
Review date: January 2020

# ONS prescribing guidelines for GPs and community staff

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## INTRODUCTION

Malnutrition is estimated to affect at least 3 million adults across the UK and costs about £19billion per annum. Adverse effects of malnutrition include:

- Impaired immune responses – increased risk of infection
- Reduced muscle strength and fatigue
- Reduced respiratory muscle function – increasing the risk of chest infection 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

The management of malnutrition and Oral Nutritional Supplement (ONS) prescribing is a complex and multi-factorial issue. By ensuring appropriate prescribing, minimising waste and providing evidence based patient information, there is potential to deliver cost savings to the NHS while ensuring safe, high quality care (NICE CG32)

This document has been produced to help the following professionals make decisions about prescribing nutritional supplement products for adult patients:

- GPs
- Nurse Practitioners
- Community Matrons
- District Nurses
- Other community professionals (with the exception of Dietitians) who recommend / prescribe nutritional supplement drinks e.g. Hospice Nurse Specialists, Tissue Viability Nurse Specialists and COPD Nurse Specialists.

## **KEY MESSAGES**

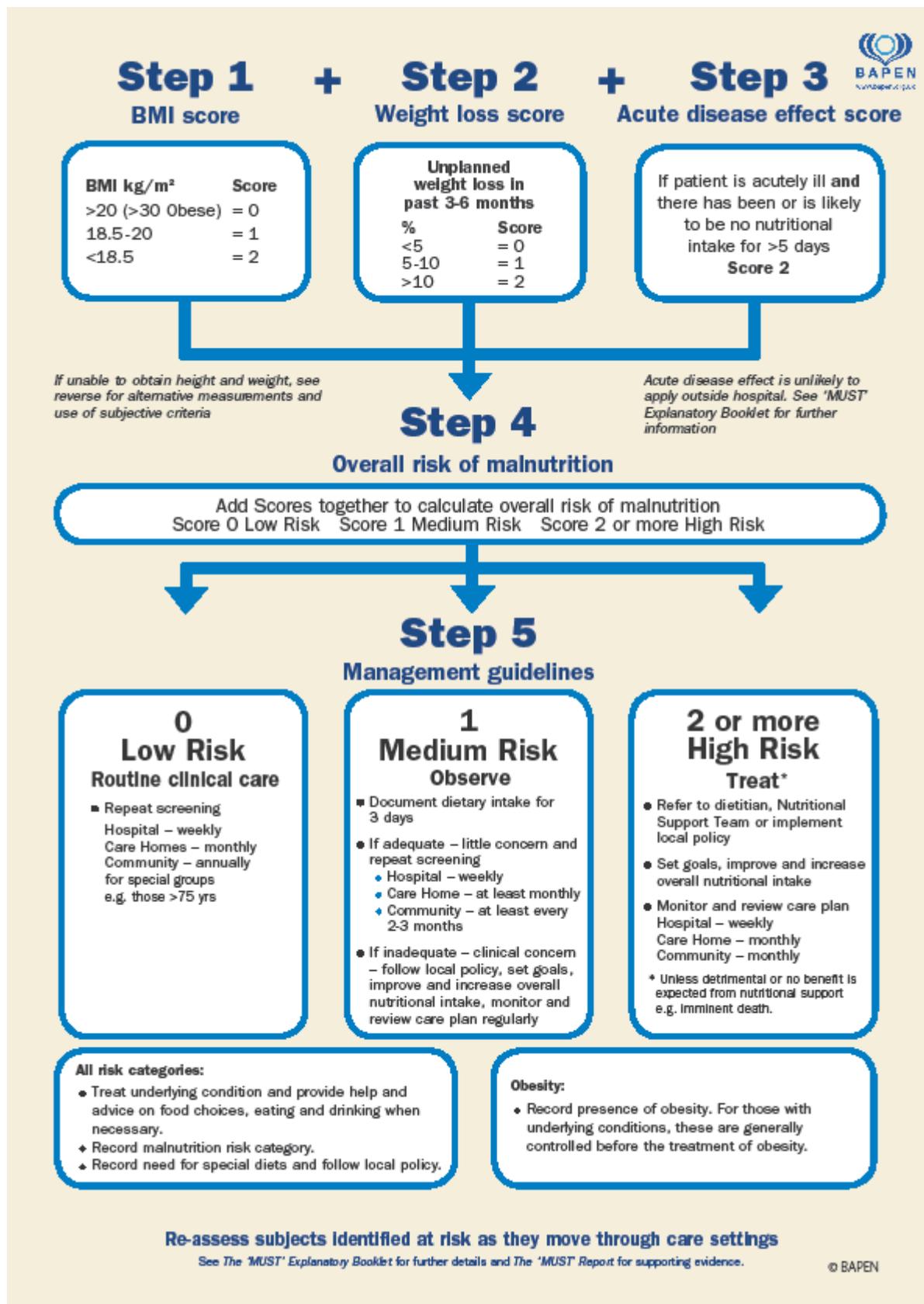
- Management of a malnourished patient starts with **FOOD FIRST** – starter information is provided in these guidelines
- ONS are for high risk patients as assessed using a validated nutritional screening tool i.e. MUST
- Avoid prescribing 1kcal/ml supplements e.g. Fresubin Original, Ensure can
- Review monthly (preferably using MUST)– if no improvement after 2 months refer to a dietitian
- Two supplements per day are recommended as first line
- A variety of flavours will help prevent taste fatigue
- Not all ONS are suitable for vegetarians or vegans and some are not kosher, gluten free and lactose free, or suitable for patients with specific food allergies. Check BNF for product details
- People with BMI of 16.5kg/m<sup>2</sup> or less, or at risk of re-feeding syndrome, or for whom supplements are a sole source of nutrition should be referred to the dietetic service for assessment
- Patients in the final weeks of life are unlikely to benefit from an ONS prescription. Over the counter (OTC) supplements like Aymes ®, Meritene ®, Complan®, Nurishment etc. can be suggested as alternatives if required
- Patients with complex nutritional needs i.e. renal disease, IBD, may require specialist products and should be referred to the relevant specialist dietitians at CHUFT.
- Patients with Grade 3 pressure sores or above should be referred to the Community dietetic service
- Patients with known chronic renal failure (stage 3) can follow FoodFirst advice and standard ONS. More advanced renal disease should be referred to the dietetic service
- Patients with swallowing problems should be referred to Speech and Language Therapy
- The Community Dietetics Team has provided all local elderly care and nursing homes with Food First packs containing high calorie diet advice and care plans.
- Please contact dietitians before switching products for patients under dietetic care
- **Referrals to the Dietetic Service should include past medical and weight history, current problems and medications**

## **ASSESSING UNDERLYING CAUSES OF MALNUTRITION**

<b>Problem</b>	<b>Refer to</b>	<b>Possible solution</b>
Nausea / vomiting	GP / Community Matron	<ul style="list-style-type: none"> <li>• Short course of anti-sickness medication and / or arrange investigations.</li> <li>• Sometimes this problem can be caused or worsened by constipation. Monitor bowels.</li> <li>• Encourage client to eat little and often.</li> <li>• Try cold foods to reduce smells which may make nausea worse.</li> </ul>
Diarrhoea	GP / Community Matron / District Nurse	<ul style="list-style-type: none"> <li>• Short course of anti-diarrhoea medication</li> <li>• Stool sample</li> </ul>
Constipation	GP / Community Matron / District Nurse	<ul style="list-style-type: none"> <li>• Consider laxatives</li> <li>• Encourage fluid intake.</li> </ul>
Swallowing problems	Speech and Language Therapy	<ul style="list-style-type: none"> <li>• If patient regularly chokes / coughs after eating or drinking and / or experiences regular chest infections refer for swallow assessment</li> <li>• Try a soft or pureed diet.</li> <li>• Advise patient to be as upright as possible when eating and drinking.</li> </ul>
Sore mouth	GP / Community matron	<ul style="list-style-type: none"> <li>• May be due to mouth ulcers or oral thrush.</li> <li>• Give soft, bland foods e.g. macaroni cheese, fish pie, milky puddings.</li> <li>• Avoid foods that are salty (crisps, gravy, soup) or acidic (e.g. fruit juice, citrus fruits, tomatoes).</li> </ul>
Depression	GP / Mental Health Services	<ul style="list-style-type: none"> <li>• Review for Cognitive Behaviour Therapy or anti-depressants</li> <li>• Refer on to mental health services.</li> </ul>
Few teeth / no dentures	Dentist	<ul style="list-style-type: none"> <li>• Try a soft / pureed diet.</li> </ul>
Pain	GP / Community Matron / District Nurse	<ul style="list-style-type: none"> <li>• Ensure current pain medication is given as prescribed.</li> <li>• Be aware that opiate-based painkillers such as codeine / morphine / Fentanyl etc often cause constipation. If patient is using these, or the dose has been increased, monitor their bowels.</li> </ul>
Financial difficulties	Social Services	<ul style="list-style-type: none"> <li>•</li> </ul>
Unable to do own shopping and/or cook for self and/or feed self	Social Services	<ul style="list-style-type: none"> <li>• Suggest home delivery of meals i.e. Meals on Wheels, Wiltshire Farm Foods, Oakhouse, local companies</li> <li>• <a href="https://www.livingwellessex.org/at-home/staying-in-your-own-home/meals-and-meal-services/">https://www.livingwellessex.org/at-home/staying-in-your-own-home/meals-and-meal-services/</a></li> </ul>

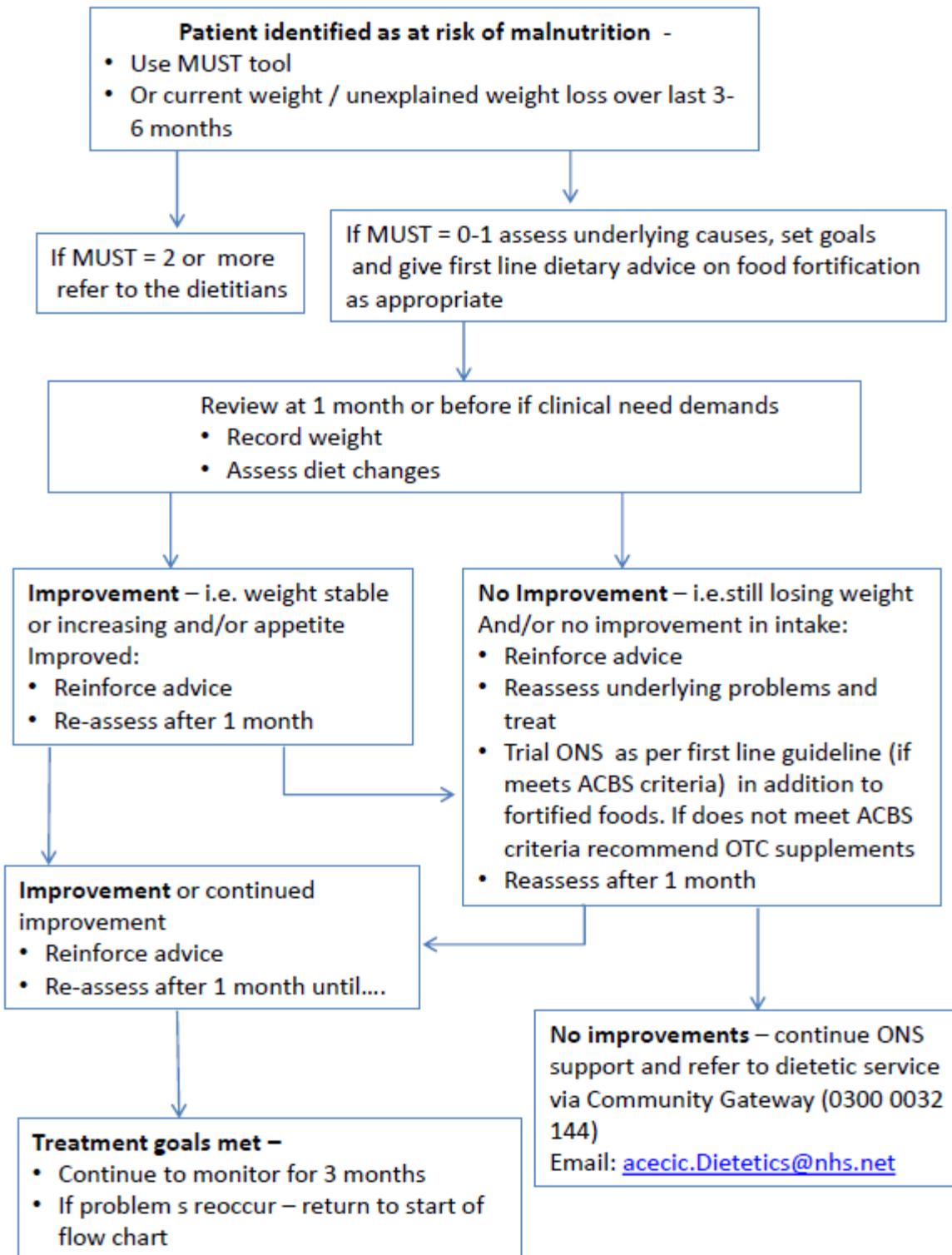
# ASSESSMENT OF MALNUTRITION RISK

The risk of malnutrition can be assessed using a malnutrition screening tool such as MUST (Malnutrition Universal Screening Tool). For more information and additional help for the 5 stages please go to [www.bapen.org.uk](http://www.bapen.org.uk)



Reproduced by permission of BAPEN (British Association of Parenteral and Enteral Nutrition)

## Oral Nutritional Supplements – Prescribing Flow Chart



Clinical judgement to be used. If BMI <16.5kg/m<sup>2</sup>, at high risk of refeeding syndrome or relying solely on ONS – refer urgently to dietetic services  
(For further reading on Refeeding Syndrome see NICE CG32)

## Community Formulary

The ONS in this document have been colour coded to denote the following:

Green	Recommended first line products.
Amber	Alternative products for use if there is a physical or medical reason a patient cannot take supplements from the green section, or if they do not tolerate supplements from the green section.
Red	Should only be prescribed under the guidance of a Dietitian.

### FIRST-LINE SUPPLEMENTS (for patients with diabetes see page 8)

- Any patients with milk allergy / intolerance or renal impairment – refer to dietitian
- Discuss flavour preferences with patient and prescribe a 1 – 2 week trial to minimise wastage if supplements are disliked.
- ONS should not be routinely added to a patient’s repeat prescriptions unless specified by a Dietitian.

	Manufacturer	Nutritional Information	Cost / sachet or bottle	Flavours available		Starter Prescription
Aymes Shake	Aymes	388 kcal, 16.4g protein	£0.60	vanilla, neutral, strawberry chocolate, banana	Box of 7 sachets – to be made with 200ml full cream milk	b.d
Ensure Shake	Abbott	389 kcal, 17g protein	£0.60	vanilla, strawberry, chocolate, banana.	Box of 7 sachets – to be made with 200ml full cream milk	b.d
Foodlink Complete	Nualtra	386 kcal 18.3g protein	£0.61	strawberry, chocolate, banana, natural, vanilla	Box of 7 sachets– to be made with 200ml full cream milk	b.d
Foodlink Complete with Fibre	Nualtra	418 kcal, 18.5g protein 4.5g fibre	£0.67	strawberry, chocolate, banana, natural, vanilla	Box of 7 sachets– to be made with 200ml full cream milk	b.d
Complan Shake	Nutricia	380kcal, 16g protein	£0.70	neutral, vanilla, strawberry, chocolate, banana	Box of 4 sachets – to be made with 200ml full cream milk	b.d
Fresubin Powder Extra	Fresenius-Kabi	397 kcal 17.7g protein	£0.76	vanilla, strawberry chocolate, neutral,	Box of 7 sachets– to be made with 200ml full cream milk	b.d

#### **Contraindications for all powdered ONS:**

- Milk & / or lactose allergy / intolerance
- Diabetes
- Phosphate & potassium restricted diet due to renal impairment

## First-line supplements for Patients with Diabetes

	Manufacturer	Nutritional Information	Cost / sachet or bottle	Flavours available		Starter Prescription
Aymes Complete	Aymes	300 kcal 12g protein	£1.11	vanilla, chocolate, banana, strawberry.	200ml bottle	b.d
Fresubin Energy	Fresenius-Kabi	300 kcal 11.2g protein	£1.40	vanilla, strawberry, chocolate, blackcurrant, cappuccino, lemon, banana, tropical fruits, neutral	200ml bottle	b.d

### Contraindications

- Milk & / or lactose allergy / intolerance
- Phosphate & potassium restricted diet due to renal impairment

**OTHER SUPPLEMENTS** – This is **not** a complete list of alternative ONS. The following are the ONS which is recommended locally. All prices given are as accurate as possible (MIMS November 2017). Please note that supplements are listed by cost and **not** by nutritional content

Product Name	Manufacturer	Nutritional information	Cost /sachet or bottle	Flavours available	Comments
<b>Alternative first line milkshake style drinks</b>					
Fortisip Bottle 200ml bottle	Nutricia	300kcal, 12g protein	£1.12	neutral, vanilla, caramel/toffee, chocolate, orange, strawberry, tropical fruit, banana	
Ensure Plus 220ml bottle	Abbott	330kcal, 13.8g protein	£1.12	chocolate, strawberry, vanilla, fruits of the forest, banana, raspberry, orange, coffee, peach, neutral	Also available with added fibre
Ensure Compact 125ml bottle	Abbott	300kcal, 12.8g protein	£1.35	vanilla, strawberry, café latte, banana	
Fresubin Energy 200ml bottle	Fresenius-Kabi	300kcal. 11.2g protein	£1.40	vanilla, strawberry, chocolate, blackcurrant, cappuccino, lemon, banana, tropical fruits, neutral	Suitable for diabetics Also available with added fibre
Aymes Complete	Aymes	300 kcal 12g protein	£1.40	vanilla, chocolate, banana, strawberry.	Suitable for diabetics
Altraplen Compact 125ml bottle	Nualtra	300kcal 12g protein	£1.45	strawberry, vanilla, banana, hazel chocolate	
Fortisip Compact 125ml bottle	Nutricia	300kcal, 12g protein	£1.45	neutral, strawberry, vanilla, banana, mocha, apricot, forest fruit, chocolate	Also available with added fibre
Resource Energy 200ml bottle	Nestle	300kcal, 11g protein	£1.99	vanilla, coffee, chocolate, banana, apricot, strawberry-raspberry.	

<b>First line juice-based drinks (for patients that dislike milk / need a low fat sip feed)</b>					
Resource Fruit 200ml bottle	Nestle	300kcal, 8g protein	£1.84	apple, orange, pear-cherry, raspberry-blackcurrant	Not suitable for diabetics
Ensure Plus Juice 220ml bottle	Abbott	330kcal, 10.6g protein	£1.97	orange, apple, lemon and lime, strawberry, peach, fruit punch	Not suitable for diabetics
Fresubin Jucy 200ml bottle	Fresenius-Kabi	300kcal, 8g protein	£1.99	orange, apple, pineapple, cherry, blackcurrant	Not suitable for diabetics. Standard ACBS indications plus CAPD and haemodialysis
Fortijuice 200ml bottle	Nutricia	300kcal, 8g protein	£2.02	lemon and lime, apple, orange, strawberry, tropical, forest fruit, blackcurrant	Not suitable for diabetics

<b>Pre-thickened supplements (for use with patients with diagnosed dysphagia)</b>					
Slo Milkshakes – Stage 1 & 2 (can be made up to Stage 3)	Slo Drinks Ltd	330kcal 24g protein	£0.84	chocolate, strawberry	Powdered supplement – made up with 200ml full cream milk
Nutlis Complete stage 1 125ml bottle	Nutricia	306kcal, 12g protein 4g protein	£2.21	chocolate, strawberry, vanilla	
Fresubin Thickened stage 1 & 2 200ml bottle	Fresenius-Kabi	300kcal, 20g protein	£2.35	vanilla, strawberry	

Product Name	Manufacturer	Nutritional information	Cost /sachet or bottle	Flavours available	Comments
<b>Alternative milkshake style drinks with added Fibre</b>					
Fresubin 2kcal Fibre	Fresenius-Kabi	400kcal, 20g protein 3g fibre	£2.02	chocolate, lemon, vanilla, cappuccino, apricot-peach, neutral	Higher kcal, high protein
Ensure Plus Fibre 200ml bottle	Abbott	310kcal, 13g protein 5g fibre	£2.07	chocolate, strawberry, vanilla, fruits of the forest, banana, raspberry,	
Fresubin Energy Fibre 200ml bottle	Fresenius-Kabi	300kcal. 11.2g protein 4g fibre	£2.09	vanilla, strawberry, chocolate, banana, caramel, cherry	
Fortisip Compact Fibre 125ml bottle	Nutricia	300kcal, 12g protein 4.5g fibre	£2.09	strawberry, vanilla, mocha,	

<b>High protein supplements</b>					
Altraplen Protein 200ml bottle	Nualtra	300kcal, 20g protein	£1.49	strawberry, vanilla	
Resource 2.0 Fibre, 200ml bottle	Nestle	400kcal, 18g protein 5g fibre	£1.95	summer fruits, strawberry, vanilla, coffee, apricot, neutral	
Fortisip Compact Protein 125ml bottle	Nutricia	300kcal, 18g protein	£2.00	vanilla, strawberry, banana, peach and mango, mocha, berries	
Fresubin 2kcal 200ml bottle	Fresubin- Kabi	400kcal, 20g protein	£2.02	neutral, vanilla, apricot-peach, toffee, cappuccino, fruits of the forest	Standard ACBS indications plus CAPD and haemodialysis Also available as mini drink - £1.25 per 125 ml bottle Also available with added fibre (3g fibre)
Fresubin Protein Energy 200ml bottle	Fresubin- Kabi	300kcal, 20g protein	£2.08	vanilla, chocolate, tropical fruits, cappuccino, wild strawberry	Standard ACBS indications plus CAPD and haemodialysis
Fortisip 2kcal 200ml bottle	Nutricia	400kcal 20g protein	£2.14	vanilla, strawberry	
Fortisip Extra 200ml bottle	Nutricia	320kcal, 20g protein	£2.22	vanilla, strawberry	
Ensure Twocal 200ml bottle	Abbott	400kcal, 17g protein	£2.22	neutral, strawberry, vanilla, banana	Standard ACBS indications plus CAPD and haemodialysis

<b>Savoury supplements</b>					
Aymes Savoury	Aymes	251kcal	£0.70	chicken	Box of 7 sachets – to be made with 200ml hot water
Ensure Plus Savoury 220ml bottle	Abbott	330kcal, 13.8g protein	£1.12	chicken	Standard ACBS indications plus CAPD and haemodialysis
Vitasavoury 300 50g sachet	VitaFlo Ltd	309kcal, 6g protein	£1.93	chicken, leek and potato, golden vegetable, mushroom	Pack of 10 sachets Made with water
		375kcal, 9g protein	£1.93	chicken, leek and potato, golden vegetable, mushroom	Pack of 10 sachets Made with whole milk

<b>Pudding style supplements</b>					
Nutricrem 125g pot	Nualtra	225kcal, 12.5g protein	£1.44	strawberry, vanilla, chocolate orange	
ProSource Jelly 118 ml cups	Nutrinovo Ltd	88 kcal 20g protein	£1.87	orange, lime, fruit punch	Indications – hypoproteinaemia Suitable for diabetics 36 cups per tray

### Pudding style supplements continued

Ensure plus Crème 125g pot	Abbott	171kcal, 7.1g protein	£1.93	banana, chocolate, neutral, vanilla	Standard ACBS indications plus CAPD and haemodialysis
Forticreme Complete	Nutricia	200kcal, 12g protein	£1.96	vanilla, chocolate, banana, forest fruits	Standard ACBS indications plus CAPD and haemodialysis
Fresubin 2kcal Crème	Fresenius- Kabi	231kcal, 12.5g protein	£1.96	vanilla, wild strawberry, cappuccino, chocolate, praline	Standard ACBS indications plus CAPD and haemodialysis
Fresubin Yocreme	Fresenius- Kabi	187kcal, 9.4g protein	£2.04	apricot-peach, biscuit, lemon, raspberry	
Nutlis Complete Stage 2 - 125g pot	Nutricia	306kcal, 12g protein 4g protein	£2.21	vanilla, strawberry, chocolate	
Nutlis Fruit Stage 3 150g pot	Nutricia	200kcal, 10.5g protein	£2.36	apple, strawberry	Standard ACBS indications (excl bowel fistulae) plus CAPD and haemodialysis

### Powdered high calorie milkshake style drinks – not nutritionally complete

Enshake	Abbott	600kcal, 16g protein	£2.35	strawberry, vanilla, chocolate, banana	Box of 6 sachets – to be made with whole milk
Calshake	Fresenius- Kabi	602kcal, 12g protein	£2.43	neutral, strawberry, chocolate, banana, vanilla	Box of 7 sachets – to be made with whole milk
Scandishake Mix	Nutricia	587kcal, 12.4g protein	£2.50	chocolate, caramel, banana, strawberry, vanilla, unflavoured	Box of 6 sachets – to be made with whole milk

### Modular supplements

					* Recommended dosage
Altrashot (fat and protein liquid)	Nualtra	420kcal*, 6g protein plus vits and minerals	£2.00/120ml	vanilla, strawberry	*40ml tds
Pro-cal shot (fat + protein liquid)	VitaFlo Ltd	400kcal*, 8g protein	£2.45/120ml	neutral, banana, strawberry	6 bottles in pack *40ml tds

<b>Modular supplements continued</b>					
ProCal powder 15g sachets or scoops	VitaFlo Ltd	100kcal 2g protein (/scoop or sachet)	£0.30 - £0.63 depending on size requested		Available in 15g sachets or 510g/1.5kg/12.5kg tub To be added to food *up to 5 sachets / day
Calogen Extra Shots (fat and protein liquid)	Nutricia	480kcal*, 6g protein	£2.88/120ml (£0.96/40ml)	unflavoured, strawberry	*40ml tds (pre-packaged) Individual 40ml shot = £0.96
Calogen Extra (fat + protein liquid)	Nutricia	480kcal*, 6g protein	£2.98/120ml	unflavoured, strawberry	*40ml tds 200 ml = £4.98
Calogen (fat emulsion)	Nutricia	540kcal*	£2.66/120ml (using 200ml bottles)	unflavoured, strawberry, banana	*40ml tds 200 ml = £4.44 500 ml = £10.92
Fresubin 5kcal Shot (fat emulsion)	Fresenius- Kabi	600kcal*	£2.85/120ml	neutral, lemon	*40ml tds
Liquigen (MCT fat emulsion)	Nutricia	540kcal*	£4.85/120ml	unflavoured	*40ml tds 250ml = £9.71
Maxijul Super Soluble	Nutricia	380kcal/100g	£2.73/200g £1.70/132g sachet		Available in 132g sachet / 200g tub / 25kg sack
PolyCal (high energy powder) 400g tub	Nutricia	384kcal/100g	£4.36/400g		Dosage calculated by dietitian
PolyCal Liquid	Nutricia	494kcal	£1.75	orange, neutral	
ProSource	Nutrinovo Ltd	100kcal 10g protein	£1.01/sachet	unflavoured, lemon, orange crème, citrus berry	100 x 30ml sachets Dosage – calculated by dietitian Indication - Hypoproteinaemia
ProSource Plus	Nutrinovo Ltd	100kcal 15g protein	£1.44/sachet	unflavoured, lemon, orange crème, citrus berry	100 x 30ml sachets Dosage – calculated by dietitian Indication - Hypoproteinaemia

<b>Specialist Renal Products</b>					
Renapro	Stanningley Pharma Ltd	75kcal 18g protein	£2.32/sachet		<b>Specialist Renal Dietitian request only</b> Low Phosphate / Low Potassium Indicated for Dialysis / CAPD / hypoproteinaemia
Nepro HP 220ml bottle	Abbott	396kcal 17.8g protein	£3.26	vanilla, strawberry	<b>Specialist Renal Dietitian request only</b> Indication – chronic renal failure on haemodialysis or CAPD, cirrhosis, other conditions requiring a high energy, low fluid, low electrolyte diet

<b>Specialist Gastro Products</b>					
Elemental 028 Extra Liquid 250ml carton	Nutricia	215kcal 6.25g protein	£3.86	Orange and pineapple, grapefruit, summer fruits	<b>Specialist Dietitian request only</b> Indication – short bowel syndrome, intractable malabsorption, proven inflammatory bowel disease, bowel fistulae
Modulen IBD	Nestle	<b>/100g powder</b> 500kcal 18g protein	£15.59/400g		<b>Specialist Dietitian request only</b> Powder to be made up with water Indication - Crohn's Disease / IBD Dosage calculated by Dietitian

## **ACBS guidance on FP10 prescribing**

The Advisory Committee on Borderline Substances (ACBS) recommends that certain food products (such as enteral feeds and ONS) be regarded as drugs for use in the management of specific conditions.

### **Standard ACBS indications**

The prescription of ONS should only occur when one or more of the following are present:

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

Certain supplements may have further indications (e.g. dysphagia or dialysis). Details can be found in the BNF and Drug Tariff.

It is recommended that prescribers ensure ACBS criteria are met prior to prescribing ONS on FP10.

“Disease-related malnutrition” can encompass a wide range of conditions. The prescriber should use their clinical judgement to determine when ONS are required

### **When to stop ONS**

Nutrition support is often required for a short time only; for example when a patient is acutely unwell, undergoing medical treatment, or before and / or after surgery.

People are frequently prescribed ONS whilst in hospital and continue to receive them in the community beyond the point of recovery.

The following will help you decide whether a patient needs on-going nutrition support.

**ONS can be discontinued if all of the following criteria are met:**

- **The patient’s intake of food and fluids is satisfactory i.e. they are eating more than half of their meals, and managing to drink an adequate amount of fluid (approximately 8 cups per day).**
- **Their BMI is within the healthy range (20 – 25kg/m<sup>2</sup>)**
- **The patient has maintained their current weight for the last 2 months or is gaining weight.**

**Follow ONS Flow Chart and refer to the dietitians if there is no improvement noted.**

## **Criteria for referral to a Dietitian:**

Please refer patients with any one of the following:

- BMI  $\leq 17\text{kg/m}^2$  and /or unplanned weight loss of 10% or more within the last 6 months.
- Continued weight loss after 1 month of following high calorie diet (Food First) advice **and** taking first-line ONS.
- ONS present on a hospital discharge letter.
- Use of ONS for 6 months or more.
- Conditions requiring specialist renal or IBD dietary advice e.g. severe renal impairment, inflammatory bowel disease (Crohns / Colitis), should be referred to dietitians at CHUFT
- Other Gastro conditions should be referred to ACE Adult Dietetic Service i.e. newly diagnosed Coeliac disease, IBS etc
- Patients with diagnosed Learning Difficulties should be referred to the LD Dietitians (ACE)
- Oncology patients receiving active treatment should be referred to CHUFT dietitians

**Please state on the referral whether the patient is able to attend an outpatient appointment or if a home visit is required.**

**Please provide past medical history and present medication with every referral**

Please note low serum albumin is not an appropriate reason for referral. Albumin is not a reliable marker of nutritional status.

Do not refer if dietetic input is likely to be detrimental or of no benefit to the patient i.e. if death is imminent.

If you have any queries or comments, or require further advice please contact the Community Dietitians on 01206 588083 or email [acecic.Dietetics@nhs.net](mailto:acecic.Dietetics@nhs.net)

## 6 STEPS TO APPROPRIATE PRESCRIBING OF ONS

Step 1: Identification of nutritional risk
<p><b>The following criteria is used to identify those who are malnourished or at nutritional risk (NICE Guidelines (32) Nutritional Support in Adults):</b></p> <ul style="list-style-type: none"> <li>• Body Mass Index (BMI) &lt; 18.5kg/m<sup>2</sup></li> <li>• Unintentional weight loss &gt; 10% in the past 3-6 months</li> <li>• BMI &lt; 20kg/m<sup>2</sup> and an unintentional weight loss &gt; 5% in past 3-6 months</li> <li>• Those who have eaten little or nothing for &gt; 5 days</li> <li>• Those who have poor absorptive capacity or high nutrient losses</li> </ul>
Step 2: Global nutritional assessment
<p><b>Assess underlying causes of malnutrition and consider availability of adequate diet:</b></p> <ul style="list-style-type: none"> <li>• Ability to chew and swallowing issues</li> <li>• Impact of medication</li> <li>• Physical symptoms (i.e. vomiting, pain, GI symptoms)</li> <li>• Medical prognosis</li> <li>• Environmental and social issues</li> <li>• Psychological issues</li> <li>• Substance / alcohol misuse</li> </ul> <p style="text-align: right;">→ <span style="border: 1px solid black; padding: 5px;">Review treatment plan and refer to appropriate local services</span></p>
Step 3: Set Goals
<p><b>Set and document realistic and measurable goals, including aim of nutrition support treatment and timescale:</b></p> <ul style="list-style-type: none"> <li>• Target weight gain / BMI</li> <li>• Wound healing</li> <li>• Treatment aims i.e. weight maintenance, weight gain, improving nutritional intake or improvement in symptoms</li> </ul>
Step 4: FoodFirst advice
<p><b>Promote and encourage:</b></p> <ul style="list-style-type: none"> <li>• High calorie ,high protein dietary advice</li> <li>• Over the counter products (Aymes ®, Meritene ®, Complan®, Nurishment etc.)</li> </ul> <p style="text-align: right;">→ <span style="border: 1px solid black; padding: 5px;">Dietary Advice Sheets</span></p>
Step 5: Prescribing ONS
<p><b>Consider ONS bd if:</b></p> <ul style="list-style-type: none"> <li>• Patients meet ACBS prescribing criteria: <ul style="list-style-type: none"> <li>- Short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel, following total gastrectomy, dysphagia, bowel fistulae, disease-related malnutrition, continuous ambulatory peritoneal dialysis (CAPD) or haemodialysis</li> </ul> </li> <li>• FoodFirst has failed to improve nutritional intake or functional status after <b>one month</b></li> <li>• Specify dosage, timing and length of treatment</li> </ul>
Step 6: Review and discontinuation of ONS
<ul style="list-style-type: none"> <li>• Review regularly to monitor, set goals and assess continued need for ONS</li> <li>• When goals of treatment are met, discontinue ONS</li> <li>• If patient no longer meet ACBS criteria but wish to continue ONS, recommend over the counter supplements (Aymes ®, Meritene ®, Complan®, Nurishment etc.)</li> </ul>

**FOOD FIRST:**  
**Ideas to help improve nutritional intake**

**1) Eat little and often:**

It is sometimes easier to manage 4 - 6 snack-sized meals in a day rather than 3 larger ones. Try snacks and / or nourishing drinks between meals (see below).

**2) Nourishing drinks:**

Just changing drinks can make a big difference to nutritional intake. Choose the following instead of water-based beverages:

- Milk (preferably whole) –either on its own or with added hot chocolate, coffee, Horlicks / Ovaltine or milkshake flavouring.
- Fresh fruit juice or Smoothies.
- Soups (particularly creamy varieties).
- Complan made with whole milk.

**3) Snack on:**

- Biscuits (sweet or savoury) or cake.
- A piece of toast or a crumpet, thickly spread with butter / margarine and your favourite topping.
- A small packet of crisps or nuts
- Cheese straws
- A snack-sized chocolate bar or individual chocolates.
- Bite-size sausage rolls, scotch eggs, pork pies or cocktail sausages.
- A pot of yoghurt, mousse, rice pudding or custard.

**4) Make high calorie choices:**

- Full-fat dairy products e.g. whole milk, cheese, Thick and Creamy or Greek style yoghurt, double cream.
- Individual ready-made desserts, e.g. trifle, mousse, crème caramel, crème brulee, fromage frais, cheesecake.
- Sandwich fillings / toast toppings – meat or fish paste, tinned fish in oil, corned beef, cheese, peanut butter, hummus, pate, tuna / egg mayo, fried / scrambled egg, omelette.

**5) Fortify food and drink:**

- Add 4 tablespoons of dried milk powder to 1 pint of whole milk to make fortified milk. Use in drinks, on cereal, in mashed potato, as part of desserts and white sauces.
- Make high-calorie additions to snacks / meals. Try any of the following:

	Cream / evaporated milk	Butter / margarine / olive oil	Grated cheese / cream cheese	Mayo	Milk powder	Sugar / honey / syrup / jam
Cereals / porridge	✓				✓	✓
Soup	✓	✓	✓		✓	
Yoghurt	✓				✓	✓
Mashed potato / vegetables	✓	✓	✓	✓	✓	
Milky puddings	✓				✓	✓
Milky drinks	✓				✓	✓
Sandwiches		✓	✓	✓		
Fruit or Cake	✓					✓

**FOOD FIRST:**  
**Ideas to help improve nutritional intake for people with Diabetes**

When you have a poor appetite or are not managing to eat as much, you may need to increase the calories and protein in your diet. However, when you have Diabetes high calorie sugary foods can push your blood glucose levels up. In the short term, a small rise in your blood glucose levels is not a problem, but the following advice may help minimise this effect.

**6) Eat little and often:**

It is sometimes easier to manage 4 - 6 snack-sized meals in a day rather than 3 larger ones. Try snacks and / or nourishing drinks between meals (see below).

**7) Nourishing drinks:**

Just changing drinks can make a big difference to nutritional intake. Choose the following instead of water-based beverages:

- Milk (preferably whole) –either on its own or with added hot chocolate, coffee, Horlicks / Ovaltine or milkshake flavouring.
- Fresh fruit juice or Smoothies – only have 1 small glass / day.
- Soups (particularly creamy varieties).

**8) Snack on:**

- Biscuits (plain or savoury) or cake.
- A piece of toast or a crumpet, muffin or scone, thickly spread with butter / margarine and cheese/low sugar jam.
- A small packet of crisps or nuts
- Cheese straws
- Bite-size sausage rolls, scotch eggs, pork pies or cocktail sausages.
- A pot of yoghurt, mousse, rice pudding or custard - try to ensure they have less than 10g sugar/100g. Stir in 1-2 spoons of cream to increase the calories

**9) Make high calorie choices:**

- Full-fat dairy products e.g. whole milk, cheese, Thick and Creamy or Greek style yoghurt, double cream.
- Sandwich fillings / toast toppings – meat or fish paste, tinned fish in oil, corned beef, cheese, peanut butter, hummus, pate, tuna / egg mayo, fried / scrambled egg, omelette.

**10) Fortify food and drink:**

- Add 4 tablespoons of dried milk powder to 1 pint of whole milk to make fortified milk. Use in drinks, on cereal, in mashed potato, as part of desserts and white sauces.
- Make high-calorie additions to snacks / meals. Try any of the following:

	Cream / evaporated milk	Butter / margarine / olive oil	Grated cheese / cream cheese	Mayo	Milk powder
Cereals / porridge	✓				✓
Soup	✓	✓	✓		✓
Yoghurt	✓				✓
Mashed potato / vegetables	✓	✓	✓	✓	✓
Milky puddings	✓				✓
Milky drinks	✓				✓
Sandwiches		✓	✓	✓	
Fruit or Cake	✓				



## **How to store and take nutritional supplement drinks**

### **Storage:**

- UHT milk and juice-based supplements (i.e. those in ready-to-drink bottles) can be stored at room temperature until opened. Keep them in a cool, dry place.
- Once opened they should be kept in the fridge. Any unused drink should be thrown away after 24 hours.
- If left at room temperature any remaining drink should be thrown away after 4 hours.

### **Taking your drinks:**

- Your drinks are not meal replacements; they are supplementary to the diet. Your normal meal pattern should continue when you are using them.
- Take between or after meals, or in the evening to prevent reducing your appetite for food.
- They do not need to be taken all at once. Sip slowly over the course of an hour or 2, or split doses – e.g. take half a bottle after breakfast and the other half after lunch. Remember to discard any leftover drink after 4 hours if it has been left at room temperature.
- The majority of nutritional supplements taste better when chilled.
- They can be frozen into ice cubes or lollies.
- Some flavours such as chocolate, vanilla / neutral, cappuccino and mocha can be gently heated, but do not boil as this will reduce their nutritional value.
- Juice-based supplements can be diluted with still or sparkling water, or lemonade to make a longer drink.
- There are lots of ways these drinks can be added into meals, desserts and drinks. Check on-line for manufacturers advice or ask your dietitian for more details