

Prescribing oral nutritional supplements (ONS) in end-of-life care

Oral nutritional supplements (ONS) are drinks or other food supplements that contain energy (calories), protein, and micronutrients. They may be prescribed for the management of 'disease-related malnutrition'. These products are suitable to meet nutritional goals such as weight gain, preventing further weight loss, and to meet nutritional requirements. At the end of life these goals may not be appropriate or realistic; the priority instead should be improving or maintaining the person's quality of life, providing comfort, and encouraging the enjoyment of food and drink.

The General Medical Council defines approaching the end of life as when a person is likely to die within the next 12 months. The Gold Standards Framework (GSF) is commonly used to identify an individual's progress towards the end of life:

- Green: 6-12 months prognosis
- Amber: short months prognosis
- Red: last days to short weeks prognosis

These stages may be useful to help guide a discussion about a person's nutritional priorities towards the end of life:

Green: 6-12 months prognosis
In the green phase it is important to recognise changes in symptoms and appetite, and to try to make small changes to help a person to live as well as possible. This may include making some dietary changes to improve their food intake, such as: • Making food look appetising • Offering a glass of sherry, brandy, or favourite alcoholic drink about 30 minutes before eating. ○ However, remember that the effects of alcohol may increase if unwell or taking certain medicines, so it is best to check with the doctor first. • Having snacks handy to nibble • Offering nourishing drinks • Eating slowly • Having small meals more frequently – try smaller plates
Amber: Short months prognosis
In the amber phase the nutritional content of the meal is no longer of prime importance and people should be encouraged to eat and drink the foods they enjoy. At this stage the goal of nutrition therapy should not be weight gain or reversal of malnutrition, but it should be about quality of life, including comfort, symptom relief and enjoyment of food and drink. Oral nutritional supplements should not be started as the main aim is enjoyment of food and drink. This can be achieved by offering a range of favourite or preferred foods and drinks.

Red: Last days to short weeks

In the red phase as the person nears the end of life, their metabolism slows down, and their body will not be able to digest food and absorb the nutrients it contains.

As a carer you might feel anxious or upset because your relative or friend no longer wants or enjoys food. Although this can be hard to accept, it's important that you don't try to force them to eat and instead you can reassure them it is okay if they prefer not to.

Remember that reduced intake is a natural part of the dying process, and the person is unlikely to feel hunger and thirst in the same way as when they were well. It is not helpful to think of this as 'starving'.

The person may also lose the ability to swallow safely, especially if they are very drowsy.

You could try offering drinks they like instead.

Please see [Carer information: Eating and drinking at the end of life](#) for more suggestions on managing food and fluid intake at this time.

At this stage, oral nutritional supplements should not be started as the body is unable to digest and absorb the nutrients in the drinks and this may cause unpleasant symptoms which can be distressing.