

## Structured medication reviews and oral nutritional supplements (ONS): supporting guidance (adult patients)

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## Introduction

This guidance is complementary to NWICB Structured Medication Review & Medicines Optimisation guidance (1) and describes the process for reviewing oral nutritional supplements (ONS) during a structured medication review (SMR). Additional time should be allocated within the SMR to allow a review of ONS.

ONS may be prescribed on acute or repeat templates; both types of prescription should be reviewed. ONS prescribing in Primary Care should be in line with NWICB Guideline for prescribing ONS for adults in Primary Care (2), and associated guidance including Prescribing ONS in end of life care (3) and Substance misuse and ONS (4). Dietitians may request non-guideline ONS if guideline options do not meet the patient's requirements (however, they should justify their choices in their request correspondence).

## ONS for feeding tubes

If ONS is being administered via an enteral feeding tube, e.g. nasogastric (NG), gastrostomy (PEG / RIG), or jejunostomy, ensure the prescribed amount matches the Home Enteral Feed (HEF) Dietitian's most recent recommendation and if not, correct the prescription or contact the HEF Dietitian to check the appropriate quantity required. Prescriptions for enteral feeds (bags / bottles) are usually sent to Fresenius-Kabi's Homecare service (Calea).

Retrospective prescription requests for enteral feeds should only be actioned if the request is recent and reasonable, see NWICB Policy Statement: home enteral feeds on prescription (5). If you are unsure about a retrospective prescription request for any enteral (tube) feed, please contact the Dietitians at the ICB for advice as soon as possible: [nwicb.dieteticqueries@nhs.net](mailto:nwicb.dieteticqueries@nhs.net)

## ONS for care home residents

If patient is a care home resident and has a MUST score of 1 or above, care home staff should be offering a fortified diet, extra snacks and homemade nourishing drinks between meals as part of meeting Regulation 14: Meeting nutritional and hydration needs (6). In care homes, powder ONS should be prioritised over ready-to-drink options as they can be prepared by staff, are more cost-effective and often provide more calories (energy) and protein.

## ONS review as part of SMR

See also further advice outlined in SOP for processing repeat prescriptions for ONS (7)

Initial actions:

- Confirm and document the patient's current weight (or ensure weight recorded on the clinical system is within the last 3 months), height and body mass index (BMI).
- Identify risk of malnutrition using the Malnutrition Universal Screening Tool (MUST) (8) or MUST Calculator (9) and document MUST score.
- Confirm patient meets criteria of ACBS (Advisory Committee on Borderline Substances) (10), e.g. disease-related malnutrition evidenced by MUST score of 2 or more.
- Any prescribed ONS must show the ACBS logo next to product name on SystmOne / EMIS. If the product is not ACBS approved, review in line with products listed in NWICB Guideline for prescribing ONS for adults in Primary Care (2). **If ACBS criteria are not met, then ONS should not be prescribed in Primary Care, following the review guide below will ensure ACBS criteria are met.**

MUST score	Review plan (discuss with patient or carer)
0 Low risk of malnutrition	<p>Check the need for ongoing ONS</p> <p>If patient is weight stable and eating an adequate diet, gradually reduce the dose of ONS over one to two weeks before stopping the prescription. If ONS is being stopped following an SMR please inform the relevant Dietitian if involved (so they can consider reviewing or discharging the patient from service).</p> <p>Actions to consider:</p> <ul style="list-style-type: none"> <li>Follow-up 1 month after stopping ONS to check patient's weight remains stable</li> <li>If ONS are no longer clinically indicated but patient wishes to continue, advise similar products can be purchased OTC (e.g. Meritene, Complan, Aymes etc.) or the patient could make their own nourishing drinks. See Easy homemade nourishing drinks patient information leaflet (PIL) <a href="#">(11)</a>.</li> </ul>
1 Medium risk of malnutrition	<p>Encourage a "Food First" approach, including providing written information- see local eating well PILs <a href="#">(12)</a>.</p> <p>Check for inconsistent ordering patterns which may indicate the product is not being used in the way intended (i.e. supplemental to Food First, not as a meal replacement).</p> <p>Check taste / flavour preferences and any tolerance issues. If the ONS was recommended by a non-Dietitian HCP consider trialling alternative flavours / formats if appropriate e.g. if patient dislikes milky drinks, trial a juice style option from Guideline for prescribing ONS for adults in Primary Care <a href="#">(2)</a>. If a Dietitian recommended the ONS, contact them directly and advise the patient is not taking ONS as intended and request they conduct a review.</p> <p>Check if any nutritional goals have been documented and whether progress has been made towards achieving them. If no treatment goals are documented, discuss with patient and document suitable goals e.g. target weight or BMI.</p> <p>If ONS remains clinically indicated:</p> <ul style="list-style-type: none"> <li>Check whether current product is a first or second-line option. Dietitians may request non-guideline ONS if first or second-line options are not suitable to meet patient requirements but should justify their choices when requesting the prescription.</li> <li>If current product is not a first or second-line option, and was not requested by a dietitian, consider swapping to a more cost-effective product listed in the Guidelines for prescribing ONS for adults in Primary Care <a href="#">(2)</a> and ensure all prescribers are aware of the guidance for future reference.</li> </ul> <p>Check appropriate quantity is prescribed:</p> <ul style="list-style-type: none"> <li>Check Dietitian's instructions if involved.</li> <li>If no Dietitian involved, see Guidelines for prescribing ONS for adults in Primary Care <a href="#">(2)</a> (Page 6) for appropriate prescribing amounts.</li> </ul> <p>Ensure the recommended daily dose is included in the 'Use Instructions':</p> <ul style="list-style-type: none"> <li>e.g. "Take one sachet / carton / bottle TWICE daily between meals"</li> </ul>

	<p>If ONS is to continue ensure follow-up is planned (e.g. by Dietitian or at Practice-level)</p> <ul style="list-style-type: none"> <li>• If there is no Dietitian involved, then a Practice-level review will be required in 3-4 months</li> <li>• Good practice would be to include the next planned review date in the ONS prescription script notes</li> </ul> <p>When to consider stopping ONS with a MUST score of 1:</p> <ul style="list-style-type: none"> <li>• If ONS are consistently not being used as intended</li> <li>• If ONS are not helping patient to achieve nutritional goals</li> </ul> <p>If ONS is being stopped following an SMR review, please inform the relevant Dietitian if involved (so they can consider reviewing or discharging the patient from service).</p>
2 or more High risk of malnutrition	<p>Review Plan as for MUST score 1, plus...</p> <p>Consider referral to Community Dietitians if:</p> <ul style="list-style-type: none"> <li>• there is no other Dietitian involved</li> <li>• ONS is being used as intended</li> <li>• treatment goals remain appropriate, but no progress is being made</li> </ul> <p>If there is a Dietitian involved (either a Specialist Dietitian from Secondary Care or a Community Dietitian) please inform them of any ongoing weight loss, increase in MUST score or non-compliance so they can review or make a new nutrition plan if appropriate</p>

### Additional notes:

- If a Dietitian has handed care back to the Practice with ONS ongoing, check final letter and ensure goals / targets are documented and reviewed or revised as appropriate. Ensure Practice-level reviews are scheduled.

### Dysphagia

- If the patient has dysphagia and requires thickened fluids, check the latest IDDSI Levels recommended by a Speech & Language Therapist (SLT)
- Make sure the correct quantity of thickener powder is prescribed to accommodate the current IDDSI recommendations, see suggested amounts in Thickeners Guidance [\(13\)](#)
- Make sure the prescribed ONS is suitable for the current IDDSI Level e.g. a pre-thickened ONS such as Fresubin Thickened Level 2. For advice, contact the patient's Dietitian if involved or the ICB Dietitians: [nwicb.dieteticqueries@nhs.net](mailto:nwicb.dieteticqueries@nhs.net)

### Queries

If you are unsure whether ONS remains clinically indicated and there is no other Dietitian involved, please contact ICB Dietitians for advice: [nwicb.dieteticqueries@nhs.net](mailto:nwicb.dieteticqueries@nhs.net)