

# West Suffolk GP and Independent Prescribers Guide for the Prescribing of Adult Oral Nutritional Supplements (ONS) in the Community

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## Introduction

This guideline sets out the pathway for the optimal assessment and treatment of patients who are at risk of malnutrition and the optimal prescribing of ONS in Primary Care for adults ( $\geq 18$  years). These guidelines are not appropriate for Home Enteral Tube fed patients. Home Enteral Tube fed patients' prescriptions are managed by their dietitian.

In West Suffolk we are fully committed in following national guidance to exhaust a Food First approach before trialling ONS. ONS form part of the pathway for treating malnutrition, they are prescribeable via FP10 to patients who are at risk of malnutrition. Large variations in list price of similar ONS products exist. This guideline will guide on when it is appropriate to recommend a prescription and which first line products to consider. Patients prescribed ONS require regular review to determine the ongoing suitability of the prescription and ensure the termination of the supplement once treatment goals have been achieved.

**We recommend that all patients prescribed ONS are under a dietetic service.**

## Scope

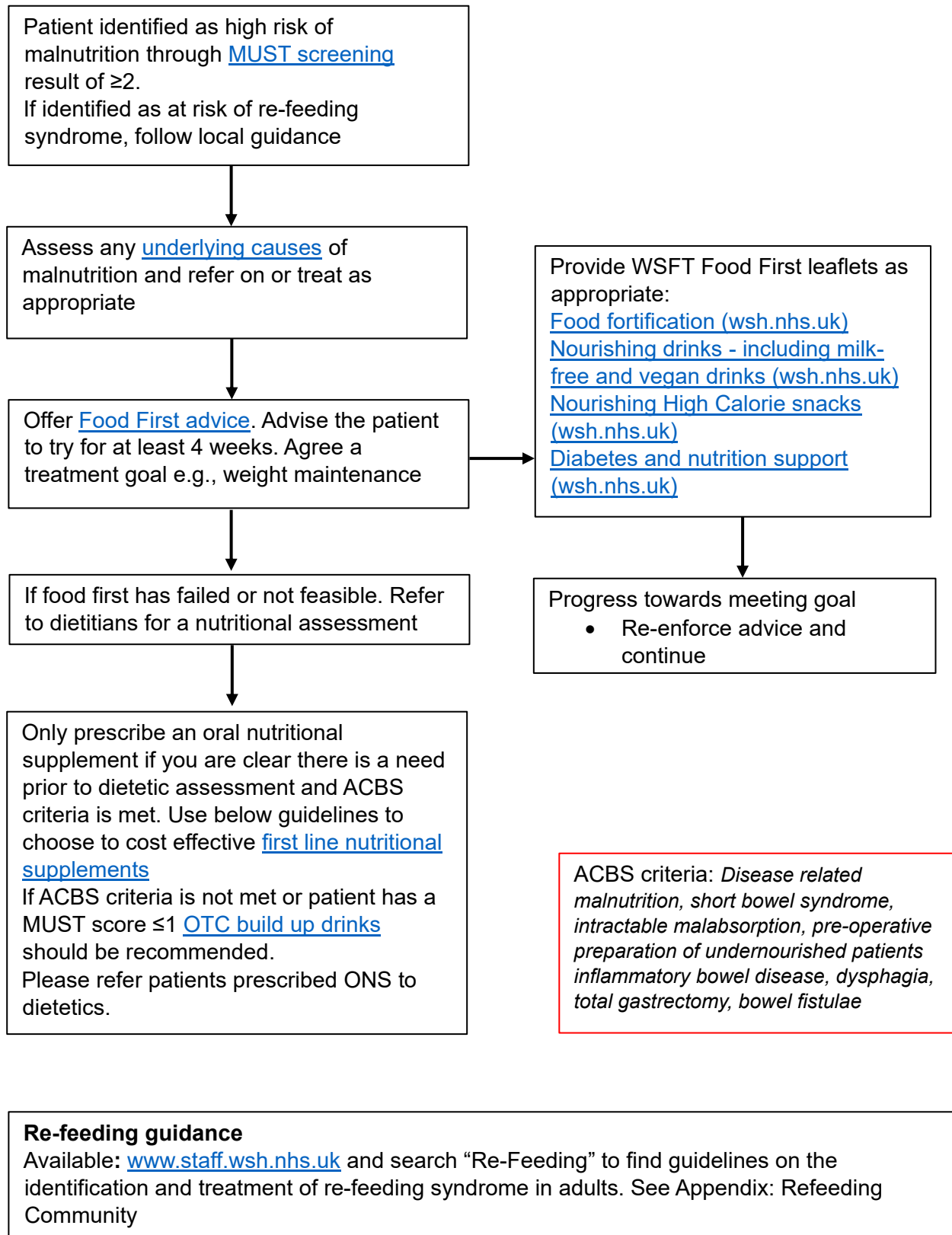
This guideline is designed to be used by all GPs and Independent Prescribers within the West Suffolk NHS Trust locality that recommend ONS.

Source: Nutrition and Dietetic Service, West Suffolk NHS Foundation Trust.

Issue date: xxxx

Review date: xxxxx (12months on from issue)

## Managing malnutrition flow Chart



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## Oral Nutritional Supplement (ONS) product choices

If a patient has lactose intolerance, cow's milk protein allergy, food based allergies or intolerances, type 1 or 2 diabetes mellitus, end stage kidney disease (CKD 4 and 5), is pregnant, on a potassium or phosphate restriction, on thickened fluids, on warfarin or has any other condition where a specialist diet is required, please do not prescribe ONS and instead refer to the dietetic department for an assessment on suitable options.

**DO NOT** prescribe the following products as they are not deemed cost effective:

Ensure original  
Fresubin original

### 1<sup>st</sup> Line – Powder-Based ONS (Most Cost-Effective Options)

ONS style	Product	Nutrition (per unit)	Flavours
<b>Standard powder</b>	EnergieShake Powder	381 kcal, 15.8g protein (with 200ml milk)	Banana, Chocolate, Neutral, Strawberry, Vanilla
<b>Higher protein powder</b>	Aymes Shake	381 kcal, 19g protein (with 200ml milk)	Banana, Chocolate, Neutral, Strawberry, Vanilla, Ginger
<b>Vegan powder</b>	Aymes Actasolve Smoothie	297 kcal, 10.7g protein (with water)	Mango, Peach, Pineapple, Strawberry & Cranberry

### 2<sup>nd</sup> Line – Ready-To-Drink ONS

ONS style	Product	Nutrition (per unit)	Flavours
<b>Milkshake style</b>	EnergieShake Complete 1.5kcal	300 kcal, 12g protein (200ml)	Banana, Chocolate, Strawberry, Vanilla
<b>Compact milkshake style</b>	Fortisip compact	300 kcal, 12g protein (125ml)	Strawberry, Vanilla, Banana, Chocolate, Mocha, Neutral
<b>One a day Compact Milkshake</b> (combines 2 compact-style ONS doses in one 250ml bottle)	Actagain 2.4 Daily	600 kcal, 24g protein (250ml)	Strawberry burst, Banana milkshake, Smooth vanilla
	Altraplen Compact Daily		Strawberry, Banana, Vanilla, Hazel chocolate
<b>Vegan milkshake</b>	Actagain 1.5 Plant Powdered	300kcal, 13.4g protein (200ml)	Madagascar vanilla, Café latte, Salted caramel
<b>Juice style</b> (Not dairy free or suitable for patients with diabetes)	Aymes Actagain Juice	300kcal, 10g protein (200ml)	Juicy apple, Juicy peach, Berry medley, Zesty orange
	Fortijuice	300kcal, 7.8g protein (200ml)	Lemon, Tropical, Strawberry, Apple, Orange

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## Screening for malnutrition

The Malnutrition Universal Screening Tool 'MUST' is a validated malnutrition screening tool for adults in all settings. The MUST calculator can be accessed at [MUST Online Calculator - Malnutrition Universal Screening Tool \(bapen.org.uk\)](https://www.bapen.org.uk/must-online-calculator)

A score of 0 indicates a low risk of malnutrition.

A score of 1 indicates that an individual is at medium risk of malnutrition. A score of 2 or above indicates a high risk of malnutrition.

NICE CG32 Nutritional Support in Adults<sup>3</sup> recommends any of the following criteria are met to indicate malnutrition and the need for nutrition support in the community:

- a BMI of less than 18.5 kg/m<sup>2</sup>
- unintentional weight loss greater than 10% within the last 3 to 6 months
- a BMI of less than 20 kg/m<sup>2</sup> and unintentional weight loss greater than 5% within the last 3 to 6 months.

## Assessing the cause of malnutrition

When a patient is identified as malnourished or at risk of malnutrition check for the underlying cause of malnutrition and refer to the appropriate professional or organisation:

Potential cause of malnutrition	Action to take
Impact of medication	Request a medication review, community pharmacy
Difficulty in swallowing/chewing	Referral to Speech and Language therapy
Psychological issues	Refer to <a href="#">wellbeing service</a> (IAPT), adult eating disorders, Psychiatric liaison, social prescribing
Environmental and social issues	Refer to social services, social prescribing, local hot meal delivery services or frozen ready meal delivery services, social clubs
Financial issues	Referral to local food bank, citizens advice
Physical symptoms e.g. pain, vomiting, constipation	Refer to GP or secondary care as appropriate
Poor dentition	Refer to Dentist and advice on appropriate diet
Alcohol or other substance misuse	Refer to local drug and alcohol service (Turning Point). Please follow SNEE policy "Prescribing oral nutritional supplements (ONS) for patients who misuse substances"

## Setting a treatment goal

Clear treatment goals should be agreed with patients to manage expectations at this initial stage. Goals of treatment, timescales and review period should be documented. Examples are:

- attaining a realistic weight/BMI or achieving weight gain over a specific period
- weight maintenance if weight gain is not desired or unrealistic
- reducing the rate of weight loss where weight maintenance is unrealistic
- wound healing.

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## First line advice

Food First is the first line treatment for malnutrition. Food First advice should be provided on initial assessment before consideration of ONS.

Food First advice should include the provision of energy, protein, fluid, minerals, vitamins, minerals, and fibre.

As appropriate provide the following leaflets available on: [Nutrition and dietetics \(wsh.nhs.uk\)](#)

- [Fortifying your food](#)
- [High calorific snacks](#)
- [Nourishing drinks](#)

If a patient has diabetes and requires nutrition support advice please provide: [Diabetes and nutrition support](#)

## Over the counter (OTC) products

Patients can also be given the choice to purchase over the counter (OTC) products such as Complan milkshakes and soups, Meritene milkshakes or soups, Nourishment and Aymes retail.

## Prescribing ONS

If a patient with a MUST of 2 or above, after exhausting Food First principles, does not meet the treatment goal set and there are clinical benefits to be achieved through nutrition support, a prescription of ONS may be considered.

To qualify for a prescription on FP10 the patient must have one or more of the Advisory Committee on Borderline Substances (ACBS) approved indications.

Standard ACBS indications
Short bowel syndrome
Dysphagia
Intractable malabsorption
Pre-operative preparation of undernourished patients
Inflammatory bowel disease
Total gastrectomy
Bowel fistulae
Disease related malnutrition (chronic/acute)

If there are no clear indications, then OTC products should be recommended.

## Pressure ulcers and prescribing ONS

The presence of pressure ulcers alone does not meet the ACBS criteria for prescribing ONS alone. A patient with pressure injuries should only be offered ONS if a Food First approach has been exhausted AND they are a MUST score of  $\geq 2$  AND meets ACBS criteria. Dietetics will accept referrals for patients with a pressure injuries grade 2 or above regardless of MUST score.

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# Nutrition Support for Patients in Care Homes

Since 2016 NHS Suffolk and North East Essex ICB no longer supports the prescribing of ONS to care home residents. Details of the Oral Nutritional Supplements in Care homes Policy can be found here <https://www.wsh.nhs.uk/CMS-Documents/Services/Dietetics/ONSin-Care-Homes-Policy2016.pdf>

Information and support for the nutritional management of malnourished people in care homes can be accessed here: <https://www.wsh.nhs.uk/Services-A-Z/Nutrition-anddietetics/Information-for-care-homes.aspx>

## References

- BAPEN (2023). Introduction to malnutrition. Available: [www.bapen.org.uk](http://www.bapen.org.uk). Accessed 11/01/2023
- NIHR Southampton BRC and BAPEN (2015). The cost of malnutrition in England and potential cost savings from nutritional interventions. 2015. Available: <http://www.bapen.org.uk/pdfs/economicreport-full.pdf> Accessed 11/01/2023
- National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 32. Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. February 2006. Available: [www.nice.org.uk/guidance/cg32](http://www.nice.org.uk/guidance/cg32). Accessed: 17/01/2023

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