

Title	Guideline for prescribing oral nutritional supplements (ONS) for adults in primary care
Document Ref.	NSONSprescribingadults
Author	Anna Samkin (Medicines Optimisation Lead Dietitian), Dina Khawnekar (Medicines Optimisation Lead Dietitian) at NHS Norfolk & Suffolk ICB Lauren Strathearn (Adult Medicine Optimisation Dietitian, West Suffolk Hospital)
References	NICE (2006) CG32: Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition [Accessed August 2026] Introducing 'MUST' BAPEN [Accessed August 2026] PrescQIPP Bulletin 261 [Accessed August 2026]
Associated guidance	Food first information: Norfolk & Waveney: Eating Well - Knowledge NoW Ipswich & East Suffolk and West Suffolk: Food First - Knowledge NoW ONS prescribing: Substance misuse Norfolk & Waveney: Nutrition & Substance Misuse - Knowledge NoW Ipswich & East Suffolk and West Suffolk: Prescribing ONS for patients who misuse substances ONS prescribing: End of life Norfolk & Waveney: Nutrition at End of Life - Knowledge NoW
Consulted with	Dietetic teams from East Coast Community Healthcare (ECCH), East of England Community Health and Care- Norfolk (EECHC), West Suffolk Hospital (WSH), East Suffolk & North Essex Foundation Trust (ESNEFT) Ipswich and East Suffolk acute and community Dietitians, Norfolk & Norwich University Hospital (NNUH), James Paget University Hospital (JPUH), and Queen Elizabeth Hospital (QEH) Learning disability specialist dietitians at Hertfordshire Partnership University NHS Foundation Trust
Approved by	TAGIMOC
Date approved	23/09/2026
Next review date	September 2027
Location in shared drive	
Available online	Guidelines For Prescribing Oral Nutritional Supplements - Knowledge NoW

For nutrition-related prescribing enquiries, please contact nsicb.dieteticqueries@nhs.net

Malnutrition Universal Screening Tool (MUST) is referenced in this document with the kind permission of BAPEN (British Association for Parenteral & Enteral Nutrition.)

Table of Contents

Introduction	3
Objectives	3
Nutritional Screening	3
Pathway for assessment & management of malnutrition in adults in primary care	4
Notes for Actions 1-5: identification, treatment, and monitoring of malnutrition	5
Non-guideline ONS requested by a Registered Dietitian	7
Hospital discharge	7
Non-Formulary ONS: do not prescribe.....	7
Recycling guidelines for ONS	7
Choice of pre-approved ONS.....	8
ONS sample services	10
Appropriate prescribing amounts of ONS	10
Advisory Committee on Borderline Substances (ACBS).....	10

Introduction

This guideline sets out the pathway for the assessment and treatment of patients who are at risk of malnutrition and the prescribing of oral nutritional supplements (ONS) in Primary Care for adults (>18 years). It is intended for use by General Practitioners, independent and supplementary prescribers, and those requesting prescriptions by prescribers within Norfolk & Suffolk (N&S).

N&SICB are committed to following national guidance to exhaust Food First approaches to improving nutritional intake before considering prescribing of ONS. ONS form part of the pathway for treating malnutrition, they are prescribable on FP10 for patients who meet the prescribing criteria. This guideline will advise when it is appropriate to recommend a prescription and which ONS to consider.

Patients prescribed ONS require regular review to determine the ongoing suitability of the prescription and ensure the supplement is stopped once treatment goals have been achieved.

The guidelines are not appropriate for patients requiring Home Enteral Tube feeding.

Objectives

- To improve the management of patients who are malnourished or at risk of malnutrition
- To ensure appropriate cost-effective ONS prescribing
- To reduce wastage through tailoring ONS prescriptions to individual preferences
- To advise optimal management of repeat prescription of ONS

Nutritional Screening

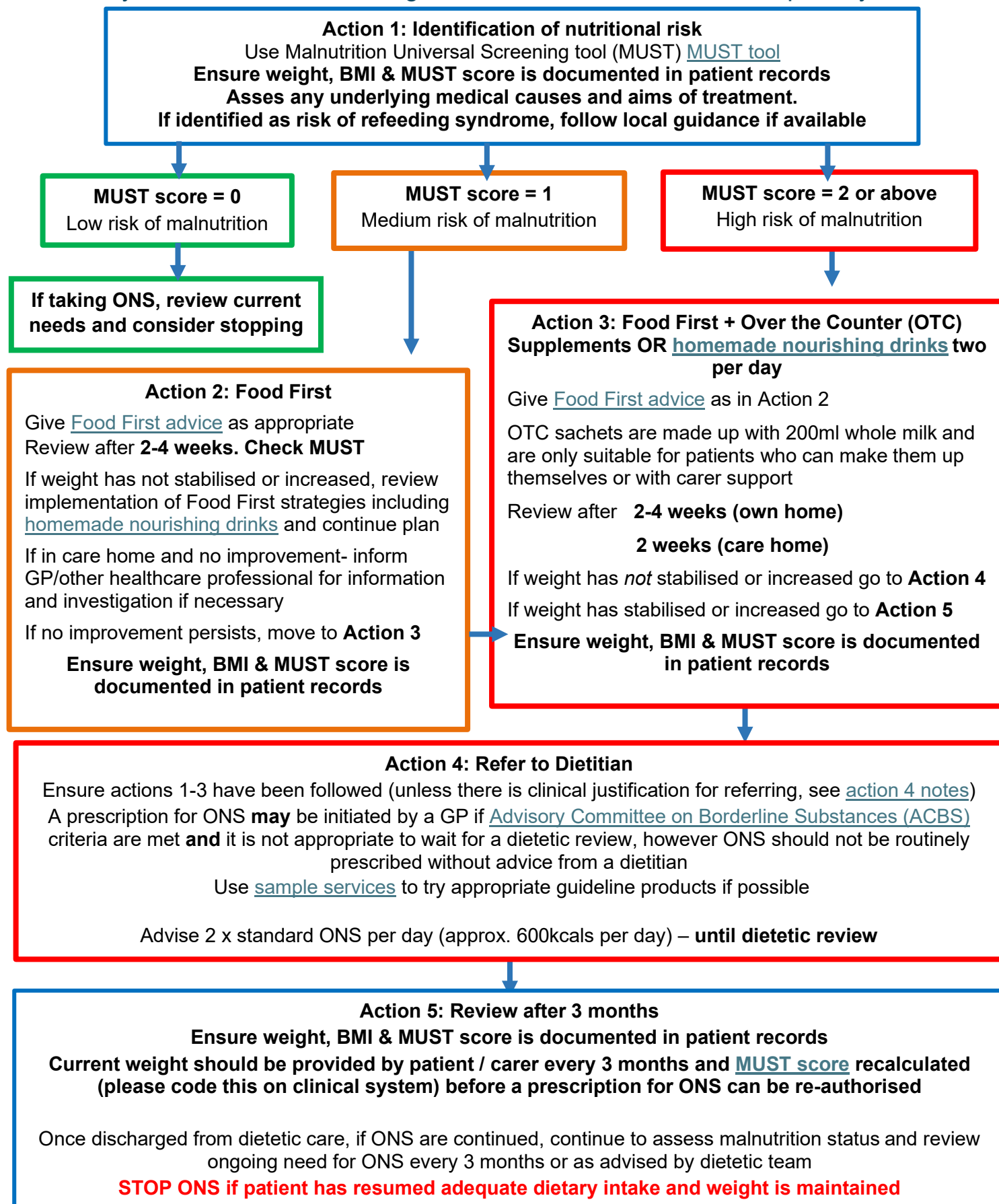
Nutritional screening should be the first step in identifying people at risk of malnutrition.

The NICE guidelines for nutrition support in adults (2006) state the following should be considered when assessing the need for nutrition support:

- The patient's current BMI
- Percentage unintentional weight loss over the past 3-6 months
- The length of time food intake has been / or is likely to remain inadequate

The Malnutrition Universal Screening Tool (MUST) incorporates all the above and has been validated across a range of settings including general practice, the community and care homes. In addition, it provides nutritional care plans to enable health professionals and carers to respond immediately if a patient is identified as malnourished or at risk of malnutrition. The tool is available to download from www.bapen.org.uk.

Pathway for assessment & management of malnutrition in adults in primary care



Notes for Actions 1-5: identification, treatment, and monitoring of malnutrition

ACTION 1: Identification of nutritional risk

- Complete [MUST](#) screening (based on [NICE CG32](#) definition of malnutrition).
- Please note MUST/BMI may not be accurate tools to assess nutritional risk in some groups:
 - People with learning disabilities: Other signs of malnutrition such as consistent unplanned weight loss, limited diet/avoiding whole food groups, and presence of dysphagia should be considered.
 - Medical conditions leading to fluid overload/ oedema.
 - Healthy BMI thresholds may differ for some chronic conditions e.g. Chronic Obstructive Pulmonary disease (COPD).
- Consider dietary intake and assess underlying causes of malnutrition.
- Set and document realistic and measurable goals e.g. target weight, weight gain/maintenance, BMI, wound healing, improved activities of daily living.

ACTION 2: Food First

- Encourage a little and often eating pattern i.e. small, frequent meals and snacks.
- Aim to increase energy intake by about 500kcal per day.
- 1 pint of fortified milk: 568ml/1 pint of full-cream (whole or Jersey) milk + 4 *heaped* tablespoons of dried skimmed milk powder (this provides approx. 600kcal and 40g protein) Use in hot drinks, cereal/ porridge, sauces, soups, and home-made milkshakes and smoothies.
- Two homemade nourishing drinks of their choice per day, see [Homemade Nourishing Drinks and Desserts patient information leaflet](#).
- Provide patient with local nutrition support information available from Knowledge NoW as appropriate:
 - Norfolk & Waveney: [Eating Well - Knowledge NoW](#)
 - Ipswich & East Suffolk and West Suffolk: [Food First - Knowledge NoW](#)
- Consider an over the counter (OTC) multivitamin and mineral supplement, such as an 'A-Z' type if necessary.

ACTION 3: Homemade nourishing drinks or Over-the-counter (OTC) ONS

- Continue Food First advice as per Action 2
- Advise either:
 - Two options from [Homemade Nourishing Drinks and Desserts](#) per day
 - OR two OTC products such as Complan® milkshakes, Nurishment® milkshakes, Meritene Energis® milkshakes & soups per day

ACTION 4: Refer to dietitians

Prescribe ONS only if not appropriate to await dietetic review AND actions 1-3 have been followed

ONS can only be prescribed when [ACBS criteria](#) are met. The principal indication is 'disease-related malnutrition.' ONLY prescribe if it is not appropriate to wait for a dietetic review.

Clinical exceptions:

If a patient has cow's milk protein allergy or intolerance, soya allergy or intolerance, galactosemia, requires ONS as a sole source of nutrition (i.e. tube feeding), type 1 or 2 diabetes mellitus, is pregnant, or has end stage renal disease (CKD 4 and 5) or potassium or phosphate restriction, please refer to dietetic department for an assessment.

Albumin

Please note serum albumin is a negative acute phase protein and cannot be used to diagnose malnutrition or to justify referral to a dietitian.

Pressure ulcers and prescribing ONS

Pressure ulcers alone do not meet ACBS criteria for ONS prescribing. ONS should only be offered if the patient has a MUST score ≥ 2 , meets ACBS criteria, and Food First measures have been exhausted.

Refeeding Syndrome and prescribing ONS

If someone is at risk of refeeding syndrome, follow local guidance, or see [NICE CG32](#) (Section 1.4)

Diagnosed learning disability (LD)

Norfolk is currently the only area with a specialist LD Dietetic Team, please refer LD patients requiring nutrition support to: [Community learning disabilities](#).

Community Dietetics referrals

For individuals who can access mainstream community services, please refer to your local community dietetic team at WSH, ESNEFT (Ipswich & East Suffolk), EECH&C, QEH or ECCH.

Dysphagia

Seek dietetic review if a person is at risk of malnutrition (as evidenced by MUST score) *and* has a diagnosis of dysphagia:

- Follow Speech and Language Therapist's (SALT) instructions regarding IDDSI levels, if ONS are required. Pre-thickened ONS (for IDDSI levels 2 & 3) may be required.
- Prescribe according to dietetic advice (even if non-guideline ONS are requested)

Note: Thickener should not be added to prescribed ONS

ACTION 5:

- Review 3 monthly to monitor progress (weight, BMI & MUST score)
- Review goals and check if ONS are still appropriate
- Consider discontinuing ONS:
 - If MUST score = 0
 - OR patient is non-compliant
 - OR goals of treatment are met
 - If ONS are no longer of clinical benefit e.g. end of life care

If the patient no longer has a clinical need for ONS but wishes to continue, advise patient to buy OTC products or make homemade nourishing drinks (see Action 3)

Non-guideline ONS requested by a Registered Dietitian

Registered Dietitians can request ONS which are not on the guideline if ACBS criteria are met and clinical justification for the ONS has been documented.

Hospital discharge

Please do NOT continue prescription of ONS after a patient has been discharged from hospital unless they have been seen by the dietetic team and ONS have been specifically recommended.

If a new ONS prescription is recommended on a discharge summary this should NOT be continued unless recommended by hospital dietitians via separate correspondence.

Non-Formulary ONS: do not prescribe

The following are **not** recommended as they are lower in energy (1kcal/ml) than standard ONS (>1.5kcal/ml).

Re-assess and prescribe (if ONS are indicated) a [first-line powder](#) or [second-line ready-to-drink ONS](#)

- **Ensure** 200ml can (Abbott Nutrition)
- **Fresubin Original Drink** 200ml bottle (Fresenius Kabi)
- **Dessert style ONS:** see [N&SICB Dessert style ONS position statement](#)
- **Meritene Energis Shakes and Soups** (Nestle Health Sciences): not for prescription as not ACBS approved - should be purchased OTC only

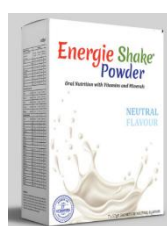
Recycling guidelines for ONS

The following items can be recycled in household recycling bins in Norfolk and Suffolk:

- Clean Oral Nutritional Supplement (ONS) bottles, caps, and dessert pots
- ONS tetra Pak cartons.

Choice of pre-approved ONS

Please [order a sample pack](#) for all new ONS prescriptions to allow preferences to be determined.

First line - Powdered ONS			
Patients/carers will require manual dexterity to reconstitute powders; consider second line ONS if this is not appropriate. Suggested dose: 2 x 57g sachets daily between meals - see Prescribing Amounts. Nutritional values when powder is made up with 200ml whole milk			
Aymes Shake / ActaSolve Shake (AYMES)	Complan Shake (Nutricia)	Foodlink Complete (Nualtra)	EnergieShake (Anaiah Healthcare)
 383kcal, 19g protein Presentation: 7 x 57g sachets, or 1.6kg tub (provides 28 servings) Flavours: Strawberry, chocolate, banana, vanilla, ginger, neutral	 380kcal, 15.8g protein Presentation: 4 x 57g sachets Flavours: Strawberry, chocolate, banana, vanilla, original	 383kcal, 19g protein Presentation: 7 x 57g sachets Flavours: Strawberry, chocolate, banana, vanilla, natural	 381kcal, 15.8g protein Presentation: 7 x 57g Flavours: Chocolate, Strawberry, Vanilla, Banana, Neutral

Second line - Ready to serve Milkshake-style ONS		
Use ready-to-drink milkshake only if unable to make up first line powdered ONS. Suggested dose: 2 x bottles daily between meals - see Prescribing Amounts.		
Altraplen Energy (Nualtra)	Aymes ActaGain 1.5 Complete (AYMES)	EnergieShake Complete 1.5 (Anaiah)
 200ml carton 300kcal, 12g protein Flavours: strawberry, chocolate, banana, vanilla	 200ml bottle 300kcal, 14g protein Flavours: Strawberry Burst, Double Chocolate, Banana Milkshake, Smooth Vanilla	 200ml carton 300kcal, 12g protein Flavours: strawberry, chocolate, banana, vanilla

Second line Compact ONS (smaller volume)			
Compact ONS should only be prescribed if the patient is unable to tolerate large volumes. First choice is Aymes Shake Compact or Foodlink Complete Compact (powder - make up with 100ml whole milk). However, if patient is unable to tolerate large volumes AND is unable to make up powdered ONS, use a compact ready-to-drink ONS. Suggested dose: 2 x 57g sachets or 2 x 125ml bottles daily between meals - see Prescribing Amounts.			
Aymes Shake Compact / ActaSolve Shake Compact (AYMES) Powder made with 100ml whole milk	Foodlink Complete Compact (Nualtra) Powder made with 100ml whole milk	Fortisip Compact (Nutricia) Ready to drink	Altraplen Compact (Nualtra) Ready to drink
7 x 57g sachets 320kcal, 15g protein	7 x 57g sachets 318kcal, 15g protein	125ml bottle 320kcal, 12g protein	125ml bottle 320kcal, 12g protein
			
Flavours: Strawberry, chocolate, banana, vanilla, ginger, neutral	Flavours: Strawberry, chocolate, banana, vanilla, neutral	Flavours: Strawberry, chocolate, banana, vanilla, mocha, neutral	Flavours: Strawberry, banana, vanilla, hazel-chocolate

Juice-style and plant-based ONS	
Ready to drink juice-style ONS should only be prescribed on a dietitian's recommendation. Most contain milk protein, although they may be suitable for patients who dislike or cannot tolerate milkshake-style ONS. The Juice style powder ONS listed below are fully plant-based, suitable for vegans, and can be considered as first-line options in primary care. Please note: products may not be suitable for patients with cow's milk protein allergy, as product labels state they may contain milk or milk protein. Juice-style ONS are less suitable for people with diabetes than milk-based products due to their higher impact on blood sugar levels. Suggested dose: 2 x sachets daily between meals. Order samples	
Aymes ActaSolve Smoothie (AYMES) Protein source: soy protein ~300kcal & 10.7g protein.	Foodlink Smoothie (Nualtra) Protein source: soy protein 287 kcal & 10g protein
Presentation 7 x 66g sachets (make up with 150ml water) Flavours: mango, peach, pineapple, strawberry & cranberry	Presentation 7 x 66g sachets (make up with 150ml water) Flavours: Orange & mango, red berry, peach, tropical
	

ONS sample services

Free delivery direct to patient by manufacturer. Please click on the links below to order a sample pack for all new ONS prescriptions. This will ensure acceptability and flavour preferences can be confirmed to prevent wastage (websites require registration).

<u>AYMES samples</u>	<u>Nualtra samples</u>	<u>Nutricia samples</u>	<u>Anaiah Healthcare</u>
Aymes Shake / ActaSolve Shake Aymes ActaGain 1.5 Complete Aymes Shake Compact / ActaSolve Shake Compact Aymes ActaSolve Smoothie	Foodlink Complete Altraplen Energy Foodlink Complete Compact Altraplen Compact Foodlink Smoothie	Complan Shake Fortisip Compact	EnergieShake Powder EnergieShake Complete 1.5

Appropriate prescribing amounts of ONS

Type of ONS	Number of ONS per day	Amount to prescribe per 7-day week	Amount to prescribe per 28-day month
Powder ONS 57g sachets (7 x 57g boxes) Aymes Shake, Foodlink Complete, Aymes Shake Compact, Foodlink Complete Compact Complan Shake, EnergieShake (4 x 57g boxes)	1	399g	1596g
	2	798g	3192g
	3	1197g	4788g
Powder ONS 66g sachets Aymes ActaSolve Smoothie, Foodlink Smoothie, (7 x 66g boxes)	1	462g	1848g
	2	924g	3696g
	3	1386g	5544g
Second line ready-to-drink ONS 200ml Altraplen Energy, Aymes ActaGain 1.5 Complete, EnergieShake Complete 1.5	1	1400ml	5600ml
	2	2800ml	11200ml
	3	4200ml	16800ml
Second line 'compact' ready-to-drink ONS 125ml Altraplen Compact Fortisip Compact	1	875ml	3500ml
	2	1750ml	7000ml
	3	2625ml	10500ml

Advisory Committee on Borderline Substances (ACBS)

The ACBS advises on the circumstances in which certain food products (such as ONS or enteral feeds) can be prescribed (on FP10 for England) for the management of specified conditions. The prescription of ONS should only occur when the patient's condition falls into one or more of the ACBS approved categories [Oral Nutritional Supplements \(ONS\)](#) | [BAPEN](#)