Choosing which Oral Nutritional Supplement (ONS) to prescribe

Prior to prescribing, screen with MUST. Confirm patient at High Risk (MUST 2+) and ‘Food First’ and/or Over the Counter supplements have been unsuccessful. If patient meets criteria for Advisory Committee on Borderline Substances (ACBS) use the Formulary below to prescribe initial 1 week prescription, followed by 1 month on acute. Document the nutritional treatment goal on initiation of the prescription and review.

Can the patient or a carer prepare a powdered ONS (always yes if patient is a care home resident)?

Yes

Can the patient tolerate up to 2x 200ml ONS/day?

Yes

Foodlink Complete Powdered Shake
Made with 125ml full fat milk

Recommended prescription = Up to two servings/day for first-line powdered shake ONS

No

No

No

Does the patient like milky/yoghurt style drinks?

Yes

Can the patient tolerate 2x 200/220ml ONS/day?

Yes

Ensure Plus Milkshake
OR
Yoghurt Style (220ml)
OR
Aymes Complete (200ml)
OR
Fortisip Bottle (200ml)

Second-line Ready to drink ONS
Second-line Ready to drink ONS (125ml milkshake style)

No

Can the patient tolerate up to 2x 200ml ONS/day?

No

Ensure Compact
OR
Altraplen Compact
OR
Fortisip Compact

First-line Powdered Shake
Foodlink Complete
OR
Aymes Shake
OR
Complan Shake
OR
Ensure Shake
Made with 200ml full fat milk

Made with 200ml full fat milk

Recommended prescription = two servings/day for ready to drink ONS

Key Recommendations

Prescribe a Starter Pack (for 1 week only) where available and then preferred flavours for twice daily for 4 weeks on acute. Where a Starter Pack is not available; prescribe a mixed variety of ONS as initial trial.

For patients with diabetes, milk-based ONS are preferred first-line. If not appropriate or not tolerated, juice-style ONS may be used, with monitoring of blood glucose levels & adjustment of medication if necessary.

Adapted from evidence based guidelines and pathways from Managing Adult Malnutrition in the Community
www.malnutritionpathway.co.uk

Part of the Guidelines for Prescribing Oral Nutritional Supplements in Adults
Approved by Notts APC: Sept 2017, Review: Sept 2020

**MUST Score**

<table>
<thead>
<tr>
<th>MUST = Malnutrition Universal Screening Tool</th>
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<tbody>
<tr>
<td>&gt; 20</td>
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<tr>
<td>18.5-20</td>
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<td>&lt;18.5</td>
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**Weight Loss Score**

(Unplanned weight loss in past 3-6 months)

| <5% | Score 0 |
| 5-10% | Score 1 |
| >10% | Score 2 |

**Acute Disease Effect Score**

(Unlikely to apply outside hospital)

If patient is acutely ill and there has been or is likely to be no nutritional intake for more than 5 days

Score 2

Add together the scores to give total of 0-6 for overall risk of malnutrition [www.bapen.org.uk/pdfs/must/must_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf)

If BMI or weight loss can’t be established state estimated risk of malnutrition = low, medium or high risk (see link above for support)

Consider underlying symptoms and cause of malnutrition and treat if appropriate e.g. nausea/vomiting, pain, infection, constipation/diarrhoea, ability to chew/swallow, medical prognosis/impact of medication, (e.g. thyroid medication), uncontrolled diabetes, social/psychological issues.

**Agree Goals of Treatment**

- Prevent further weight loss
- Promote weight gain
- Improve strength
- Increase nutritional intake
- Improve ability to undertake activities of daily living
- Improve quality of life
- Promote wound healing

**MUST Score**

- **0** Low Risk
  - Routine clinical care required. Patients are unlikely to meet criteria for ONS prescription

- **1** Medium Risk
  - Provide ‘Food First’ advice & leaflet (p2) Encourage purchase of Over the Counter Nutritional Supplements (p2). No prescribed ONS required unless COPD with BMI<20kg/m² [http://www.malnutritionpathway.co.uk/copd/](http://www.malnutritionpathway.co.uk/copd/).
  - After 1-3 months (or earlier): Rescreen & review. No improvement: after dietary advice/ over the counter nutritional supplements; treat as ‘High Risk’. If improving: continue dietary advice, review every 1-3 months until goals/targets met & ‘Low Risk’

- **2** High Risk
  - Provide ‘Food First’ advice as in ‘Medium Risk’. Prescribe First line ONS if ACBS indicated (p2). Prescribe a ‘starter pack’ & then 56 preferred ONS on acute for one month. (See full guidelines for further details)
  - After 4-6 weeks: Review goals and compliance to ONS. No improvement: see p2 Goals not met/limited progress. Refer to Dietitian as required. If improving: consider treating as ‘Medium Risk’. Review ONS every 3-6 months

- **3+** Very High Risk
  - Refer to Dietitian (Community or Hospital) for specialist advice
  - Dietitian to review and discharge back to GP for monitoring as appropriate

**Confirm ACBS (Advisory Committee on Borderline Substances) Indication for prescribing of ONS**

- Disease related malnutrition
- Dysphagia
- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of undernourished patients
- Inflammatory bowel disease
- Total gastrectomy
- Bowel Fistulae

See p2 if criteria not met.
Self-care options – try these first wherever possible

### Initial ‘Food First’ treatment
- Little & Often / Enriching your food / Nourishing Drinks
- Provide ‘Your Guide to Making the Most of your Food’
- Or ‘Are You Eating Enough?’ (for older people)

### Second-line Over the Counter Nutritional Supplements available to buy at pharmacies, convenience stores, larger supermarkets and online retailers
- Suitable for those patients whose condition does not meet ACBS prescribing criteria or
- For those who do not have the ability or desire to make homemade nourishing drinks

Powdered options: Aymes® Retail, Complan® and Meritene® (shakes and soups to be made with full fat milk or water)

Ready to drink options: Meritene®, Nurishment® Original, Nurishment® Extra, Nurishment® Active

If there are concerns over a restricted diet, consider recommending an OTC multivitamin product.

### ONS Products available on prescription

#### First Line ONS Products: If patient or carer can prepare a powdered ONS. Use up to 2/day

- **Powdered product (+ 200ml full fat milk)**
  - Foodlink® Complete (can be advised with 125ml milk)
  - Aymes® Shake
  - Complan® Shake, Ensure® Shake

#### Second Line ONS Products (when NO First Line product is appropriate or tolerated):

- **200-220ml Milkshake & Yoghurt Style (Lactose free)**
  - Ensure® Plus Milkshake
  - Ensure® Plus Yoghurt Style
  - Aymes® Complete
  - Fortisip® Bottle

- **125ml Milkshake Style (for reduced volume)**
  - Ensure® Compact
  - Altrapan® Compact (lactose free)
  - Fortisip® Compact

#### Third Line ONS Products (when NO First or Second Line products are suitable. Use with caution in Diabetes)

- **200-220ml Juice style products (lactose free)**
  - Ensure® Plus
  - Fresubin® Jucy Drink
  - Forti Juice®

### Goals met/Good progress with ONS
- Encourage ‘making the most of your food’ advice
- Consider reducing by 1 ONS per day for 2-4 weeks before stopping
- Consider over the counter nutritional supplements to help maximise nutritional intake if required
- Monitor progress against goals set. Consider treating as ‘medium risk’ and review every 1-3 months
- Document weight/BMI/MUST/Subjective Risk Score, updated treatment goals and review date in patient record

### Goals not met/Limited progress with ONS
- Check ONS compliance; amend prescription as necessary, increase volume of ONS
- Reassess clinical condition, consider more intensive nutrition support or seek advice from a Dietitian
- Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions. Adjust treatment goals to support this e.g. to slow decline in weight and function. If no improvement, seek advice from a Dietitian
- Review individuals on ONS every 3-6 months or upon change in clinical condition
- Document weight/BMI/MUST/Subjective Risk Score, updated treatment goals and review date in patient record

### When to stop ONS prescription
- Goals of intervention have been met and individual is no longer at risk of malnutrition
- Individual is clinically stable/acute episode has resolved
- Individual is back to their normal eating and drinking pattern
- If no further clinical input would be appropriate or beneficial (e.g. end of life)
- If a patient does not comply with reviews; supply should be suspended until this takes place
- Document weight/BMI/MUST/Subjective Risk Score if appropriate and justify stopping of ONS in patient record