Care Home ONS Form - CONFIDENTIAL: Monthly Request for Oral Nutritional Supplement (ONS) Prescription

**Must be ACBS indicated and clinically justified for GP to prescribe (refer to local ONS guidelines)*

To:

From Care Home (Referrer & Signature): **Date:**

Resident (Service user) Name: **D.O.B:** **NHS Number:**

Resident Address (Care Home):

Please select ONE of the following: **Initial request for GP to start** ☐ Under Community Dietitian (ongoing request) ☐

Repeat / further supplies from GP ☐ On discharge summary from hospital ☐

Current Height (m) or alternative measure e.g. ulna (cm)	Current Weight (kg) (State 'Unable' if appropriate)	Previous (usual) weight (kg) (3-6 months ago) (State 'Unable' if appropriate)	BMI (kg/m²) score		% Weight Loss Score (Unplanned over 3-6 mths. If unsure, attach weight history) previous usual wt – current wt x 100 / previous wt		Overall MUST score (BMI score + Wt loss score + acute disease effect score) State **low**, **medium** or **high** risk if neither BMI or weight loss can be established
			>20kg/m²	0	>5%	0	
Date taken:	Date taken:	Date taken:	18.5 – 20kg/m²	1	5-10%	1	
			<18.5kg/m²	2	>10%	2	

Care home staff / nurse to complete the following:

First Line 'Food First' Treatment should be offered to ALL residents who are losing / have lost weight unintentionally or have a small appetite.
(Refer to 'Your Guide To Making The Most Of Your Food' http://www.malnutritionselfscreening.org/pdfs/advice-sheet.pdf)

- Eat 'little & often'. Aim for three small nourishing meals and 2-3 additional snacks throughout the day. Aim to eat every 2-3 hours throughout the day.
- Fortify full fat milk and aim to drink one pint each day. If not tolerated, try other calorific fluids.
- Fortified food. Add or increase amounts of high-energy foods (full cream milk, cheese, butter, cream) to maximise calorie and protein intake.

Is a 'Food First' approach being offered to the resident (e.g. fortifying food, nourishing snacks) Yes ☐ No ☐

If Yes, please give 2-3 examples of the additional snacks offered AND state the quantity usually taken

1.

2.

3.

If No, please commence (Refer to 'Your Guide To Making The Most Of Your Food' http://www.malnutritionselfscreening.org/pdfs/advice-sheet.pdf)

If INITIAL request for GP to start ONS, complete the following:

Reason for request to start ONS:

Resident can tolerate milk? Yes ☐ No ☐

If No, please explain

Resident is likely to tolerate 200ml twice daily? Yes ☐ No ☐

If No, please explain

If REPEAT / ONGOING request for GP to continue ONS, complete the following:

Resident can tolerate current ONS prescription? Yes ☐ No ☐

If No, please explain

Resident takes full ONS in the amounts prescribed? Yes ☐ No ☐

If No, please explain

Remaining stock levels of ONS at point of request:

Barriers to nutritional well-being: nausea / vomiting, pain, infection, difficulty chewing / swallowing (Refer to SLT services for assessment before ONS prescribed / dietetic referral), constipation / diarrhoea, sore mouth / dental concerns, pressure area (Refer to Dietitian if stage 3 or 4), mental health issues
Special dietary needs: Diabetes, Vegan, Vegetarian, Coeliac, Food Allergy, Cultural/Religious, Other (please state):

*For GP Use only

ACBS Indications

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

Goals of treatment

- ☐ Prevent further weight loss
- ☐ Promote weight gain (target weight/BMI)
- ☐ Improve oral nutritional intake
- ☐ Improve ability to undertake activities of daily living
- ☐ Improve quality of life
- ☐ Promote wound healing
- ☐ Improve strength

Action Plan

- ☐ Recommend over the counter ONS
- ☐ Start prescriptions for ONS & review
- ☐ Continue prescription & review monthly
- ☐ Continue / start prescription & refer to community dietitian
- ☐ Refer to community dietitian
- ☐ Reduce/stop & review after one month

MUST score	Action	Follow-up
0 **Low Risk**	Patients do not meet criteria for ONS. Review and discontinue any current prescriptions	If no concerns: screen monthly in care home, annually in community If no improvement: treat as "Medium Risk"
1 **Medium Risk**	Ensure first line Food First treatment is being offered and OTC nutritional supplements be provided. No prescribed ONS required unless COPD with BMI<20kg/m^2	After 1-3 months review: **If improving:** continue dietary advice, review every 1-3 months until goals met & 'Low Risk' **No improvement:** after dietary advice/ over the counter nutritional supplements; treat as 'High Risk'
2 / 3 **Higher Risk**	Offer first line Food First treatment as in 'Medium Risk' Prescribe First Line ONS twice daily if ACBS indicated. Prescribe a starter pack ONS on acute for one month	After 4 weeks review: **If improving:** consider treating as 'Medium Risk'. Review ONS every 3 months **No improvement:** refer to Dietitian for specialist advice
4 **High Risk**	Refer to dietitian for specialist advice.	Dietitian to review

ACUTE Prescription only to initiate ONS:

- 1 – 2 week's supply initially to establish patient preference and to avoid wastage
  - Prescribe starter packs (4 boxes of powder) of varied flavours or 14 sachets/bottles of preferred flavour

Prescription to continue ONS only short term, not for repeat:

- If ONS is tolerated and patient is compliant, issue a monthly prescription of 2 daily powdered AYMES Shake (1 BD between meals) of the patients preferred flavours

First Line ONS Products: Powdered product (+ full fat milk*)				
Product	**Presentation**	**Flavours**	**Energy (kcal)**	**Protein (g)**
AYMES® Shake Starter Pack	57g sachet (x6/box with shaker)	Mixed box of 6 flavours vanilla, strawberry, chocolate, banana, neutral, ginger **NOT FOR REPEAT PRESCRIPTION**	384	19
AYMES Shake Compact 100ml milk	57g sachet (x6/box with shaker)	Mixed box of 6 flavours as above. **NOT FOR REPEAT PRESCRIPTION**	320	15.4
AYMES® Shake	57g sachet (x7/box)	Vanilla, Strawberry, Chocolate, Banana, Neutral, Ginger	384	19
Ensure® Shake	57g sachet (x7/box)	Vanilla, Strawberry, Chocolate, Banana	389	17

Second Line ONS Products (when NO First Line product is appropriate or tolerated)				
Product	**Presentation**	**Flavours**	**Energy (kcal)**	**Protein (g)**
AYMES® Actagain 1.5	200ml	Smooth Vanilla, Strawberry Burst, Banana Milkshake, Double Chocolate.	300	14
AYMES ActaSolve Smoothie Juice style powder	150ml water	Pineapple, Mango, Peach, Strawberry & Cranberry	298	10.7
Fortisip® Bottle	200ml	Vanilla, Strawberry, Chocolate, Banana, Neutral, Toffee, Orange	300	12
Ensure® Compact	125ml (reduced volume)	Banana, Strawberry, Vanilla, Café latte	300	13
Fortisip® Compact	125ml	Strawberry, Vanilla, Banana, Mocha, Chocolate	300	12

If deteriorating with ONS after 4-6 weeks (i.e. MUST score ≥3): Treat as Very High Risk

- Refer to dietitian for specialist advice

If no improvement / goals not met and/or limited progress with ONS (MUST score = 2 for 3 months in succession):

- Check ONS compliance
- Re-assess clinical condition, seek advice from a dietitian
- Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions.

If improving / goals met with ONS after 4-6 weeks (i.e. MUST score = 1): Treat as Medium risk

- Encourage oral intake and dietary advice
- Consider reducing by one ONS per day for 2-4 weeks before stopping
- Maximise nutritional intake, consider OTC nutritional supplements as required
- Monitor progress and review every 1-3 months

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
- 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 and justify stopping of ONS in medical notes

Practice Oral Nutritional Supplement (ONS) Protocol for Care Homes

1) Monthly Request for ONS Prescription Form to be completed by senior nursing staff at care home, community or district nurse, who identify ONS is indicated according to a MUST score and Nottinghamshire ONS Guidelines.

2) Form to be securely emailed to the GP and reviewed by the reception staff initially, to check all details on the form have been completed. Telephone care home/nurse if ONS request form is incomplete.

3) ONS request form to be passed on to GP who is required to review against Nottinghamshire ONS quick reference guidelines for appropriateness to prescribe.

4) Prescription of a first line AYMES Shake trial pack or one week's supply of chosen ONS if request is appropriate. Prescribe one month of ONS once patient's tolerances, including preferred flavours are identified.

5) Monthly Request for ONS prescription form is to be completed after one month's initial prescription for GP to decide on the appropriateness of continued prescription and future monitoring. ONS is not available on repeat prescription.

6) Reception staff should check if a form has been completed on a monthly basis for each prescription request. This will help to ensure that patients no longer taking ONS are identified and stock levels are appropriate for need.