

3. Quick Guide: Six Steps guide to prescribing Oral Nutritional Supplements (ONS) for adults

These guidelines are NOT suitable for patients with the following conditions: Chronic Kidney Disease Stage 4 and 5, Patients on dialysis, Some patients with CKD Stage 3 (particularly Stage 3b), Liver disease, Dysphagia, Cystic Fibrosis, Patients who have previously had bariatric surgery, Enterally (tube) fed patients.

Step 1: Identify adults at risk of malnutrition.

Prior to consideration for commencing oral nutrition support or Oral Nutritional Supplements (ONS) the individuals' risk of malnutrition should be assessed using a screening tool (i.e. MUST). ['MUST Calculator'](#) ['MUST charts'](#) ['MUST App for iPhone'](#)

To identify people who are malnourished NICE CG32: Nutrition Support in Adults, suggests the following criteria are used:

- MUST score of 2 or more or;
- Body Mass Index (BMI) less than 18.5kg/m² or;
- Unintentional weight loss more than 10% in the past 3-6 months or;
- BMI <less than 20kg/m² and an unintentional weight loss more than 5% in past 3-6months

To identify people who are at risk of malnutrition NICE CG32: Nutrition Support in Adults, suggests the following criteria are used:

- eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for more than 5 days or;
- a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism.

Step 2: Assessment

Assess and optimise underlying causes of malnutrition including both social and disease related

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| <ul style="list-style-type: none"> • Impact of medication(s) • Medical condition(s) • Physical symptoms (i.e. vomiting, pain, GI symptoms) • Poor oral health/dental treatment • Psychological issues | <ul style="list-style-type: none"> • Social issues or Disabilities affecting ability to do shopping, cooking or eating independently • Substance/alcohol misuse • Difficulties swallowing |
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Review treatment plan and consider referring to appropriate local services. (Appendix B)

Step 3: Goal Setting

Set and document realistic and measurable treatment goals E.g.:

- Target weight gain (E.g. 5-10%)
- Target weight/BMI
- Weight maintenance where weight gain is unrealistic or undesirable.
- Wound healing (if relevant)

Identify end point of treatment and agree review period (usually monthly reviews)

Step 4: Offer 'Food First' advice

Promote and encourage:

- High calorie and protein diet
- Food fortification of a normal diet
- Nourishing drinks (e.g. whole milk based drinks)
- Over the Counter (OTC) products if patients do not wish to make homemade milkshakes/fortified soups.
- **Review progress.** Continue 'Food First' whilst there is on-going progress towards goals (E.g. more than 0.5 – 1kg/month) until goals are met. If achievements plateau and goals are not met, go to step 5.



Provide:

['Malnutrition: Food Fact Sheet'](#)
['Are you getting enough to eat?'](#)

Step 5: Prescribe ONS (Only when Food First measures fail to improve nutritional status)

Consider ONS in addition to 'food first' changes if:

- 'Food First' approach has failed to progress towards agreed goals after 4-6 weeks.
- Meet at least one ACBS criteria:- *Disease-related malnutrition*, *Short bowel syndrome*, *intractable malabsorption*, *pre-operative preparation of patients who are undernourished*, *proven inflammatory bowel*, *following total gastrectomy*, *dysphagia*, and *bowel fistulas*.

1 st Line:	AYMES Shake b.d	Powder sachet to mix with 125ml whole milk	Gluten-free. Suitable for vegetarians. Contains lactose. Not suitable for patients with soya, lactose or cows' milk intolerance or galactosaemia.	Samples
2 nd line:	AYMES complete 200ml b.d.	Ready-made milkshake drink	Gluten-free, Not suitable for patients with soya or cows' milk intolerance or galactosaemia	Samples
3 rd Line:	Ensure® Plus Juice 200ml b.d.	Juice style drink	Gluten-free. Residual lactose.	Contact supplier

For other ONS see full formulary with Medal Rankings

Set clear goals, and specify ONS dosage, timing and expected length of treatment.

Review after 1 week. If patient tolerates the trial, prescribe ONS twice daily acute prescription (Repeat prescriptions increase risk of waste).

When ONS are required following hospital discharge a switch to a preferred product is recommended unless justified on a dietitian discharge summary (within 48hrs).

Step 6: Review and discontinuation of ONS

All individuals receiving ONS should be monitored by a health care professional. Monitoring can be done by:

- Review progress against goals (E.g. using MUST, change in weight/BMI, changes in dietary intake, wound healing, compliance with food first and ONS).
- When goals of treatment are met discontinue ONS.
- Ideally, review 1 month after discontinuation to ensure there is no reoccurrence of the precipitating problem.
- If patient no longer meets ACBS criteria but wishes to continue ONS, recommend OTC products as in step 4.

This summary page should be read in conjunction with the full guidance.