Introduction
Oral Nutritional Supplements (ONS), which includes sip feeds, are used in the treatment of under nutrition with or without first line dietary intervention or a dietetic assessment. Ongoing reviews of prescribing practice indicates that a significant number of patients in the Community are inappropriately receiving on-going prescriptions for these products. In NHS GGC the annual cost of prescribing oral nutritional supplements is approximately £4 million. Ideally patients should be identified as being at risk of malnutrition using a validated screening tool such as MUST, receive first line dietary advice and reviewed before commencing any ONS. These guidelines aim to provide a good practice guide for all healthcare professionals and prescribers.

National guidance
A recent paper by the National Prescribing Centre\(^1\) in collaboration with NICE, outlines the principles for improving the systems and processes for ONS use. The paper states that health boards should ensure that a validated nutrition screening tool is imbedded into daily practice and care plans should be monitored and reviewed so nutritional supplements are used appropriately. The NICE guideline for Nutrition Support states that those patients on ONS should be monitored regularly by a trained professional.\(^2\)

Clinical evidence \(^3+4\)
Current evidence suggests that ONS are of more benefit in those patients with a BMI<20kg/m\(^2\) and are useful in increasing their energy and protein intakes. Studies also demonstrate that when used appropriately, they can reduce mortality, reduce complications, reduce hospital stay and result in weight gain. However, there are several gaps in the current research base outlined as below:-

- Lack of evidence for the clinical benefits of ONS in individuals living at home and those in community institutions who are malnourished or at risk of malnutrition.
- Lack of research regarding effects of ONS on nutritional, functional and patient centred outcomes.

Aim of these guidelines
- To provide a clear pathway for identifying, treating and monitoring patients at risk of under-nutrition.
- To ensure that patients receiving prescriptions for ONS are at nutritional risk and are monitored regularly to ensure they have an on-going clinical need for these products.
- To ensure where clinically indicated, patients are receiving ONS included in the Greater Glasgow and Clyde Formulary and comply with the ACBS indications.

Identifying patients at risk of under-nutrition
1. Screen patients for under nutrition using the MUST calculator
2. Using the MUST score follow the Greater Glasgow & Clyde MUST Patient Pathway
3. Be aware of symptoms of re-feeding in severely malnourished individuals

Guideline authors: Prescribing Support Dietitians, PPSU
Approved by: ADTC April 2014. Review Date: April 2016

Greater Glasgow & Clyde Primary Care Oral Nutritional Supplement Prescribing Guidelines for Adults

MUST score = 1
Provide first line advice
Eating to Feel Better Leaflet / large print. Review 1 month or sooner if required

Use MUST calculator
Follow MUST Patient Pathway

Emphasise dietary advice using
Eating to Feel Better Leaflet / large print or Food Fortification Leaflet or Food Fortification Leaflet for Diabetes (Also useful for carers at Home or in residential care)

MUST score = 2 or more
Provide first line advice
Eating to Feel Better Leaflet / large print. Review 1 month or sooner if concerned

No improvement / weight loss

Refer to Dietitian
Consider prescribing oral nutritional supplements

Prescribing
• ACBS indications and guidance apply – see BNF / MIMS
• If a patient has renal disease, malabsorption, diabetes or dysphagia certain oral nutritional supplements may be unsuitable. Please seek dietetic advice before prescribing in these cases
• Establish if patient likes milk or not, see FORMULARY box for a suitable ONS. Prescribe or request 1 week supply of preferred ONS mixed flavours to assess tolerance. Once tolerance established prescribe or request an ACUTE prescription for a months supply and be clear as to dose and product type.
• Provide the following leaflet for further advice about taking supplements
  Guide to taking Nutritional Supplements
• If palliative care or end of life care use the same guidance for ONS and consider how appropriate they may be in certain cases.
http://www.palliativecareguidelines.scot.nhs.uk/symptom%5Fcontrol/anorexia.asp

FORMULARY – Preferred List Oral Nutritional Supplements
These are normally supplementary to food and should be taken between meals, evenly spread over the day. An effective regimen is 1 bottle / sachet or 2 bottles daily (330 - 660kcal) for a maximum of 2-3 months unless stated by a dietitian. It can be helpful to split the bottles into equal doses over the day. Patients should be reviewed regularly for compliance and continued need.
• Ensure® Plus (Milkshake Style) (220mls = 330kcal) - A milk-based supplement
• Ensure® Plus Fibre (200mls = 300kcal) - A milk-based supplement with added fibre
• Ensure® Plus Yoghurt Style (220mls = 330kcal) – A milk-based supplement with yoghurt taste
• Ensure® Plus Juce (220mls = 330kcal) - A juice-based supplement
• Ensure ® Plus Savoury (220mls = 330kcal) - chicken or mushroom flavours only
• Ensure ® Shake* - 1 x 57g sachet = 389 Kcals made up with 200ml full fat milk – not nutritionally complete
• Enshake®* - 1 x 96.5g sachet = 600kcal made up with 240ml full fat milk – not nutritionally complete
*limit to 1 sachet per day unless recommended otherwise by a dietitian
#Patients prescribed a fibre containing supplement may need their laxative requirement reviewed

SHORT-TERM NUTRITIONAL SUPPORT e.g. Acute illness or patients discharged from hospital with no planned follow-up
Establish clinical need for ONS (use MUST screening & patient pathway) and / or if hospital discharge confirm if ONS requested by a dietitian
Set nutritional goal e.g. maintain current weight / BMI or gain a specific amount of weight
Check compliance and efficacy (use chart on next page)
Typical treatment period is 2-3 months

LONGER-TERM NUTRITIONAL SUPPORT CHRONIC CONDITIONS e.g. COPD, cancer, dementia, neurological disorders
Set nutritional goal e.g. maintain current weight / BMI or gain a specific amount of weight
Check compliance and efficacy (use chart on next page)
Monitor every 3-6 months or more frequently if any change in clinical condition

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**Is patient gaining weight on ONS or making progress towards nutritional goal**

- **YES**
  - Agree nutritional goal e.g. maintain current weight / BMI or gain a specific amount of weight and monitor monthly for the first 2-3 months
  - Once target weight reached reduce ONS dose to x1 a day for a month or ask patient / carer to use up stock if only on x1 a day
  - If weight stable discontinue ONS and provide patient with High Calorie Snack List and/or Nourishing Drink Ideas
  - Remove ONS from EMIS / VISION once treatment complete or if you are another health care professional contact GP to change patient’s prescriptions
  - If any clinical concern or patient presents with weight loss in the future, refer back to and follow the Greater Glasgow & Clyde MUST Patient Pathway

- **NO**
  - Has there been a change in clinical condition or social circumstances preventing weight gain / progress?
  - Has patient been given dietary advice? If not, provide written information Eating to Feel Better Leaflet / large print or Food Fortification Leaflet or Food Fortification Leaflet for Diabetes
  - Is patient taking ONS in place of or with meals? ONS should be additional to meals and taken daily to be effective
  - Is patient diluting ONS or adding to food & therefore not taking full volume prescribed? Use Guide to taking Nutritional Supplements
  - Is patient/carer ordering correct type, amount & preferred flavours of ONS? Look for gaps in prescription requests

**Overview**

- The typical short-term treatment period for ONS e.g. following an acute illness or hospital admission is 2-3 months. Evidence suggests they are of less benefit after 6 months. If a patient has a clinical indication for longer term oral nutritional support e.g. COPD, Cancer, dementia and neurological disorders, they should be monitored every 3-6 months or more frequently if there is any change in their clinical condition. Some patients with long term conditions may require ONS intermittently depending on their disease status. Monitoring should be undertaken by healthcare professionals with relevant skills & training in nutritional monitoring. Patients should not be prescribed more than 2 bottles or 1 sachet a day unless advised by a Dietitian.
  - ACBS indications and guidance applies for all oral nutritional supplements.

This guideline is currently in line with recent 2012 national guidance: Managing Malnutrition in the Community www.malnutritionpathway.co.uk, which includes a pathway on the use of ONS.

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A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate to others involved in the care of the patient.