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# Oral Nutritional supplements; Prescription flowchart

The following assessment is for the management of malnutrition in community patients over 18 with a known aetiology (e.g. palliative care/ COPD/ heart failure/ mood disorder/dementia) ***except eating disorders***.

For care home residents please refer to Malnutrition Action plan – For care homes.

In patients with **unexplained weight loss and no background causative aetiology** please consider further investigation or onward referrals. This pathway can be used **IN ADDITION** to investigations to prevent further deterioration in nutritional status whilst awaiting results/ referrals as appropriate.

**Identify Risk of Malnutrition** ; *for further details see full guidance document*

**Step 1)** Calculate MUST score

**Step 2)** Symptoms contributing to malnutrition

**Step 3)** Appetite assessment

- Are there reported symptoms which may impact on appetite/ food intake? *(e.g. nausea/ vomiting/ dysphagia/ bloating/ GORD/ sore or dry mouth/ Difficulties in chewing/ swallowing foods)*
- Is the patient on optimum treatment for their underlying condition?

Onward referrals: consider appropriate onward referral e.g. SALT/ OT / dentist dependent on reported symptoms

**MUST 0 (low risk )**

Manage any reported symptoms And
Offer healthy eating advice

**review at patient request**

**No need for ONS prescription**

**MUST 1 (Medium Risk )**

Optimise medical management for reported symptoms/conditions

1) Offer "Food as treatment – Medium Risk" resource

2) Set treatment goal (e.g. weight stable)

3) Review progress in 4-6 weeks

**MUST 2+ (high Risk )**

Optimise medical management for reported symptoms /conditions

1) Offer "Food as treatment – High Risk" resource

2) Set treatment goal (e.g. reduce nausea)

3) Review progress in 4-6 weeks

**At 4-6-week Review**: Any evidence of improvement in symptoms, goal, or MUST?

No

yes

**If NO improvement:**

1) Refer to community dietitian.

2) Check management of reported symptoms

2) Advise to follow "Food as Treatment- High Risk " strategies

3) Offer additional Food as Treatment; Recipes + Nourishing drinks resources

**Consider ONS if urgently needed and the patient cannot wait until dietitian appointment AND** ACBS prescribing criteria **are met.**

For patients with Dysphagia, refer to dietitian for specialist ONS initiation

If some improvement seen e.g.

- Weight stable/ MUST score stable
- Improvement in weight/ reduction in MUST score,
- Achievement of goal set at 1st appointment

Continue with current strategies until satisfied with weight, then gradually reduce current strategies to achieve maintenance:

**Review at patient request**

**No need for ONS prescription**

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## FOOD as treatment Approach:

| Criteria | ONS type | ONS (*first line choice*)<br>Ctrl+Click on product to open free sample service |
|---|---|---|
| • Pt is not tube fed<br>• Pt/carers can prepare powder ONS<br>• Pt can manage 2 x 230ml ONS per day | **Standard, powder ONS** | Food treatment advice + *Aymes Shake *<br>Or<br>Food treatment advice + Foodlink Complete |
| • **Pt cannot prepare powder ONS**<br>• Pt can manage 2 x 230ml ONS per day<br>• Pt likes sweet, milky drinks | **Standard, ready to drink ONS** | Food treatment advice + *Fortisip Bottle*<br>or<br>Food treatment advice +Aymes Complete |
| • Pt is not tube fed<br>• Pt/carers can prepare powder ONS<br>• Pt **cannot manage 2 x 230ml** ONS per day<br>• Pt likes sweet, milky drinks | **Compact, powder ONS** | Food treatment advice + *Aymes Shake Compact*<br>OR<br>Food treatment advice + Foodlink Complete<br>*- mix each sachet with ½ usual volume of milk (100mls)* |
| • **Pt cannot prepare powder ONS**<br>• Pt **cannot manage 2 x 230ml** ONS per day<br>• Pt likes sweet, milky drinks | **Compact, ready to drink ONS** | Food treatment advice + *Fortisip Compact*Food<br>or<br>treatment advice + Altraplen Compact |
| • Pt **does not like milky drinks**<br>• Pt/carers can prepare powder ONS<br>• Pt can manage 2 x 230ml ONS per day<br>• Pt likes sweet drinks | **Juicy , Powder ONS** | Food treatment advice + *Aymes Actasolve smoothie*<br>**OR**<br>Food treatment advice + Aymes Shake<br>*-mix with fruit juice* |
| • Pt **cannot prepare powder ONS**<br>• Pt **does not like milky drinks**<br>• Pt can manage 2 x 230ml ONS per day<br>• Pt likes sweet drinks | **Juicy , Ready to drink ONS** | Food treatment advice + *AltraJuce*<br>(*Note: not appropriate if patient is on thickened fluids)* |

- The best way to prevent and treat malnutrition is using food as this can be adapted to all cultural/religious and personal food preferences.
- The food as treatment handouts for patients focus on 3 ways to increase energy and micronutrient intake:

1) Food Toppers (additional energy into already consumed foods)
2) Nourishing snacks
3) Nourishing drinks, also known as homemade supplements – the use of these is first line and should be heavily emphasised with patients

## Choosing the right ONS product: *(See full details including pip code, IDDSI and flavours)*

- 1st line products should be powder supplements which patients mix with full cream milk
- Best practice suggests optimal dosing of ONS is 2 items per day.
- If patients/family are unable to make up powder drinks; consider ready to drink options. Carer workers should be expected to make up supplements.

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|---|---|
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