Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Oral nutritional supplement (ONS) structured medication review (SMR)/polypharmacy review – Supporting Guidance

1. **Check if ONS have been issued within the last 3 months** - if **not**, ONS should be removed from patient's current prescription screen and a note added that patient review required prior to any future ONS prescription ('good housekeeping' like this can help prevent ONS being re-issued without any reassessment of appropriateness).
2. **If ONS is used for tube feeding**, (patient is fed using nasogastric (NG) or gastrostomy (PEG, RIG) tube) check that what is being issued (product, quantity, frequency of issue) is the same as the patient's managing dietitian has requested/advised - if not, the managing dietitian should be informed. Make sure that prescriptions for ONS used for tube feeding are sent to either Abbott Hospital to Home (H2H) or Nutricia Homeward (Gompels) for dispensing, as advised by the patient's managing dietitian.
3. For all other patients, look for the following data:
   a. **What is current weight and BMI** – i.e. is there a record of patient's weight within last three months?
   b. **Is patient currently at high risk of malnutrition** (according to MUST score – see https://www.bapen.org.uk/screening-and-must/must-calculator)?
   c. **Has treatment goal been set**? Is there evidence patient's progress against this goal is being measured?
   d. **Has patient been given food-based advice**?
   e. **If product other than Aymes Shake prescribed** – is reason for different product choice stated and does this match the criteria in Adult ONS in primary care - Quick Guide?
   f. **Is therapeutic dose stated on prescription** (for most ONS this will be **2 per day**)?
   g. **Is appropriate quantity of ONS prescribed** (for 2 per day prescription = 56 x bottles or sachets per 28 days)?
   h. **Is ONS requested/issued monthly?** If not, patient unlikely to be taking ONS in therapeutic dose and prescription probably not appropriate.
   i. **Is there a plan for review**?
   j. **If patient has been seen by a dietitian** - Has dietitian provided adequate clinical justification for prescription request? Does the product prescribed match product name and dose requested? Is the dietitian still involved?
   k. **If patient is resident in a care home,** is there evidence that patient requires ONS instead of homemade supplements (i.e. patient is either tube fed **or** is malnourished **&** has diagnosed dysphagia **&** thickener (Resource ThickenUp Clear or Nutilis Clear) is also prescribed – see Thickeners & Thickened ONS Guidance in Herts place or in West Essex place)?

   → **If all this information is present** - assess continued need for ONS based on Adult ONS in primary care - Quick Guide.

   → **If any of this information is missing** - arrange review of patient with most appropriate member of practice staff (not necessarily GP) to obtain the missing information **(referral to a dietitian simply to obtain this information is not appropriate and referral will be rejected),** then assess continued need for ONS prescription based on Adult ONS in primary care - Quick Guide.

4. If, after completing the above, you are **unsure how to manage specific patients**, please contact the pharmacy medicines optimisation team (hweicbhv.medicinesoptimisationteam@nhs.net) who will be happy to discuss with you and/or the practice to advise on the best way forward.

5. **Discuss your findings** with the GP and advise what prescription changes need to be made/communicated to patients by practice staff.

Useful Product Information

Products	Background	Action
Discharge from acute care	ONS that have been requested on a discharge summary **should not be prescribed unless the patient meets criteria for prescription in** Adult ONS in primary care – Quick Guide. Most patients for whom ONS are requested on discharge from acute Hospitals **have not been assessed** by a Dietitian.	**Patients in Care Homes: Stop prescription** and advise care home to follow – Care Home Guidance **Patients in their own homes**: Follow Adult ONS in primary care – Quick Guide
Dessert style ONS (Aymes Actacal Crème, Energieshake Dessert,, Forticreme Complete, Fresubin 2Kcal Crème, Fresubin Yocreme, Nutricrem)	Ready to serve dessert style ONS **should not be prescribed** in primary care.	**All patients:** Follow - Position statement - Dessert Style ONS
Thickened ONS (Fresubin Thickened Level 2 or 3; Nutilis Complete Drink/Crème Level 3; Nutilis Fruit Level 4	Thickened ONS should **only be prescribed** for patients who are at high risk of malnutrition according to MUST (Malnutrition Universal Screening Tool) **AND** have been diagnosed with dysphagia **AND** have thickener (Resource ThickenUp Clear or Nutilis Clear) prescribed.	**All patients:** Follow - **Thickeners & thickened ONS Guidance** in Herts place or in West Essex place
Milkshake style ONS (Ready to Serve) (Altraplen Energy, Aymes Complete, EnergieShake Complete 1.5Kcal, Ensure, Ensure Plus Milkshake Style, Fortisip Bottle, Fresubin Energy, Resource Energy)	Ready to serve milkshake style ONS are nutritionally comparable to Aymes Shake (prepared with full fat milk) which is the first choice ONS. Aymes Shake is more cost effective (£0.52 per sachet) than ready to serve milkshake style ONS (£0.89 - £2.56 per 200ml bottle). Prescription of ready to serve milkshake style ONS is **only indicated** when patient/carer is physically unable to prepare homemade supplements or Aymes Shake (mixing together powder and milk) First choice ready to serve ONS in Hertfordshire and West Essex ICS is Aymes Complete (£1.11 per 200ml bottle) If "Ensure" is requested, **the request is actually for another product –** either Ensure Plus Milkshake Style, Ensure Plus Juce or Ensure Compact. **Ensure is not a cost-effective product** (£2.99 per 250ml compared with £0.52 per sachet for Aymes Shake)	**Patients in Care Homes: Stop prescription** and advise care home to follow – Care Home malnutrition management pathway **Patients in their own homes**: Follow - Adult ONS in primary care – Quick Guide
Compact ONS (Ready to Serve) (Altraplen Compact, Ensure Compact, Fortisip Compact, Fortisip Compact Fibre, Fortisip Compact Protein, Fresubin 2Kcal Mini Drink, Fresubin 2kcal Fibre Mini Drink, Fresubin 3.2kcal Drink)	Compact ONS should only be prescribed if the patient meets prescription criteria in Adult ONS in primary care – Quick Guide **AND** when patient/carer is physically unable to prepare powder ONS (mixing together powder and milk) **AND** dietitian requests with clear clinical reasoning (usually malnutrition & fluid restriction) Although Fortisip Compact Protein is the first line ONS in some local acute settings, continued prescription on discharge is rarely appropriate. **High protein compact ONS should only be prescribed if** the patient meets prescription criteria in Adult ONS in primary care – Quick Guide **AND** patient/carer is physically unable to prepare powder ONS (mixing together powder and milk) **AND** dietitian requests with clear clinical reasoning (usually malnutrition, additional protein requirement & fluid restriction) **see guidance** (Managing malnutrition - additional guidance).	**Patients in Care Homes: Stop prescription** and advise care home to follow – Care Home malnutrition management pathway **Patients in their own homes**: Follow - Adult ONS in primary care – Quick Guide and Managing malnutrition - additional guidance
Energy & protein fortifiers (Altrashot, Calogen, Calogen Extra, Procal Shot)	Calogen contains only calories while Altrashot, ProCal Shot and Calogen Extra contain calories and a very small amount of protein. None of these products are nutritionally complete and they are unlikely to be appropriate for prescription as a sole ONS.	**Patients in Care Homes: Stop prescription** and advise care home to follow – Care Home malnutrition management pathway **Patients in their own homes**: Follow - Adult ONS in primary care – Quick Guide and Managing malnutrition - additional guidance

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