

Guidelines for the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care

These guidelines advise on the appropriate prescribing of oral nutritional supplements (ONS) in adults in primary care. They support national guidance from NICE, NHS England and other health professional organisations.

Both malnutrition and dehydration have substantial adverse effects on health, disease and well-being in community, residential care and hospital settings. Yet despite good evidence that specific efforts to correct the problems improve health outcomes, they often go unrecognised and untreated.¹ Malnutrition and dehydration also have a substantial impact on the health economy with increased demands on General Practice services, out of hours services and increased rates of transition across pathways of care.^{1,2}

It has been estimated that savings of between £172 and £229 million per annum could be made to health and social care through full implementation of appropriate high quality pathways of nutritional care.²

Recommendations

- Ensure an assessment of malnutrition is done using a validated screening tool such as the Malnutrition Universal Screening Tool (MUST) before ONS is prescribed.
- Where appropriate, food fortification advice should be used as the first line treatment approach.
- Ensure prescribing of ONS meets Advisory Committee of Borderline Substances (ACBS) criteria.
- Review prescribing regularly to assess the patient for continued clinical need.

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Purpose of the guidelines

These guidelines aim to assist GPs and other community prescribers on the use of ONS. Other members of the primary care team including community dietitians, community nurses and matrons, community geriatricians, Macmillan nurses and other specialist nurses, can also refer to this information. This is to help them make recommendations or choices about which patients should be prescribed ONS and which ONS to prescribe.

The guidelines advise on:

- Who is at risk of malnutrition (step 1).
- Assessing underlying causes of malnutrition (step 2).
- Setting a treatment goal (step 3).
- Food fortification advice and over the counter products or homemade fortified drinks (step 4).
- Initiating prescribing of ONS (step 5) – checking patients meet ACBS criteria, which products to prescribe, how much to prescribe.
- Reviewing and discontinuing prescriptions (step 6).

A quick reference guide is available in this document as well and as a separate document via the PrescQIPP website (<https://www.prescqipp.info/ons-guidelines/category/106-ons-guidelines>). Advice is also offered on when prescribing is inappropriate, prescribing for palliative care, prescribing in those with substance misuse and when it is appropriate to refer to community dietetic services.

SystmOne® template - Prescribing ONS³

For users of SystmOne, a template is available entitled 'Prescribing ONS' which can be installed to aid appropriate prescribing. For help installing the template onto your system in a GP practice, please contact SystmOne®. Information on how to contact SystmOne® can be found on their website <http://www.tpp-uk.com/>

Malnutrition universal screening tool ('MUST')⁴

'MUST' is a validated screening tool for malnutrition and is used throughout the NHS in primary and secondary care. It was developed by a multi-disciplinary group of healthcare professionals. It is an easy to use five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or have obesity. It also includes management guidelines for use in hospitals, community and other care settings and can be used by all care workers. Different management guidelines are recommended based on the calculated 'MUST' score, which indicates a patient's overall risk of malnutrition.⁴

The 'MUST' calculator can be accessed at www.bapen.org.uk/screening-and-must/must-calculator. This link works with mobile devices as the tool will automatically adapt to screen size.

The SystmOne® template includes a link to the 'MUST' calculator online,³ there is also a community malnutrition screening tool in the EMIS web library.

What do the different scores mean?⁴

- **A score of zero:**

This indicates that the person is at low risk of malnutrition, requiring routine clinical care. Patients in care homes should continue to be reassessed on a monthly basis, whilst those in the community who are thought to be at risk (including those over the age of 75 years) should be reassessed annually.

- **A score of one:**

This indicates a medium risk of malnutrition and observation is key. Patients with this score should document dietary intake for three days. If adequate, there is little concern but screening should be repeated at least monthly for patients in a care home and at least every two to three months for

patients in the community. If dietary intake is inadequate, there is clinical concern over malnutrition. Consequently, local policy should be followed, goals set and overall nutritional intake should be improved and increased. Progress should be monitored and the patient's care plan regularly reviewed.

- **A score of two:**

This indicates a high risk of malnutrition and treatment is indicated unless it is considered detrimental or no benefit is expected from nutritional support (e.g imminent death). Where treatment is indicated, patients should be referred to a dietitian or nutritional support team, depending on local criteria. Goals should be set and overall nutritional intake should be improved and increased. Progress should be monitored and the patient's care plan reviewed on a monthly basis.

Advisory Committee on Borderline Substances (ACBS)

The ACBS is responsible for advising on the prescribing of toiletries and foodstuffs. These products are only allowed to be prescribed on the NHS as medicinal products, under certain circumstances or for certain conditions.

Oral nutritional supplements are 'borderline substances' that are only considered to be medicinal products eligible for prescribing on the NHS if the patient meets at least one of the criteria stated by the Department of Health.⁵ Patients who fall outside of these criteria should be advised about suitable food fortification and the options for purchasing suitable oral nutritional supplements over the counter. ACBS criteria are as follows:

- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of patients who are undernourished
- Proven inflammatory bowel disease
- Following total gastrectomy
- Dysphagia
- Bowel fistulae
- Disease related malnutrition.

In addition, some supplements and food products are prescribable for those receiving continuous ambulatory peritoneal dialysis (CAPD) and haemodialysis, or are specifically prescribable for individual conditions.⁵ These products would normally be requested by a dietitian and should not be routinely started in primary care.

Palliative care and ONS prescribing

This section in the document provides advice on patients in the final days or weeks of life, who are unlikely to benefit from ONS. The emphasis here is on maximising quality of life and weighing the potential benefit of prescribing oral nutritional supplements versus providing food that the person enjoys eating in their final days of life.

Substance misusers and ONS prescribing

This section provides specific criteria for prescribing oral nutritional supplements for substance misusers, as this isn't an approved ACBS criteria/indication.

Six steps to prescribing Oral nutritional supplements (ONS) in adults (full guide)

Step 1 - Identification of nutritional risk

NICE Clinical Guideline 32,⁶ Nutritional Support in Adults, suggests the following criteria are used to identify those who are malnourished or at nutritional risk:

- Body mass index (BMI) less than 18.5kg/m².
- Unintentional weight loss more than 10% in the past 3-6 months.
- BMI less than 20kg/m² and an unintentional weight loss more than 5% in the past 3-6 months.
- Those who have eaten little or nothing for more than five days and/or are likely to eat little or nothing for the next five days or longer.
- Those who have poor absorptive capacity or high nutrient losses.

Referral to the dietetic service (local referral criteria may differ so check with dietetic service).

The following patients are at risk of developing re-feeding problems and should be referred to the dietetic service without delay:

- Patients with a body mass index (BMI) of 16kg/m² or less.
- Patients that have had little or no nutritional intake for the last ten days.
- Patients that have unintentionally lost more than 15% body weight within the last three to six months, except patients at the end of their lives (see page 7, *Inappropriate prescribing of ONS* and page 16, *Palliative care and ONS prescribing*).

Patients for whom supplements are a sole source of nutrition should also be referred to dietetic services without delay.

Dietitians are skilled in assessing a patient's diet, nutritional intake, appetite and ability to act on advice, taking into account underlying medical condition(s) and psychosocial circumstances. A dietitian may request ONS from primary care prescribers.

Many patients with chronic disease experience diet related issues that may benefit from dietetic review not only to treat malnutrition but to advise on the dietary modifications to manage the disease or condition e.g. consequences of cancer and cancer treatments, COPD and other diet dependent conditions such as diabetes.

Usually those with a 'MUST' score of 2 or more and BMI of less than 18.5kg/m² should be referred to the dietetic service, but can be offered fortified food advice and prescribed ONS whilst they are waiting to be seen.

Step 2 - Assessment of causes of malnutrition

Once nutritional risk has been established, the underlying cause and treatment options should be assessed and appropriate action taken. Consider:

- Ability to chew and swallowing issues.
- Impact of medication.
- Physical symptoms e.g. pain, vomiting, constipation, diarrhoea, severe dry mouth.
- Medical prognosis.
- Environmental and social issues.
- Psychological issues.
- Substance or alcohol misuse.

Review the treatment plan in respect of these issues and if needed make appropriate referrals. See page 18, A guide to assessing underlying causes of malnutrition and treatment options.

Step 3 - Setting a treatment goal

Clear treatment goals and a care plan should be agreed with patients. Treatment goals should be documented on the patient record and should include the aim of the nutritional support, timescale, and be realistic and measurable. This could include:

- Target weight or target weight gain or target BMI over a period of time.
- Wound healing if relevant.
- Weight maintenance where weight gain is unrealistic or undesirable.
- Improved activities of daily living.
- Falls prevention.
- Reduced infections.
- Prevention/healing of pressure ulcers.
- Reduced anxiety associated with 'having to force feed' oneself in the absence of appetite for patients and/or their carers.

Step 4 - Offering 'fortified food' advice

ONS should not be used as first line treatment for patients with a 'MUST' score of less than two.

A 'fortified food' approach should be used for two to three months for patients with a 'MUST' score of 1 (for patients in a care home monitor monthly), prior to prescribing oral nutritional supplements on the NHS.

This means offering advice on food fortification to increase calories and protein in everyday foods. Additional snacks will be needed to meet requirements for those with a small appetite. Please refer to PrescQIPP's Fabulous Fortified Feasts for recipes for food fortification, homemade sip feeds and snacks⁷ (<https://www.prescqipp.info/resources/send/67-nutrition-toolkit/529-fabulous-fortified-feasts-hd>).

This should be discussed with the patient or their carer to ensure appropriate use of food fortification, suitable for specific disease-related malnutrition.

Care homes should be able to provide adequately fortified foods and snacks and prepare homemade milkshakes and smoothies.

In addition, for patients in care homes, food fortifying care plans can be inserted into the individual's care plan to instruct staff regarding food fortification. The following care plans are available to download from the PrescQIPP website:⁷

- Food fortifying care plan.
- Food fortifying care plan for a soft diet.
- High protein care plan for wound healing.

Patients and care homes can purchase over the counter products such as:

- Aymes® Retail.
- Complan® milkshakes or soups.
- Meritene Energis® (formerly Build Up) milkshakes or soups, or
- Nurishment® milkshakes.

Nutritional contents of these products are shown on page 10.

Patients who do not meet ACBS⁵ prescribing criteria can also be advised to purchase supplements over the counter or prepare homemade nourishing drinks.

Step 5 - Prescribing ONS

Where dietary advice alone is unlikely to achieve an improvement in intake (e.g. in those who are unwell and in whom the disease has severely limited appetite) patients may require ONS along with dietary advice – this may need to be initiated straight away to slow or prevent weight loss.

If prescribed oral nutritional supplements are indicated, a fortified food approach should be recommended alongside them, taking care to ensure that patients receive the right amount of micronutrients and minerals.⁶ For specific disease-related malnutrition requiring additional vitamin supplementation, the relevant ACBS criteria would apply and patients not meeting ACBS criteria should be advised to purchase these supplements over the counter as part of self care.

Patients must meet at least one of the ACBS criteria listed below to be eligible for an NHS prescription for any of the ONS products recommended in this guideline:⁵

- Short bowel syndrome.
- Intractable malabsorption.
- Pre-operative preparation of patients who are undernourished.
- Proven inflammatory bowel disease.
- Following total gastrectomy.
- Dysphagia.
- Bowel fistulae.
- Disease related malnutrition.

In addition, some supplements and food products are prescribable for those receiving continuous ambulatory peritoneal dialysis (CAPD) and haemodialysis, or are specifically prescribable for individual conditions.⁸ These products would normally be requested by a dietitian and should not be routinely started in primary care.

Starting prescriptions

- To maximise their effectiveness and avoid spoiling appetite, patients should be advised to take ONS between or after meals and not before meals or as a meal replacement.
- To be clinically effective it is recommended that ONS be prescribed twice daily. This ensures that calorie and protein intake is sufficient to achieve weight gain.
- A one week prescription or starter pack should always be prescribed initially to avoid wastage in case products are not well tolerated. Avoid prescribing starter packs of powdered ONS except as an initial trial (or if shaker needs to be replaced), as they often contain a shaker device, which makes them more costly.
- Avoid adding prescriptions for ONS to the repeat template unless a short review date is included to ensure review against goals.
- Ensure patients and their carers are aware that sip feeds not finished in one sitting can be stored in the fridge for up to 24 hours and consumed later to avoid wastage.

First line community ONS are Foodlink® Complete, AYMES® Shake, Fresubin® Powder Extra, Ensure® Shake or Complan® Shake. They are the least costly preparations offering sufficient nutrition. These should be mixed to manufacturers' instructions with 200mls full fat milk. Nutritional content and prices are shown on page 11.

If the patient is likely to have difficulties preparing a first line powdered ONS, consider second line liquid community ONS twice daily, Aymes® Complete, Ensure® Plus Milkshake Style or Fresubin® Energy, or, where volume is also a problem, Fortisip® Compact, Altraplen® Compact or Ensure® Compact, starting with a one week supply or starter pack. Nutritional content and prices are shown on page 12.

If first line and second line community ONS are unacceptable because the patient dislikes milky drinks, prescribe a starter pack or one week supply of one of the juice based ONS twice daily, Ensure® Plus Juce, Fresubin® Jucy or Fortijuce®. Nutritional content and prices are shown on page 13.

Local preference might be to have one or two first line powdered ONS or second line liquid ONS. Formulary choices should be a local decision.

Step 6 - Reviewing and discontinuing ONS

Patients prescribed ONS should be reviewed regularly as per recommendations in the 'MUST' tool, to assess progress towards their goals and whether there is a continued need for ONS on an NHS prescription. This review should be carried out by a suitable person. For care home patients, a new 'MUST' score should be documented each month to warrant ongoing prescribing. www.bapen.org.uk/screening-and-must/must-calculator

The following parameters should be monitored:

- Weight/BMI/wound healing depending on the goal set - if unable to weigh patient, record other measures to assess if weight has changed, e.g. mid-upper arm circumference, clothes/rings/watch looser or tighter, visual assessment.
- Changes in food intake.
- Compliance with ONS and stock levels at home/care home.

When conducting general medication reviews, ONS should be included as above.

Discontinuing prescriptions

When treatment goals are met, discontinue prescriptions. Maintain food fortification advice where necessary.

Ideally, review one month after discontinuation of ONS to ensure that there is no recurrence of the precipitating problem.

If the patient no longer meets ACBS⁵ criteria, or goals are met, but still wishes to take ONS, suggest over the counter products, e.g. Aymes® Retail, Complan®, Meritene Energis® (formerly Build Up) or Nurishment®. Nutritional content are shown on page 10.

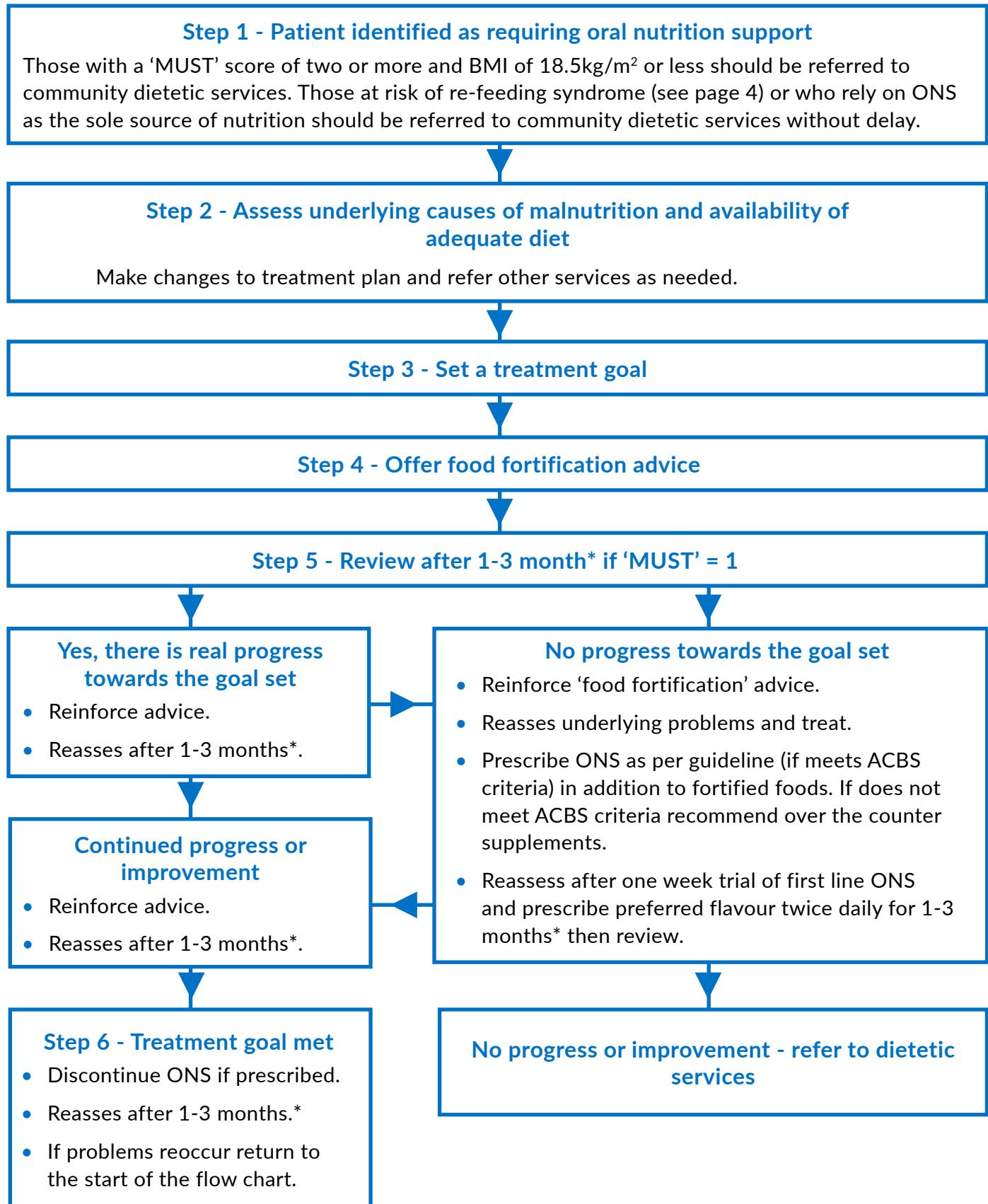
Inappropriate prescribing of ONS

- Care homes should provide adequate quantities of good quality food⁹ so that the use of unnecessary nutrition support is avoided. ONS should not be used as a substitute for the provision of fortified food. Suitable snacks, food fortification as well as homemade milkshakes and smoothies and over the counter products can be used to improve the nutritional intake of those at risk of malnutrition. Refer to 'PrescQIPP's Fabulous Fortified Feasts'⁶ <https://www.prescqipp.info/resources/send/67-nutrition-toolkit/529-fabulous-fortified-feasts-hd>
- Patients who are discharged from hospital on ONS with no on-going dietetic review process in place will not automatically require ONS on prescription once home. They may have required ONS whilst acutely unwell or recovering from surgery, but once home and eating normally the need is negated. **Therefore it is recommended that ONS are not prescribed following hospital discharge without first assessing need in line with these six step guidelines. Where ONS are still required, a switch to first line community products is recommended.**
- Avoid prescribing less than the clinically effective dose of two sachets/bottles daily that will provide 600-800kcals/day. Once daily prescribing provides amounts that can be met with food fortification alone and will delay resolution of the problem.
- Ensure patients and their carers are aware that sip feeds not finished in one sitting can be stored in the fridge for up to 24 hours and consumed later to avoid wastage.

- Patients with complex nutritional needs, e.g. renal disease, liver disease, swallowing problems, poorly controlled diabetes and gastrointestinal disorders may require specialist products and should be referred to local community dietetic services.
- Patients with swallowing problems will require assessment by a Speech and Language Therapist before dietetic input.
- Patients with diabetes should not routinely be prescribed fruit juice based ONS, i.e. Ensure® Plus Juce, Fortijuce®, Fresubin® Jucy, Resource® Fruit. This is because these products have a higher glycaemic index, and blood glucose levels will need monitoring, with possible changes required to medication.
- Patients in the final days or weeks of life are unlikely to benefit from ONS. Over the counter products can be recommended if required. See page 16, *Palliative care and ONS prescribing*.
- Patients who are substance misusers should not routinely be prescribed ONS.
- See guidance on page 16, *Substance misusers*.

Do not prescribe ONS listed on pages 14-15, ONS that should not routinely be initiated in primary care, unless a dietitian has requested and clinically justified the product.

ONS care pathway



*Review interval depends on whether the patient is in a community or care home setting, as per recommendations set out in the 'MUST' tool.

Over the counter ONS¹⁰

These products (listed alphabetically) are available to buy at pharmacies and larger supermarkets. They should not be prescribed on the NHS. They are suitable for those who do not meet ACBS prescribing criteria and/or do not have the ability or do not wish to make homemade milkshakes.

These products are not suitable as a sole source of nutrition and should not be used as tube feeds.

Powdered products

Powdered products	Presentation	Nutritional content per sachet mixed with 200mls full fat milk
Aymes® Retail	1 box of 4 x 38g sachets of one flavour Banana, chocolate, strawberry and vanilla flavours (49g sachet)	388kcals 15.7g protein
Complan®	1 box of 4 x 57g sachets of one flavour Vanilla, banana, strawberry, chocolate and neutral flavours	387kcals 15.6g protein
Meritene Energis® (formerly Build Up)	1 box of 4 x 38g sachets of one flavour Vanilla, banana, strawberry and chocolate flavours	225kcals 16g protein
Complan® Stir in	1 box of 450g neutral flavour	438kcals 15.3g protein

Soups

Soups	Presentation	Nutritional content per sachet mixed with 200mls water
Aymes® Retail	1 box of 4 x 38g sachets of one flavour Chicken flavours (49g sachet)	388kcals 15.7g protein
Complan® Soup	1 box of 4 x 57g sachets of chicken flavour	249kcals 9g protein
Meritene Energis® Soup (formerly Build Up)	1 box of 4 x 49g sachets of one flavour Chicken, tomato, potato and leek, and vegetable flavours	207kcals 7g protein

Liquid products

Liquid products	Presentation	Nutritional content per unit
Complan® Milkshake	250ml tetrapak Strawberry and chocolate flavours	241kcals 8.9g protein
Complan® Smoothie	250ml tetrapak. Tropical and berry flavours	279kcals 10g protein

Liquid products	Presentation	Nutritional content per unit
Nurishment® Original	400g tin Vanilla, banana, strawberry, raspberry, cherry and chocolate flavours	428kcals 21g protein
Nurishment® Extra	310ml bottle Vanilla, banana, strawberry and chocolate flavours	342kcals 12.4g protein
Nurishment® Active	500ml bottle Vanilla, strawberry and chocolate flavours	465kcals 35g protein

Prescribed ONS

This product list is not exhaustive and includes the least costly products which would potentially be first line choices. Other products may be considered on an individual patient basis, if first line choices do not meet an individual patient's needs.

Powdered ONS to prescribe as first line

These products are not suitable as a sole source of nutrition and should not be used as tube feeds. The recommended dose is one sachet mixed with 200ml full cream milk twice daily. These powdered products rely on an individual having access to milk to mix with the products and the ability to mix them. Also these powders are not suitable for use in those with lactose intolerance. Starter packs should be prescribed for an initial trial only or when the shaker needs to be replaced.

Product	Presentation	Nutritional content per sachet mixed with 200mls full fat milk	Cost per serving ¹¹
Foodlink® Complete	1 box of 7 sachets of one flavour Vanilla (with added fibre), banana, strawberry, chocolate and natural flavours	385kcals 18.5g protein	61p (15.8p per 100kcal)
Foodlink® Complete starter pack	1 box of 5 sachets mixed flavours with a shaker	385kcals 18.5g protein	63p (16.3p per 100 kcal)
AYMES® Shake	1 box of 7 x 57g sachets of one flavour. Vanilla, banana, strawberry, chocolate and neutral flavours.	388kcals 15.7g protein	70p (18p per 100 kcal)
AYMES® Shake starter pack	1 box of 5 x 57g sachets of mixed flavours with a shaker	388kcals 15.7g protein	96p (24.7p per 100kcal) To be used for initial trial only.

Product	Presentation	Nutritional content per sachet mixed with 200mls full fat milk	Cost per serving ¹¹
Fresubin® Powder Extra	1 box of 7 x 62g sachets of one flavour. Vanilla, strawberry, chocolate and neutral flavours.	397kcals 17.7g protein	76p (19.1p per 100kcal)
Complan® Shake	1 box of 4 x 57g sachets of one flavour Vanilla, banana, strawberry, chocolate and neutral flavours	387kcals 15.6g protein	78p (20.1p per 100 kcal)
Complan® Shake starter pack	1 box of 5 x 57g sachets of mixed flavours with a shaker	387kcals 15.6g protein	88p (22.7p per 100 kcal) To be used for initial trial only.
Ensure® Shake	1 box of 7 x 57g sachets of one flavour Vanilla, strawberry, chocolate and banana flavours	389kcals 17.0g protein	78p (20.1p per 100 kcal)

Liquid ONS to prescribe as second line if powders are not suitable

The recommended dose is one bottle twice daily.

Product	Presentation	Nutritional content per unit	Cost per unit ¹¹
Aymes® Complete	200ml bottle Vanilla, chocolate, strawberry and banana flavours	300kcals 12g protein	£1.12 (37.3p per 100 kcal)
Aymes® Complete starter pack	4 x 200ml bottles Mixed flavours	300kcals 12g protein	£1.40 (46.6p per 100 kcal)
Ensure® Plus Milkshake Style	220ml bottle Strawberry, chocolate, vanilla, banana, coffee, fruits of the forest, orange, peach, neutral or raspberry flavours	330kcals 13.8g protein	£1.40 (42.2p per 100kcal)
Fresubin® Energy	200ml bottle Vanilla, strawberry, chocolate, cappuccino, tropical fruit, blackcurrant, neutral, banana or lemon flavours	300kcals 11.2g protein	£1.40 (46.6p per 100 kcal)
Altraplen® Compact	4 x 125ml bottles Vanilla, strawberry, hazelnut chocolate or banana flavours	300kcals 12g protein	£1.45 (48.3p per 100kcal)

Product	Presentation	Nutritional content per unit	Cost per unit ¹¹
Ensure® Compact	4 x 125ml bottles Vanilla, banana or strawberry flavours	300kcals 12.8g protein	£1.45 (48.3p per 100kcal)
Fortisip® Compact	4 x 125ml bottles Vanilla, banana, mocha, apricot, forest fruit, strawberry and chocolate flavours	300kcals 12g protein	£1.45 (48.3p per 100kcal)
Fortisip® Compact starter pack	6 x 125ml bottles Mixed flavours	300kcals 12g protein	£1.45 (48.3p per 100kcal)

Juice style ONS to prescribe as third line if milkshake style ONS are not suitable

Juice style supplements are not usually suitable for patients with diabetes. They contain milk protein. The recommended dose is one bottle twice daily.

Product	Presentation	Nutritional content per unit	Cost per unit ¹¹
Ensure® Plus Juce	220ml bottle Orange, apple, lemon and lime, strawberry, peach, fruit punch flavours	330kcals 10.6g protein	£1.97 (59.7p per 100 kcal)
Fresubin® Jucy	200ml bottle Orange, apple, pineapple, cherry and blackcurrant flavours	300kcals 8g protein	£1.99 (66.3p per 100 kcal)
Fortijuice®	200ml bottle Orange, apple, lemon and lime, strawberry, tropical, forest fruit and blackcurrant flavours	300kcals 8g protein	£2.02 (67.3p per 100kcal)
Fortijuice® starter pack	4 x 200ml bottle Mix of flavours	300kcals 8g protein	£2.02 (67.3p per 100kcal)

ONS that should not routinely be initiated in primary care

The ONS listed here should not routinely be initiated in primary care. They will sometimes be used by dietitians either alone or in conjunction with other ONS where first, second or third line products are not sufficient to meet individual patients' nutritional needs or are not suitable. However these patients should always be under review by the dietitians. The list includes:

- Low calorie products, i.e. 1kcal/ml since these are not cost effective.
- Milkshake style ONS that are not first or second line products in primary care.
- Modular supplements that do not provide a balance of nutrients.
- Specialist products which may be required for particular patient groups, e.g. renal patients, or those with bowel disorders, those with pressure ulcers, or those with dysphagia.
- Puddings or soups as it should usually be possible for suitable homemade products to be fortified.

Please note this is not a fully comprehensive list. The products on this list should not be prescribed in primary care unless requested and clinically justified by a dietitian.

Product (listed alphabetically)	Presentation ⁹	Description of product
Altraplen® Protein	200ml bottle	Milkshake style ONS with high protein
Calogen®	200ml bottle, 500ml bottle	Modular supplement
Calogen® Extra	6 x40ml shots, 200 ml bottle	Modular supplement
Calshake®	7 x 87g sachet	Modular supplement
Enshake®	6 sachets in box	Modular supplement
Ensure®	250ml can	1kcal/ml ONS
Ensure® 2kcal	200ml bottle	Milkshake style ONS with high energy
Ensure® Plus Advance	220ml bottle	Milkshake style ONS with high protein
Ensure® Plus Creme	4 x 125g pots	Dessert
Ensure® Plus Fibre	200ml bottle	Milkshake style ONS with fibre
Ensure® Plus Savoury	220ml bottle	Soup style ONS
Ensure® Plus Yogurt Style	220ml bottle	Yogurt style ONS
Forticreme® Complete	4 x 125g pots	Dessert
Fortimel® Regular	200ml bottle	Milkshake style ONS with high protein
Fortisip® Bottle	200ml bottle	Milkshake style ONS
Fortisip® Compact Fibre	125ml bottle	Milkshake style ONS with fibre
Fortisip® Compact Protein	125ml bottle and 4x125ml bottle starter pack	Milkshake style ONS with high protein
Fortisip® Extra	200ml bottle	Milkshake style ONS with high protein
Fortisip® Multifibre	200ml bottle	Milkshake style ONS with fibre
Fortisip® Savoury Multifibre	2 x 200ml cups	Soup style ONS
Fortisip® Yogurt style	200ml bottle	Yogurt style ONS
Fresubin® 2kcal	200ml bottle	Milkshake style ONS with high energy
Fresubin® 5kcal shot drink	4 x 120ml bottle	Modular supplement
Fresubin® Creme	4 x 125g pots	Dessert
Fresubin® Energy	200ml bottle	Milkshake style ONS
Fresubin® Energy Fibre	200ml bottle	Milkshake style ONS with fibre
Fresubin® Original	200ml bottle	1kcal/ml ONS
Fresubin® Protein Energy	200ml bottle	Milkshake style ONS with high protein
Fresubin® Thickened Stage 1	4 x 200ml bottles	Pre-thickened ONS
Fresubin® Thickened Stage 2	4 x 200ml bottles	Pre-thickened ONS

Product (listed alphabetically)	Presentation ⁹	Description of product
Fresubin® YoCreme	4 x 125g pots	Dessert
Modulen® IBD	400g tin	Specialist product for bowel disorders
Nepro®	200ml bottle	Specialist product for renal disease
Nutilis®	20 x 12g sachets or 200g tin	Food and fluid thickeners
Nutilis® Clear	175g tin	Food and fluid thickeners
Nutilis® Complete Stage 1	4 x 125ml bottles	Pre-thickened ONS
Nutilis® Complete Stage 2	4 x 125ml bottles	Pre-thickened ONS
Nutilis® Fruit Stage 3	3 x 150g pots	Dessert
Nutricrem®	4 x 125ml pots	Dessert
Polycal®	200ml bottles or 400g tin	Modular supplement
Pro-Cal® shot, singles and powder	6 x 250ml bottle, 60 x 30ml shots, 510g tin	Modular supplement
Prosource® Plus	30ml sachet	Modular supplement
Prosource® Jelly	118ml pot	Modular supplement
Prosource® Liquid Protein	30ml sachet	Modular supplement
Protifar®	225g tin	Modular supplement
Resource® 2.0 fibre	200ml bottle	Milkshake style ONS with fibre
Resource® Dessert Energy	125g cup	Dessert
Resource® Dessert Fruit	3 x 125g cups	Dessert
Resource® Energy	200ml bottle	Milkshake style ONS
Resource® Fruit	200ml bottle	Juice style ONS
Resource® Protein	200ml bottle	Milkshake style ONS with high protein
Resource® Thickened Drink	114ml bottle	Pre-thickened ONS
Resource® Thicken Up	227g tin	Food and fluid thickeners
Resource® Thicken Up Clear	125g tin	Food and fluid thickeners
Scandishake® Mix	6 x 85g sachet	Modular supplement
Thick and Easy®	100 x 9g sachets, 12 x 225g tin or 4.5kg pack	Food and fluid thickeners
Vital® 1.5kcal	200ml bottle	Specialist product for bowel disorders
Vitasavoury®	24 x 33g cups 10 x 50g sachets	Soup style ONS

Palliative care and ONS prescribing

Use of ONS in palliative care should be assessed on an individual basis. Appropriateness of ONS will be dependent upon the patient's health and their treatment plan. Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life. Management of palliative patients has been divided into three stages here: early palliative care, late palliative care, and the last days of life. Care aims will change through these stages.

Loss of appetite is a complex phenomenon that affects both patients and carers. Health and social care professionals need to be aware of the potential tensions that may arise between patients and carers concerning a patient's loss of appetite. This is likely to become more significant through the palliative stages. Patients and carers may require support with adjusting and coping.

The patient should always remain the focus of care. Carers should be supported in consideration of the environment, social setting, food portion size, smell and presentation and their impact on appetite.

Nutritional management in early palliative care	<p>In early palliative care the patient is diagnosed with a terminal disease but death is not imminent. Patients may have months or years to live and maybe undergoing palliative treatment to improve quality of life.</p> <p>Nutrition screening and assessment in this patient group is a priority and appropriate early intervention could improve the patient's response to treatment and potentially reduce complications.</p> <p>A dietitian with expertise in palliative care will be able to provide advice on specific product choices for individual patients. Following the six steps in this guideline is appropriate for this group. Pay particular attention to Step 2 - Assessment of causes of malnutrition, page 4.</p>
Nutritional management in late palliative care	<p>In late palliative care, the patient's condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.</p> <p>The nutritional content of the meal is no longer of prime importance and patients should be encouraged to eat and drink the foods they enjoy. The main aim is to maximize quality of life including comfort, symptom relief and enjoyment of food. Aggressive feeding is unlikely to be appropriate especially as this can cause discomfort, as well as distress and anxiety to the patient, family and carers.</p> <p>The goal of nutritional management should NOT be weight gain or reversal of malnutrition, but quality of life. Nutrition screening, weighing and initiating prescribing of ONS at this stage is not recommended. Avoid prescribing ONS for the sake of 'doing something' when other dietary advice has failed.</p>
Nutritional management in the last days of life	<p>In the last days of life, the patient is likely to be bed-bound, very weak and drowsy with little desire for food or fluid.</p> <p>The aim should be to provide comfort for the patient and offer mouth care and sips of fluid or mouthfuls of food as desired.</p>

Adapted from the Macmillan Durham Cachexia Pack 2007¹² and NHS Lothian guidance.¹³

Substance misusers

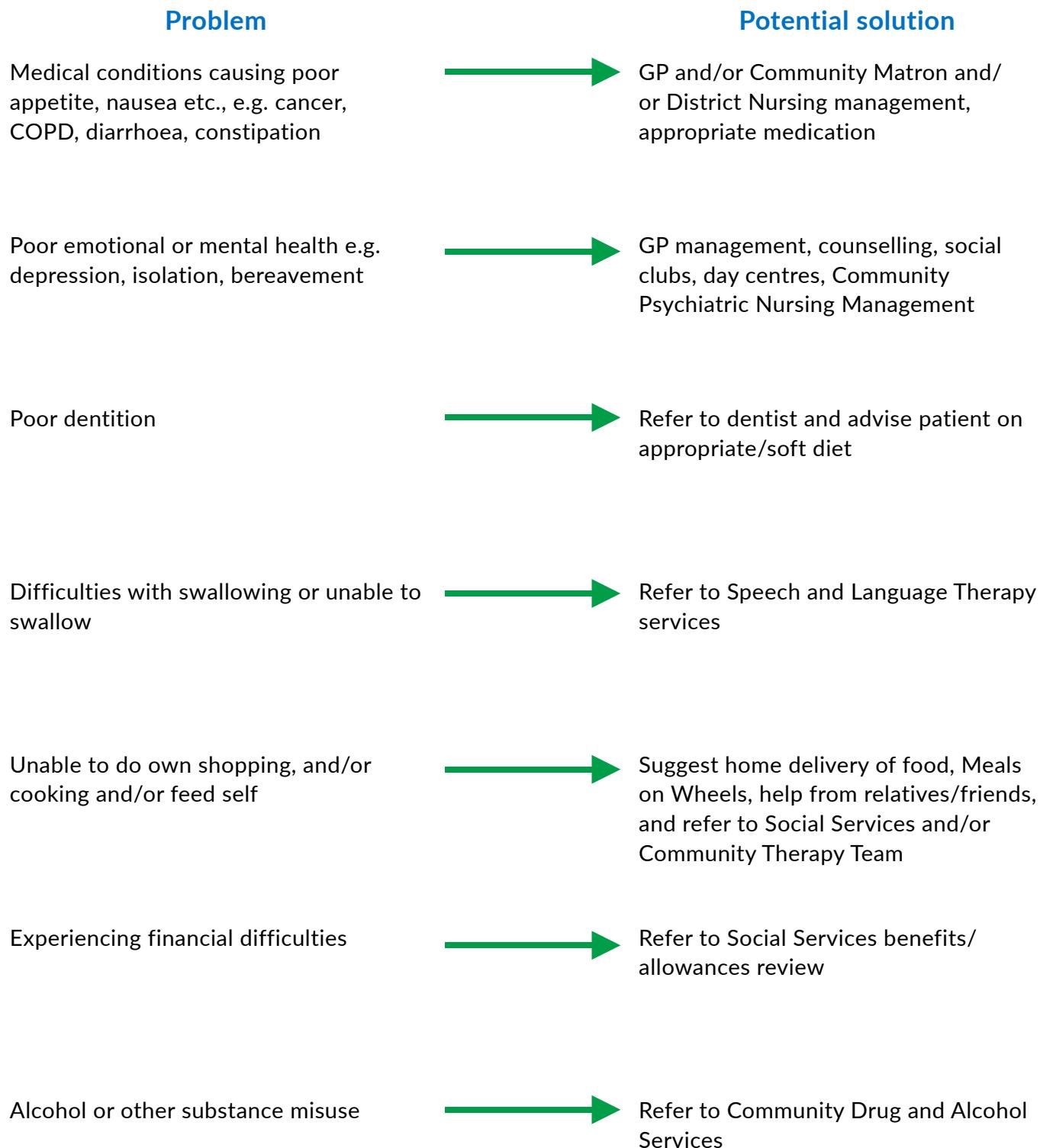
Substance misuse (drug and alcohol misuse) is not a specified ACBS indication for ONS prescription. It is an area of concern both due to the cost and appropriateness of prescribing.

- Substance misusers may have a range of nutrition related problems including:
 - » Poor appetite and weight loss
 - » Constipation (drug misusers in particular)

- » Nutritionally inadequate diet
- » Dental decay (drug misusers in particular).
- Reasons for nutrition related problems can include:
 - » Drugs themselves can cause poor appetite, reduction of saliva pH leading to dental problems, constipation and craving sweet foods (drug misusers in particular).
 - » Poor dental hygiene (drug misusers in particular).
 - » Lack of interest in food and eating.
 - » Poor memory.
 - » Chaotic lifestyles and irregular eating habits.
 - » Poor nutritional knowledge and skills.
 - » Low income, intensified by increased spending on drugs and alcohol.
 - » Homelessness or poor living accommodation.
 - » Infection with HIV or hepatitis B and C.
 - » Poor access to food.
 - » Eating disorders with co-existent substance misuse.
- Problems can be created by prescribing ONS in substance misusers:
 - » Once started on ONS it can be difficult to stop prescriptions.
 - » ONS can be used instead of meals and therefore provide no benefit.
 - » They may be given to other members of the family/friends.
 - » They can be sold and used as a source of income.
 - » It can be hard to monitor nutritional status and assess ongoing need for ONS due to poor attendance at appointments.
- ONS should therefore not routinely be prescribed in substance misusers **unless all of the following criteria are met:**
 - » BMI less than 18.5kg/m².
 - » There is evidence of significant weight loss (greater than 10%).
 - » There is a co-existing medical condition which could affect weight or food intake and meets ACBS criteria.
 - » Food fortification advice has been offered and tried for four weeks.
- If ONS are initiated it is suggested that:
 - » The person should be assessed by a dietitian.
 - » Normal Trust Access Policy guidelines should apply regarding discharge from the dietetic service for non-attendance.
 - » The same guidelines for starting prescriptions should be followed as for other patients - see page 6, Prescribing ONS, Starting Prescriptions.
 - » Avoid adding ONS prescriptions to the repeat template.
 - » Prescriptions should be for a limited time period (e.g. 1-3 months).
 - » If there is no change in weight after three months ONS should be reduced and stopped.
 - » If weight gain occurs, continue until the treatment goals are met (e.g. usual or healthy weight is reached) and then reduce and stop prescriptions.
 - » If individuals wish to continue using supplements once prescribing has stopped recommend OTC preparations or homemade fortified drinks.

Adapted from NHS Grampian guidelines¹⁴

A guide to assessing underlying causes of malnutrition and treatment options



Adapted from Guidelines for Managing Adult Malnutrition and Prescribing Supplements Havering PCT 2006¹⁵ and Oral Nutrition Support Pack Westminster PCT 2007¹⁶

Spend and savings

In England and Wales annual spend on sip feeds is as follows (ePACT October to December 2016):

- Liquid ONS: £95.4 million
- Powdered ONS: £13.4 million
- Modular supplements: £9.1 million
- Dessert products: £8.2 million
- Juice products: £6.8 million
- Disease specific products (to be initiated by a dietitian): £1.8 million.

A 20% reduction in prescribing across the range of products could result in annual savings of almost £27 million. This equates to £44,066 per 100,000 patients.

For some areas a larger than 20% reduction would be appropriate and for others a smaller than 20% reduction. The data pack that supports this bulletin allows you to adjust these percentages to local needs.

The spend on powdered supplements that are recommended for self care is £223,000 annually, this prescribing should be reviewed and stopped.

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Additional PrescQIPP resources



Briefing



Audit

Available here: <https://www.prescqipp.info/ons-guidelines/category/106-ons-guidelines>



Available here: <https://www.prescqipp.info/datahub>

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