NHS Corby Clinical Commissioning Group

NHS Nene Clinical Commissioning Group

Six steps to appropriate prescribing of oral nutritional supplements (ONS) in adults in Primary Care

Adapted from NHS Presqipp- B68 ONS guidelines 2.0

STEP 1: **Identification of nutritional risk**	A MUST score of 2 or more is identified as high nutritional risk as recommended in NICE Guidelines (CG32) Nutritional Support in Adults. Step 1 - Identify the BMI: > 20kg/m² = score 0; 18.5 to 20kg/m² = score 1 <18.5kg/m² = score 2 Step 2 -Identify % weight loss: < 5% loss in 3-6 months = score 0 5-10% loss in 3-6 months = score 1 > 10% loss in 3-6 months = score 2 Add the scores to identify the level of risk. Score of 1 indicates a moderate level of nutritional risk. Continue to monitor Score of 2 indicates a high level of nutritional risk. **Go to Step 2** Score of 3 or more indicates a very high level of nutritional risk. For further guidance and referral to the dietitian for a complete assessment see appendix 1
STEP 2: **Assessment of causes affecting ability to eat and drink**	Assess underlying causes of malnutrition and consider availability of adequate diet. *Ability to chew and swallow foods *Physical symptoms (i.e. vomiting, pain, G.I. symptons) *Medical prognosis (see appendix 3 - Managing the palliative patient) *Psychological and/or social issues *Substance/alcohol misuse (see appendix 4 - Substance misusers) **Refer to appropriate local services if indicated.**
STEP 3: **Set goals**	Set and document realistic and measurable goals e.g. target weight, weight gain, wound healing and / or completion of mealsincluding aim of nutrition support treatment and timescale.
STEP 4: **Offer 'Food First' advice**	Promote and encourage high calorie, high protein dietary advice such as: *Homemade nourishing drinks *fortify foods to make nutrient dense using milk powder, creams and butter *3 Small meals with snacks between meals **Provide patient with information leaflets: Improving your intake and Snack ideas** Link for Pathfinder
	A variety of nourishing drinks are available to purchase in supermarkets or pharmacies; e.g. Meritene®, Complan® see appendix 2 - formulary

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STEP 5:
Prescribe ONS

*If 'Food first' has failed to improve nutritional intake or functional status after ONE month.

*If the patient meets ACBS prescribing criteria:
Short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel, following total gastrectomy, dysphagia, bowel fistulas, disease-related malnutrition

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 the dietitian for guidance.

FIRST LINE PRODUCTS: see appendix 2 - Formulary

Prescribe first line products on ACUTE issues, TWICE A DAY and select 'Various flavours'. Specify timing and length of treatment

If there is uncertainty if the patient will tolerate the ONS issue a starter pack for the FIRST PRESCRIPTION ONLY.

Provide patient with Using Nutritional Supplement leaflet.

Link for Pathfinder

Requests from Medical Professionals(ICT Nursing, District nursing, Specialist nursing, etc.):
The medical professional should provide a written request with evidence (MUST score) when requesting ONS to be issued. He/she is responsible for the review until the ONS is no longer indicated.

Discharge from ACUTE settings:
Patients who are discharged from hospital on ONS with no on-going review process in place will not automatically require ONS 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: if there is no formal guidance sent from the Dietitian it is recommended that ONS should not be prescribed following discharge without first assessing need in line with the 6 step process. Where ONS are still required, switch to first line products is recommended.

STEP 6:
Review and discontinue of ONS

Review regularly to monitor, set goals and assess continued needs of ONS.
Aim for no more than 3 months on ONS, discontinue when goals are achieved.
If there is a change in clinical need or ACBS criteria is no longer met but patient wishes to continue ONS, recommend nourishing drinks as in step 4
For patients who have been on ONS for more than 3 months without the ability to transition to meeting nutritional requirements with diet alone, consider referral to Dietitian.
See Appendix 1 guidance on when referral to dietitian is required.

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Referral to the Dietitian

Patients who are at very high nutritional risk and/or complex medical conditions will require a full nutritional assessment such as:

*MUST of 3 or above
* Complex medical conditions such as*: uncontrolled diabetes, renal failure (CKD 3, with high potassium), heart failure with volume restrictions, gastrointestinal disorders*
* Risk of developing re-feeding problems (BMI of 16kg/m² or less or have had little or no nutritional intake for the last 10 days or have lost more than 15% body weight within the last 3-6 months, *NICE CG 32 Nutritional Support in Adults)* (excluding end of life, see appendix 3 - Palliative care,).
*When ONS are the sole source of nutrition
*Patients on ONS for more than 3 months without the ability to transition to diet to meet requirements
* Patients residing in care homes. The care homes can refer directly to our service.

Systm One users will be able to refer electronically. A referral form is available on Pathfinder for non Systm One users

Identification of Nutritional Risk

NICE clinical guideline (CG) 32, Nutritional Support in Adults suggest 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** unintentional weight loss more than 5% in the past 3-6 months
» Those who have eaten little or nothing for more than 5 days
» Those who have poor absorptive capacity or high nutrient losses
Patients with the above, are likely to meet *disease related malnutrition* ACBS criteria.

MUST® (Malnutrition Universal Screening Tool)
Nutritional screening tools provide a mechanism to quickly identify a patient's level of nutritional risk for use by any professional with training. The MUST tool, developed by BAPEN is a validated, world recognised tool and advocated to be used universally across all healthcare settings. There are 3 parameters that are used to identify the level of risk; however in the community setting the 3rd parameter (acute disease affect) can be omitted, without affecting the validity of the tool. For further guidance on the MUST tool: www.bapen.org.uk

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Oral Nutritional Supplements Formulary- Adults

AVAILABLE TO PURCHASE AT SUPERMARKETS OR PHARMACIES

based on retail prices as of November 2016

Product	Presentation	Nutritional content	Cost per unit
Meritene Energis Shake® *(formally known as Build-up)*	Single 30g sachet or 1 box of 15 sachets or 270g tub vanilla, strawberry, chocolate, flavours	275kcal 16.1g protein made with 200mls full cream milk	£1.49
Complan® *(not to be confused with ACBS prescribable Complan Shake)*	1 box of 4 x 55g sachet of one flavour vanilla, banana, strawberry and chocolate flavours Original flavour- 425g tin	380kcal, 15.3g protein made with 200mls full cream milk	83p £4.99
Aymes Retail ®	4 X 38g sachets vanilla, banana, strawberry, chocolate and neutral flavours	265kcal, 15g protein made with 200mls full cream milk	75p
Meritene Energis soup® *(formally known as Build-up)*	Single 50g sachet or 1 box of 15 sachets of one flavour chicken and vegetable flavours	200kcal, 6.9-7.6g protein	£1.49
Complan® soup *(not to be confused with ACBS prescribable Complan Shake)*	1 box of 4 x 57g sachet of chicken flavour	249kcal, 9g protein	83p
Aymes Retail savoury®	4 X 38g sachets chicken flavour	265kcal, 15g protein made with 200mls full cream milk	75p
Nurishment Original®	400g tin- banana,cherry,vanilla, chocolate,mango,mocha, peanut,raspberry,strawberry	408-462kcal depending on flavour 20g protein	£1-£1.30

FIRST LINE PRODUCTS (GREEN) FP10 PRESCRIPTIONS MEETING ACBS CRITERIA

Product	Presentation	Nutritional content	Cost per unit
Foodlink Complete *not suitable as a sole source of nutrition*	1 box of 7 (57 gram)sachets vanilla (4.6 grams fibre), banana, strawberry, chocolate and	386kcal, 18.3 g protein made with 200mls whole milk	£0.61
Fortisip ® *ready made milkshake*	4x 200mls bottle neutral, vanilla, chocolate, caramel, banana, orange, strawberry, tropical	300kcal, 12 g protein	£1.40
Fortisip Compact® Ready made milkshake *when volume is a concern*	4 x 125mls bottles vanilla, banana, mocha, apricot, forest fruit, strawberry, and chocolate flavours	300kcal, 12g protein	£1.45
Fortijuce® *When milk is not tolerated*	4 x 200mls bottles orange, apple, lemon and lime, strawberry, tropical fruit and blackcurrant flavours	300kcal, 8g protein	£2.02

PRODUCTS TO BE ISSUED UNDER THE GUIDANCE OF THE DIETITIAN		
Product	Description	Cost per unit
Second line products		
Fortisip Compact® Fibre	125mls bottle	£2.09
Fortisip Compact® Protein	125mls bottle	£2.00
Fortisip® 2Kcal	200mls bottle	£2.14
Fortisip Extra ®	200mls bottle	£2.18
Nutricrem ®	4 x 125g pots	£1.45
Third line products		
Calogen®	200mls , 500mls bottle	£4.44 per 200mls/bottle £10.92 per 500mls bottle
Calogen® Extra	6 x 40mls shots, 200mls bottle	95p per shot £4.98 per 200mls bottle
Elemental 028 extra®	250mls tetrapack	£3.61
Ensure® Twocal	200mls bottle	£2.22
Maxijul® super soluble	200 gram tin	£2.55
Modulen ® IBD	400gram tin	£15.06
Polycal® powder	400gram tin	£4.36
Procal° Shots	120mls bottles	£2.45
Prosource Jelly	36 x 118mls pot	£1.83
Prosource Plus	30mls sachet	£1.40
Prosource TF	45mls sachet	£1.20
Nepro®	220mls carton	£2.98
Renilon 7.5®	125ml bottle	£2.20
Renapro shot	60mls	£2.56
Scandishake® Powder	6x 85 gram sachet	£2.50
Vital® 1.5kcal	200mls bottle	£2.98
Vitasavoury soup	33 gram and 50 gram sachets	£1.93

DYSPHAGIA PRODUCTS UNDER THE DIRECTION OF THE DIETITIAN WITH GUIDANCE		
Nutritional products that are pre-thickened to various consistency levels for patients with diagnosed dysphagia.		
Product	Description	Cost per unit
Nutilis® Complete Stage 1 Syrup consistency	125mls bottle	£2.21
Nutilis® Complete Stage 2 Custard consistency	125g pot	£2.21
Nutilis® Complete Stage 3 pudding consistency	150g pot	£2.36
Fresubin® Thickened Stage 1 Syrup consistency	200mls bottle	£2.35
Fresubin® Thickened Stage 2 Custard consistency	200mls bottle	£2.35

THICKENING AGENTS UNDER THE DIRECTION OF THE SPEECH THERAPIST			
Products used to thicken liquids for patients with identified dysphagia.			
Product	Number tins per month	Tin and scoop size	cost
Nutilis Powder Preferred product	Stage 1- 6 tins Stage 2- 9 tins Stage 3- 12 tins	300g tin 4g scoop	£5.11/tin £30.66/month at Stage 1
Nutilis Clear If requested by Speech	Stage 1- 4 tins Stage 2 - 8 tins Stage 3 - 12 tins	175g tin 3 g scoop	£8.46/tin £33.84/month at Stage 1

Nutritional management for Palliative care patients

Adapted from NHS Presqipp- B68 ONS guidelines 2.0

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 and 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, presentation and their impact on appetite.

Nutritional management in early palliative care

- 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.
- 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.
- However, if a patient is unlikely to consistently manage 2 servings of ONS per day, then they are unlikely to derive any significant benefit to well-being or nutritional status from the prescription.
- **Following the 6 steps in this guideline is appropriate for this group. Particular attention should be paid to 'Step 2 - Assessment of causes of inability to eat and drink'.**

Nutritional management in late palliative care

- In late palliative care, the patient's condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.
- 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.
- 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.

Nutritional management in the last days of life

- 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.
- **The aim should be to provide comfort for the patient and offer mouth care and sips of fluid or mouthfuls of food as desired.**

Adapted from the Macmillan Durham Cachexia Pack 2007*1 and NHS Lothian guidance*2.*1 Accessed via http://learnzone.macmillan.org.uk/course/view.php?id=145

*2 Accessed via www.palliativecareguidelines.scot.nhs.uk

Substance Misusers

Adapted from NHS Presqipp- B68 ONS guidelines 2.0

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 my have a range of nutrition related problems including:

• Poor appetite and weight loss • Constipation (drug users in particular)	• Nutritionally inadequate diet • Dental decay (drug users in particular)

Reasons for nutrition related problems can include:

Drugs themselves can cause poor appetite, reduction of saliva pH leading to dental problems, constipation, craving sweet foods (drug misusers in particular).	Chaotic lifestyles and irregular eating habits. Low income, intensified by increased spending on drugs and alcohol.
Lack of interest in food and eating.	Poor nutritional knowledge and skills
Poor memory.	Homelessness or poor living accommodation.
Eating disorders with co-existent substance misuse.	Infection with HIV or hepatitis B and C.

Problems can be created by prescribing ONS in substance misusers:

Once started on ONS it can be difficult to stop prescriptions.	It can be hard to monitor nutritional status and assess ongoing need for ONS due to poor attendance at appointments
They may be given to other members of family/friends and/ or they can be sold and used as a source of Income.	ONS can be used instead of meals and therefore provide no benefit

If the patient is unable to meet nutritional requirements due to the above; consider referring to the local Food Bank.

ONS should therefore not routinely be prescribed in substance misusers unless ALL OF the following criteria are met:

BMI less than 18.5kg/m²,

AND there is evidence of significant weight loss (greater than 10%),

AND there is a co-existing medical condition which could affect weight or food intake and meets ACBS criteria,

AND food fortification advice has been offered and tried for 4 weeks,

AND the patient is in a rehabilitation programme, e.g. methadone or alcohol programme or is on the waiting list to enter a programme.

Ratified by NPMG Mar-17

Review date: Mar-19