

Suggested 7 Steps to Appropriate Prescribing of Adult Oral Nutritional Supplements (ONS)

See also 'Promoting Good Nutrition' (PGN) [regional guidance](#).

IMPORTANT: This guidance does not override the individual responsibility of health care professionals to consider individual patient needs. Consider underlying medical conditions (including end of life care), eating, drinking and swallowing difficulties (outside the remit of this guidance) and risk factors for disease, before offering food first advice or prescribing ONS.

Step 1: Identification of nutritional risk – nutritional screening as per PGN using MUST

(Exemptions from MUST: pregnancy, undergoing dialysis, receiving enteral feeds or parenteral nutrition, decompensated liver disease, patients in critical care units and patients on end-of-life palliative care pathway.)

Low risk MUST Score = 0	Medium risk MUST Score = 1	High risk MUST Score ≥ 2
<ul style="list-style-type: none"> Record MUST details Recommend a WELL BALANCED DIET 	<ul style="list-style-type: none"> Record MUST details Follow steps 2-7 below Care homes to monitor intake for 3 days (on food record chart) 	<ul style="list-style-type: none"> Record MUST details Refer to dietitian (or implement local policy) Follow steps 2-7 below Care homes to monitor intake for 3 days (on food record chart)



Step 2: Assess for and address underlying causes of malnutrition

Consider availability of adequate diet and identify any difficulties with reduced or altered food intake relating to:

- Ability to swallow or chew, ability to shop/cook, assistance required with feeding, dentition etc.
- Impact of medication on appetite or nutritional intake
- Physical symptoms (e.g. reduced mobility or balance, pain, GI symptoms, vomiting)
- Medical diagnosis (including cancer, mental health issues, e.g. depression, COPD), side effects of treatment and prognosis
- Environmental and social care issues including finance, substance abuse, inadequate support at home etc.

Consider solutions to these issues, e.g. onward referral to appropriate services or assessments.

People with eating, drinking and swallowing (dysphagia) difficulties *should be assessed by speech and language therapists. Thickeners/thickened ONS are outside the remit of this guidance.*

Step 3: Set Goals

Set and document realistic and measurable goals, outline aims to achieve these goals and identify the end point of treatment:

- Minimise losses, e.g. minimise weight loss during catabolism such as cancer
- Maintain nutritional status, e.g. prevent further weight loss, maintain BMI ≥20kg/m²
- Improve nutritional status, e.g. 0.5kg weight gain per week to achieve a target weight or BMI, evidence of wound healing
- Improve quality of life for those in the last few weeks of life

Step 4: Discuss 'Food First' Dietary Advice (*reinforce food fortification advice at each review*)

See 'Food First' advice leaflets for [community](#) and [care home](#) settings.

Promote and encourage the inclusion of:

- **one** pint of fortified milk per day (use with caution in CKD Stage 3 with hyperkalaemia and under guidance of dietitian in CKD Stage 4&5)
- **two** nourishing snacks per day
- **three** fortified meals per day
- **four** week review if MUST score of ≥ 2 , or 2-3 months for those with a MUST score of 1, as per PGN guidance

Step 5: Prescribe ONS

If food first dietary advice has been maximised for 4 weeks *and* it is not possible to meet nutritional requirements from food intake alone *and* there are clinical benefits and clear nutritional goals to work towards *and* patient's condition falls into one of the following ACBS categories:

- | | |
|-------------------------------------|---|
| ▶ Short bowel syndrome | ▶ Disease related malnutrition |
| ▶ Following total gastrectomy | ▶ CAPD or haemodialysis |
| ▶ Intractable malabsorption | ▶ Dysphagia |
| ▶ Proven Inflammatory Bowel Disease | ▶ Pre-op preparation of undernourished patients |
| ▶ Bowel fistulae | |

then consider prescribing 2 x ONS per day (600 to 800 Kcals)

- Give directions for use, i.e. one sachet/bottle twice a day, between meals. **Do not advise 'as directed'**
- Prescribe a limited quantity initially (e.g. 7 day supply) to reduce wastage and no more than a month's duration for the subsequent prescriptions and reinforce food fortification advice
- For longer term treatment, as per dietetic recommendation, consider adding the review month and year to the dosage instructions and limiting the repeat period to 3 months
- Record the weight, MUST score, ACBS indication, goal and review plan in the patient's record

Step 6: Review need for ONS

Review period depends on clinical need, good practice suggests initial review after maximum one month then at least three monthly thereafter.

- Review weight and MUST score, to re-assess condition and continued need for ONS:
 - Has the underlying condition resolved or deteriorated?
 - Have the goals of treatment been met?
- Reinforce food first advice.
- Can the person safely make meals and nourishing drinks or someone is available to do so on their behalf? (consider suitability of a powdered product)
- Ascertain compliance and tolerance of present oral nutritional supplements.

Step 7: When to Discontinue ONS

- Goals have been met and individual is no longer malnourished
- Nutritional status has improved and the individual is back to an eating and drinking pattern which is sufficient to maintain weight (reinforce food fortification advice)
- The individual is clinically stable and any acute episode has abated
- No further clinical benefit will be realised and/or use may cause the patient anxiety or discomfort e.g. those that may be in the final days of life

N.B. Discontinue the ONS on the patient's medication list and document date, weight, MUST score and reason for stopping ONS.

Following discontinuation consider review after an appropriate period to ensure there is no reoccurrence of the precipitating problem or deterioration of nutritional status.

Adapted with the kind permission of Hertfordshire Medicines Management Committee

