

## PATHWAY FOR PRESCRIBING ORAL NUTRITIONAL SUPPLEMENTS (ONS) IN BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE FOR DISEASE-RELATED MALNUTRITION (DRM)

**Disease-related malnutrition (DRM)** is caused by inadequate intake of energy, protein and/or other nutrients as a result of diseases or their treatment and can impact individuals at any stage of life. Further information on disease-related malnutrition can be found on the Malnutrition Pathway website.<sup>1</sup>

The Advisory Committee on Borderline Substances (ACBS) indications for use of ONS can be viewed on the BAPEN website.<sup>2</sup>

**This pathway only relates to prescribing of ONS for disease-related malnutrition (not for the other ACBS indications).**

**When considering prescribing ONS for disease-related malnutrition, please refer to the flowchart below. This flowchart also applies to patients discharged from hospital on ONS for this indication. Clinical judgement should be used before discontinuing ONS started in secondary care.**

### DISEASE-RELATED MALNUTRITION

**BASELINE WEIGHT AND BODY MASS INDEX (BMI):** Ensure baseline weight/BMI recorded.

**GOAL SETTING:** Clear treatment goals should be agreed, and these should be documented on the patient record.

Examples of goals:

- Target weight, target weight gain or target BMI.
- Weight maintenance where weight gain is unrealistic or undesirable.

**MUST:** Screen the patient using the validated 'Malnutrition Universal Screening Tool' [MUST]<sup>3</sup>

[MUST Online Calculator - Malnutrition Universal Screening Tool \(bapen.org.uk\)](http://bapen.org.uk)

**Note:** The recommendation to prescribe ONS by a dietitian overrides any MUST screening because a full nutritional assessment will have been completed. A Dietitian review is more detailed than the use of a screening tool and uses clinical judgement of the individual's circumstances.

**'MUST' SCORE = 0 (Low risk, routine clinical care)**

**Do not prescribe ONS.**

Repeat screening annually for at risk groups e.g., COPD, those >75 years of age or based on clinical concern

Resource: GREEN leaflet from Malnutrition Pathway website.<sup>4</sup>

**'MUST' SCORE = 1 (Medium risk, observe)**

**Do not prescribe ONS.**

**Provide FOOD FIRST advice.** Please refer to Food First resources on Sirona Leaflet Library.<sup>5</sup>

**Review and re-screen every 1-3 months until goals/targets met.** If improving, continue dietary advice.

**'MUST' SCORE 2 or more (High risk)**

Advise the patient to increase nutritional intake by fortifying food ('Food First' approach).

Please refer to Food First resources on Sirona Leaflet Library.<sup>5</sup>

Over the counter (OTC) ONS may be considered, for example Complian®.

Review and re-screen monthly.

Consider the appropriateness of prescribing ONS on first assessment if: rapid weight loss >1kg/week or 15% in 3-6 months, BMI<15kg/m<sup>2</sup>, acute disease effect score of 2, or 'MUST' score >3 AND refer to Dietitian.<sup>8</sup>

- Offer a trial of a suitable prescribed ONS in addition to food fortification. Refer to BNSSG ONS formulary for adults.<sup>6</sup>
- Provide ONS leaflet. Example = RED leaflet from Malnutrition Pathway website.<sup>7</sup>
- Seek support from a dietitian for those already prescribed ONS where there has been no progress towards their goal: [sirona.dieteticsadvice@nhs.net](mailto:sirona.dieteticsadvice@nhs.net)

After 1 month: Review and re-screen. Thereafter, continue to review and re-screen monthly.

Is patient progressing towards their goal?

**NO**

Ensure patient under care of a community Dietitian.

Referral pathway<sup>8</sup>

**YES**

Continue with current nutrition care plan.

Has patient reached goal?

**NO**

**YES**

- Withdraw ONS gradually under supervision with monthly review and re-screening until stopped.
- Refresh Food First advice with patient.

After 1 month: Review, re-screen and recalculate MUST score.

Has there been progress towards goal?

**NO**

**YES**

Monthly - continue to review and re-screen.

Has patient reached goal?

**YES**

After 3 months: Review and re-screen to ensure there is no recurrence of the initial problem.

## **BEST PRACTICE FOR PRESCRIBING ONS**

- ❖ **ONS should only be prescribed for patients at high risk of malnutrition (MUST score of  $\geq 2$ ), for whom food fortification has not been successful unless recommended by a dietitian, or those with rapid weight loss, or extremely low BMI who would benefit from ONS whilst awaiting a dietitian referral.**
- ❖ **Prescribe ONS products twice daily** (between or after meals) or as recommended by a dietitian. This ensures that calorie and protein intake is sufficient to achieve weight gain. Clear directions for use should be specified on the prescription (e.g., take two daily between meals). 'As directed' should not be used for ONS prescriptions.
- ❖ Issue an initial prescription of mixed flavours for one week (or as recommended by a dietitian) or prescribe a starter pack. This is to avoid wastage if products are not well liked or 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 making them more costly.
- ❖ **Issue ONS as "Acute" items.** This is to prevent unintended repeat supplies without appropriate reviews of treatment.
- ❖ Patients with ONS listed on hospital discharge summaries should be reviewed for appropriateness of continued prescribing by referring to any specific dietetic recommendations or using the MUST screening tool before ONS is added to GP computer systems.
- ❖ Patients prescribed ONS should be given oral and written advice regarding their use e.g., dose, timing, incorporation into meals and how the ONS product is best served.
- ❖ Where ONS have been recommended by a secondary care dietetic service, the primary care prescriber should ensure that a **recent assessment** has been performed by secondary care. This is to ensure that the patient fits the criteria for ONS prescribing and to provide a baseline on which to review the patient.
- ❖ Sirona care & health nutrition and dietetic advice and guidance service can be contacted if additional support is required [sirona.dieteticsadvice@nhs.net](mailto:sirona.dieteticsadvice@nhs.net)

## **PRESCRIBING SAFELY**

- ❖ For patients with complex medical conditions (e.g. chronic kidney disease stages 4 or 5, malabsorption, diabetes mellitus and dysphagia) seek guidance from a Dietitian before ONS are prescribed.<sup>2</sup>
- ❖ ONS containing vitamin K may affect the INR of patients taking oral anticoagulants, and adequate monitoring of these patients is recommended. Seek specialist dietetic advice if required.
- ❖ Consider any known food allergies or intolerances. Products should be checked for their suitability.

## **WHEN TO STOP ONS**

- ❖ After hospital discharge, ONS should only continue if there is a care plan from dietitian or if GP practice has assessed continued need (using MUST screening tool). Where there isn't sufficient information, the hospital department/discharge team could be contacted.

After regular review and re-screening, ONS can be stopped when:

- ❖ **Goals of intervention have been met and individual is no longer at risk of malnutrition.**
- ❖ **Individual is clinically stable/acute episode has resolved.**
- ❖ **Individual is back to their normal eating and drinking pattern and is no longer at risk of malnutrition.**
- ❖ **If no further Oral Nutritional Supplements would be appropriate or beneficial to the patient's clinical condition.**

## **HOW TO STOP ONS PRESCRIPTION**

- ❖ **Withdraw ONS gradually under supervision with monthly review and re-screening until stopped. For example, one option could be to reduce ONS to 1 per day for 1 month and then stop.**

## **REFERENCES**

1. [https://www.malnutritionpathway.co.uk/library/managing\\_malnutrition.pdf](https://www.malnutritionpathway.co.uk/library/managing_malnutrition.pdf)
2. <https://www.bapen.org.uk/nutrition-support/nutrition-by-mouth/oral-nutritional-supplements>
3. <https://www.bapen.org.uk/screening-and-must/must-calculator>
4. [https://www.malnutritionpathway.co.uk/library/pleaflet\\_green.pdf](https://www.malnutritionpathway.co.uk/library/pleaflet_green.pdf)
5. <https://sirona-cic.org.uk/advice-information/leaflet-library/nutrition-and-dietetics/malnutrition/>
6. <https://remedy.bnssg.icb.nhs.uk/formulary-adult/chapters/9-nutrition-and-blood/95-nutrition/>
7. [https://www.malnutritionpathway.co.uk/library/pleaflet\\_red.pdf](https://www.malnutritionpathway.co.uk/library/pleaflet_red.pdf)
8. <https://remedy.bnssg.icb.nhs.uk/media/5159/diabetes-and-nutrition-and-dietetics-referral-pathways-sept-2021.pdf>
9. [PATHWAY FOR PRESCRIBING ORAL NUTRITIONAL SUPPLEMENTS IN DORSET ICB APRIL 23.pdf \(nhsdorset.nhs.uk\)](https://www.malnutritionpathway.co.uk/library/pleaflet_red.pdf)

## **OTHER USEFUL RESOURCES**

**Patient leaflet (DRM):** <https://www.careengland.org.uk/sites/careengland/files/nutrition%20and%20illness.pdf>

Nutrition and dietetic services (including secondary care): <https://remedy.bnssg.icb.nhs.uk/adults/dietetics-nutrition/local-services/>

**MALNUTRITION PATHWAY RESOURCES:** [Managing Malnutrition: Healthcare Professional Resources \(malnutritionpathway.co.uk\)](https://www.malnutritionpathway.co.uk)

[https://www.malnutritionpathway.co.uk/tipsheets/tipsheet\\_gp.pdf](https://www.malnutritionpathway.co.uk/tipsheets/tipsheet_gp.pdf) (Tipsheet for GPs)

[https://www.malnutritionpathway.co.uk/tipsheets/tipsheet\\_pharmacists.pdf](https://www.malnutritionpathway.co.uk/tipsheets/tipsheet_pharmacists.pdf) (Tipsheet for pharmacists)

[https://www.malnutritionpathway.co.uk/library/ons\\_pathway.pdf](https://www.malnutritionpathway.co.uk/library/ons_pathway.pdf) (ONS pathway)

<https://www.malnutritionpathway.co.uk/library/ons.pdf> (Advice for healthcare professionals)