

# Use of Oral Nutritional Supplements in Primary Care

Version 1.2 – January 2023

VERSION CONTROL		
Version	Date	Amendments made
Version 1	Sept 2017	New document. AG.
Version 1.2	July 2022	Minor revisions to introductory section and flow chart. Product choices removed. AG.

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# Introduction

The purpose of oral nutritional supplementation (ONS) is to supplement food intake, not replace it and their use does not remove the need to manage the underlying condition responsible for the patient's poor appetite. Oral nutritional supplements are also sometimes referred to as 'sip feeds' or 'nutritional drinks'. It is important to ensure that prescribing is both appropriate for the patient and that the treatment length is such that waste is minimised.

ONS are only available on an NHS prescription if the specific criteria from the Advisory Committee on Borderline Substances (ACBS) are met (Box 1). Patients who do not meet any of the relevant ACBS criteria should be advised to purchase ONS over the counter or prepare homemade nourishing foods and drinks.

## Care home patients

The Care Quality Commission (CQC) regulation concerning hydration and nutrition states that providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so. People must have their nutritional needs assessed and food must be provided to meet those needs. Food fortifying care plans can be inserted into the individual's care plan to instruct staff (including caterers) regarding food fortification.

Care home patients should have their MUST score recorded monthly to allow consideration of prescribing or deprescribing of ONS.

### Please note:

The decision aids are not designed to be used stand alone and should only be used by those with experience of managing patients with or at risk of malnutrition. Further advice should be sought from a dietitian in the absence of relevant clinical experience.

## Referral criteria to dietetics

**Complete the** ONS Decision Aid for Primary Care Practitioners. If the patient falls within any of the below referral criteria refer to the locally commissioned Nutrition and Dietetic Department.

Referral Criteria for-Nutrition and Dietetic Department:

On ONS as sole source of nutrition

ONS used as part of feeding regime for artificially fed patients e.g. PEG/JEJ/NG

Complex nutritional needs that may require specialist feeds

At refeeding risk:

- Very little or no food intake in > 5 days with a BMI of 16.5 kg/m<sup>2</sup> or less or
- little or no nutritional intake for greater than 10 days or
- lost more than 15% of their body weight within the last 3-6 months (except patients at the end of their lives)
- low levels of potassium, phosphate or magnesium prior to feeding
- Two or more: BMI less than 18.5kg/m<sup>2</sup>; or unintentional weight loss of greater than 10% within last 3-6 months; or little or no nutritional intake for more than 5 days; a history of alcohol abuse or drugs including insulin, chemotherapy, antacids or diuretics .
- Grade 3 or 4 pressure sore with MUST  $\geq 3$

If the patient does not meet the Referral Criteria for Community Nutrition and Dietetic Department please complete a 12 week trial of food first and first line ONS as detailed in the flowchart ONS Decision Aid for Primary Care Practitioners) before referring to the Community Nutrition and Dietetic Department.

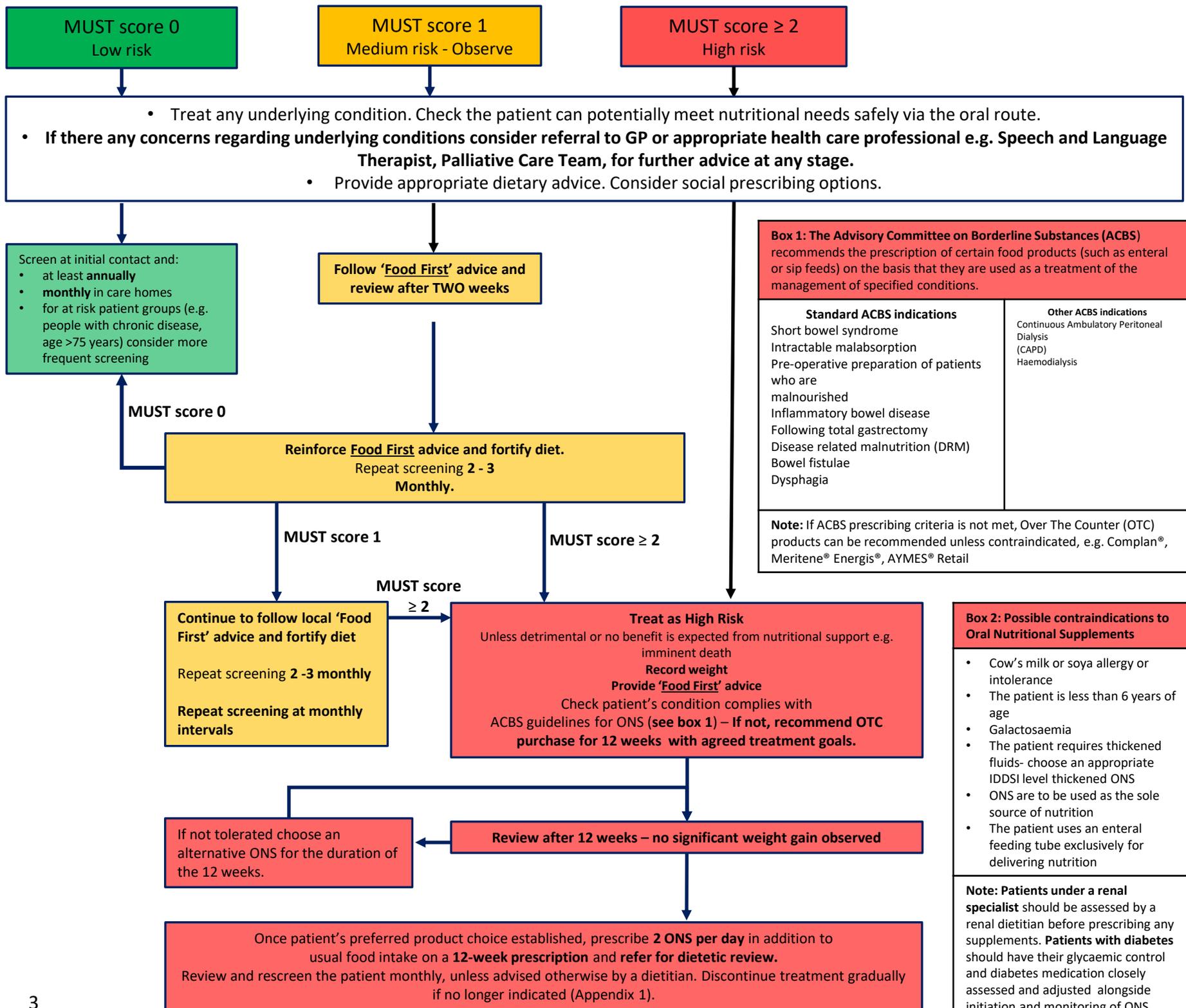
## Identifying patients at risk of malnutrition

When to screen:

- First contact with a new care setting (e.g. registering with a new GP, admission to a care home, pharmacist SMR)
- Clinical concern (e.g. Unplanned weight loss, appearance, reduced physical function, difficulty swallowing)- (weekly).
- Monthly in care homes
- Consider screening opportunistically (e.g. at health checks, flu vaccine appointments)

# ONS Decision Aid for Primary Care Practitioners

Any patient presenting with low appetite should be screened for risk of malnutrition using the Malnutrition Universal Screening Tool (MUST). The MUST score template can be accessed at: <http://www.bapen.org.uk/screening-and-must/must/introducing-must>. Patients discharged from hospital on ONS should be assessed by the GP within 6 weeks of discharge.



# Appendix 1

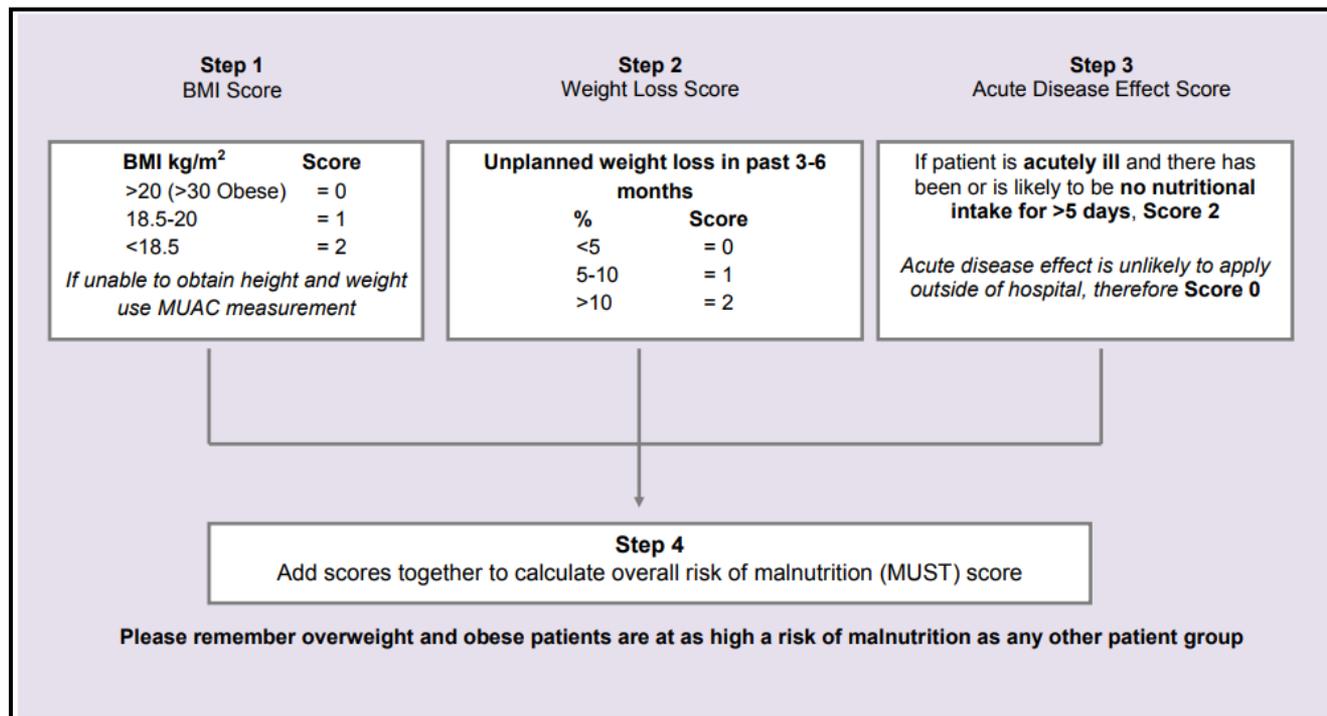
## Stopping Supplements

**Supplements must be reduced and stopped when:**

1. Agreed treatment goals are met **or**
2. BMI is within the healthy range (20 – 25kg/m<sup>2</sup>) **or**
3. MUST Score re-scored as 0-1

**Monitor MUST score for 3 months after discontinuing ONS**

## Calculating MUST Score



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