

Six steps to appropriate prescribing of Oral Nutritional Supplements (ONS) for adults

Step one: Identify risk of malnutrition

Screen patient using MUST (Malnutrition Universal Screening Tool) and document weight and MUST score using **MUST tool** and **calculator**.

MUST = 0 Low risk Routine monitoring	MUST = 1 Medium risk Go to step two	MUST = 2+ High risk Go to step two and consider referral to dietitian
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Step two: Assess cause

Assess underlying causes of malnutrition:

- Medical conditions, symptoms (eg nausea, pain, infection) and prognosis
- Ability to chew and swallowing issues
- Impact of medication
- Environmental and social issues
- Psychological issues
- Substance misuse
- Assistance required to eat/drink

Treat underlying cause if possible consider referral to appropriate local services.

Dietetic referral: Patients with complex nutritional needs eg renal disease, cystic fibrosis or gastrointestinal disorders require specialist advice and should be referred to dietetic services.

Step three: Set goals

Clear measureable **goals** of nutrition support treatment, including timescale, should be agreed with patient/carer and documented eg weight gain or weight maintenance or to facilitate wound healing.

Step four: Food first advice

Recommend food first advice and homemade fortified drinks to optimise oral intake. Consider need for OTC multivitamin and mineral supplement. Resources:

- 'Making the most of your food'
- 'Homemade fortified drinks'

Dietary advice sheet

Step five: Review and prescribe ONS if required

Review patient after one month to monitor, assess goals and need for ONS. If 'food first' has resulted in improvement towards goal, continue and monitor. Prescribe ONS if no improvement after one month **and** patient meets ACBS criteria:

- Disease-related malnutrition, intractable malabsorption, pre-op preparation of malnourished patients, dysphagia, proven IBD, total gastrectomy, short-bowel syndrome, bowel fistula.

Prescribe ONS for 14 days on acute script initially to establish tolerance (see Choosing ONS). If ACBS criteria not met, OTC supplements can be recommended. Set timescale and review date for ONS prescription.

Powdered supplement: Foodlink Complete® is first line

Step six: Review

Review regularly to monitor, assess goals, ONS compliance and continued need for ONS.

- Stop ONS when goal is met, patient has established adequate oral intake, acute need for ONS has abated or clinical input is no longer indicated.
- If the patient no longer has a clinical need but wishes to continue ONS, recommend OTC supplements or homemade fortified drinks as step four.
- If goal is not met with ONS treatment or if clinical situation has changed, check compliance and consider amending prescription. Consider referral to dietitian.

Patients discharged from hospital with acute ONS prescription

Continue to review as per hospital dietitian advice or see step six. If no correspondence from a hospital dietitian, commence from step one prior to continuing ONS.