

6 steps to appropriate prescribing of oral nutritional supplements (ONS) for adults

Step 1: Identify risk of malnutrition

Screen patient using MUST (Malnutrition Universal Screening Tool) and document weight and MUST score using [MUST toolkit](#) and [MUST calculator](#).

MUST = 0 low risk
Routine monitoring

MUST = 1 medium risk
Go to step 2

MUST = 2+ high risk
Go to step 2 and consider referral to dietitian

Step 2: assess cause

Assess underlying causes of malnutrition:

- medical conditions, symptoms (for example nausea, pain or infection) and prognosis
- ability to chew and swallowing issues
- impact of medication
- environmental and social issues
- psychological issues
- substance misuse
- assistance required to eat or drink

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

Dietetic referral

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

Step 3: set goals

Clear measurable goals of nutrition support treatment, including timescale, should be agreed with patient or carer and documented. For example weight gain or weight maintenance or to facilitate wound healing.

Step 4: food first

Recommend food first advice and homemade fortified drinks to optimise oral intake. Consider need for over the counter (OTC) multivitamin and mineral supplement.

Dietary advice sheet resources

- Food first advice for adults with a small appetite (coming soon).
- [Homemade fortified drinks](#).

Step 5: review and prescribe ONS if required

Powdered supplement: Foodlink Complete® is first line.

Review patient after 1 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 1 month and patient meets ACBS criteria for the product requested ([part XV of the drug tariff](#))
- refer to [ONS quick reference formulary](#) for ONS choice
- prescribe ONS for 14 days on acute script initially to establish tolerance
- set timescale and review date for ONS prescription
- if ACBS criteria not met, OTC supplements can be recommended

Step 6: 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 4

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 6. If no correspondence from a dietitian, commence from step 1 prior to continuing ONS and if ONS are required use [primary care ONS formulary](#).