

Appendices:

Appendix 1: Quick guide: Adult oral nutritional supplement (ONS) prescribing in primary care

Establish if at risk of malnutrition?:

- Weigh individual, obtain height & weight history over approximately last 3-6 months
- Screen with a validated tool – e.g. calculate MUST (Malnutrition Universal Screening Tool)

Assess causes of malnutrition & any actions required

- Disease, disorder or medical condition- provide disease related advice, treat symptom e.g. nausea, vomiting, constipation, pain
- Social- consider referral to social prescriber, access to food/shopping, use of food banks, luncheon clubs, Food delivery services, social/support groups, family involvement & refer to appropriate services
- Support with anxiety/depression & refer to appropriate services
- Dental- ensure good oral hygiene, advise on dental care

Nutrition Action Plan		
Risk	Intervention	Monitoring
Low risk: <ul style="list-style-type: none"> • MUST =0 • BMI >20 & <5% unplanned weight loss in last 3-6 months 	None needed	Routine
Medium risk: <ul style="list-style-type: none"> • MUST =1 • BMI 18.5-20 • 5-10% unplanned weight loss in last 3-6 months 	Establish treatment goal(s)* Treat using food-based advice Use food-based resource	Review-ideally monthly-record <ul style="list-style-type: none"> • Progress against treatment goal • Weight • BMI • MUST score If treatment goal(s) being met, continue until appropriate to stop
If treatment goal for Medium risk not being met, consider treating as High risk		
High risk: <ul style="list-style-type: none"> • MUST=2-6 • BMI<18.5 • 10% unplanned weight loss in last 3-6 months • BMI<20 & >5% unplanned weight loss in last 3-6 months 	Establish treatment goal (s)* Treat using food-based advice Use food-based resource Advise use of Homemade supplements Or OTC supplements	Review-ideally monthly-record <ul style="list-style-type: none"> • Progress against treatment goal • Weight • BMI • MUST score If treatment goal(s) being met, continue until appropriate to stop If treatment goal not being met, consider whether a prescribed ONS is more likely to be taken than a homemade supplement or OTC supplement? (If not, ONS prescription unlikely to be appropriate, regardless of level of malnutrition)
High risk- refer to dietitian only if meets Dietetic referral criteria		

Set treatment goal (s) (what does the individual want to achieve?)	
Examples: <ul style="list-style-type: none"> • Improve or maintain functional ability • Improve or maintain quality of life • Facilitate wound healing • Improve or maintain nutritional status/weight • Minimise decline in nutritional status/weight 	What to measure at each review <ul style="list-style-type: none"> • Reported ability to undertake activities of daily living • Reported quality of life before & after intervention • Wound severity/size before & after intervention • Weigh & calculate MUST score before & after intervention • Rate of weight loss/percentage of weight lost before & after intervention

When is it appropriate to prescribe an ONS? <ul style="list-style-type: none"> ◆ Individual meets ACBS criteria for that prescribed product ◆ Individual is high risk of malnutrition <u>AND</u> evidence suggests that they/carer is unable to prepare homemade or OTC supplements <p>Or</p> <p>Individual is at high risk of malnutrition <u>AND</u> not meeting treatment goal(s) after 1 month food-based treatment & homemade or OTC supplements <u>AND</u> evidence suggests more likely to take a therapeutic dose of prescribed ONS compared with homemade or OTC supplement</p>

Which standard ONS to prescribe? – always start with the **1st line green coded ONS products**, when initiating a prescriptions in primary care, unless there are contraindications, specific food preferences or tolerance concerns and then prescribe the most suitable **2nd line green coded ONS product**. Please refer to the ONS tables on p6/7 in the document for full guidance.
(prescribe a 1 week supply initially, then prescribe monthly as acute script)

Criteria	ONS product Therapeutic dose = 2 per day	Care home resident
✓ Person/carer can prepare powder ONS ✓ Person can manage 2 x 200ml per day ✓ Likes sweet, milky drinks	Food-based advice & 1st line Powdered ONS	Advise staff to offer 'homemade fortified milkshake' 2 per day
If cannot manage volume- Use powdered compact ONS		
✓ Person/carer cannot prepare powder ONS ✓ Person can manage 2 x 200ml per day ✓ Person likes sweet, milky drinks	Food-based advice & 2nd line Ready to drink milk based ONS	Advise staff to offer 'homemade fortified milkshake' 2 per day
If cannot manage volume- Use compact ready to drink milk based ONS		
✓ Person is vegan ✓ Person/carer can prepare powder ONS ✓ Person can manage 2 x 200ml per day ✓ Likes sweet drinks	Food-based advice & 2nd line powdered vegan ONS (Ready to drink version if unable to prepare powder version)	Advise staff to offer 'homemade fortified vegan milkshake' 2 per day
✓ Person does not like milky drinks ✓ Person can manage 2 x 200ml per day ✓ Person likes sweet drinks	Food-based advice & 2nd line Fruit juice based ONS	Advise staff to offer 'homemade fortified fruit juice' 2 per day

Other ONS can be prescribed if requested by a Dietitian - they must provide clinical reasoning

Stop prescribing an ONS when any of the following apply: <ul style="list-style-type: none"> • When treatment goal(s) are met • When person has met target BMI and is gaining weight • When requested to do so by Dietitian
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- When person is unable/unwilling to take ONS as a therapeutic dose (2 per day)-consider if alternative
- When person is reaching end of life, continuing to try & take ONS is likely to reduce quality of life

Acknowledgement: Hertfordshire & West Essex ICB: Alison Smith- Prescribing Support Consultant Dietitian

Assessment of underlying causes of malnutrition

The assessment process enables a specific treatment plan to be developed for the individual. It aims to identify any underlying causes of malnutrition and any possible interventions that need to be taken.

Medical conditions causing poor appetite e.g. nausea, breathlessness, constipation, diarrhoea, poorly controlled diabetes, cancer etc.		GP management, Community Nursing Team, Palliative Care team, appropriate medication
Poor oral health e.g. dry, sore mouth, altered taste, ulcers, poor dentition /ill-fitting dentures		Consider referral to Dentist and advise on soft/appropriate diet, appropriate medication
Difficulties or unable to swallow		Investigate cause and treat ability to chew/swallow. Consider referral to Speech and Language Therapist for feeding/swallowing assessment
Poor emotional or mental health e.g. low mood, anxiety, self-neglect, bereavement, alcoholism, addictions		GP management, counselling Consider referral to appropriate Mental Health Services, social clubs, day centres
Disabilities e.g. visual problems affecting cooking & feeding skills, difficulties in preparing, eating or handling food		Consider referral to Optician Consider referral to Occupational Therapist
Social issues e.g. living conditions, isolation, needs help to plan, shop, prepare, cook meals		Consider Social Services referral (for benefit entitlement, housing, for signposting advice or assessment, meals on wheels, home care, day centre, luncheon clubs)
Poly-pharmacy – side effect of medication on appetite, GI function, micronutrient absorption		Clinical medication review or medicines use review e.g. pharmacy

Audit tool- ONS review in GP practice- supporting guidance

Step	Action / Guidance
1	Run ONS search. - EMIS Web: Search for all patients with ONS as a current prescription (acute or repeat), regardless of issue date. - SystmOne: Search for all patients issued ONS within the last 6 months.
2	Check if ONS issued in last 3 months. - If not, patient review required prior to re-issue. This prevents unreviewed repeat prescribing.
3	If ONS for tube feeding (NG, PEG, RIG): - Verify product, quantity, and frequency match dietitian's request. - Inform dietitian if discrepancies found. - Ensure prescriptions are sent to enteral feed company unless specified
4	For other patients, review the following: a. Recent weight/BMI (within 3 months). b. Nutrition risk screening score c. Treatment goals and progress monitoring. d. Food-based advice given. e. If product justification is documented f. Therapeutic dose stated (usually 2/day). g. Correct quantity prescribed (56 bottles or sachets per 28 days). h. Monthly issue frequency. i. Review plan in place. j. If dietitian involved, check product/dose match and ongoing involvement. → If complete, assess ongoing ONS need → If incomplete, arrange internal review to gather missing data (not dietitian referral).
6	If, after completing the above, you are unsure how to manage specific patients , please contact your local community dietetic team for advice, who will be happy to discuss with you and/or the practice to advise on the best way forward.
7	Discuss your findings with the prescriber and advise what prescription changes need to be made/communicated to patients by practice staff.
8	Ideally, repeat ONS search every 6 months