

COMMON QUESTIONS ABOUT PRESCRIBING ORAL NUTRITIONAL SUPPLEMENTS (ONS)

My patient is at high risk of malnutrition (MUST score of 2 or more), and is within the groups listed by the ACBS. What is recommended?

- The first line option for patients needing to improve their nutritional intake is to fortify their food.
- There are simple ways that this can be achieved, and it is often more palatable than sip feeds. Offer the patient a copy of the leaflet entitled "[Your Guide To Making the Most of Your Food - Advice for patients and carers](#)".
- An adequate trial of food fortification (2-4 weeks) should be undertaken before ONS are prescribed.
- If appropriate, non-prescribable supplements such as Complan® or Nurishment® may also be suggested.
- Consider a medication review at this point to ascertain if medication could be affecting the patient's appetite, or causing nausea.

My patient did not gain any weight after 2-4 weeks of food fortification or non-prescribable supplement. I know I need to prescribe some ONS, but what, and how much?

- In very simple terms, prescribing between one and three servings per day of any oral nutritional supplements listed on the formulary with a '**GREEN**' traffic light status is a good starting point. Please also refer to additional guidance below in the section called 'Choosing the 'right' ONS for my patient' to help make the most appropriate choice.
- The prescription for ONS should be in addition to continued fortification of food.
- After prescribing ONS, review the patient often to assess benefit. The first review should be after 2-4 weeks, and subsequent reviews should be as appropriate, but not longer than every 3 months.
- If the patient is gaining weight and has improved nutritional status, continue to prescribe the ONS until it is appropriate to stop, see below.
- If the patient is not gaining sufficient weight, or the overall nutritional or clinical status of the patient remains poor, refer the patient to a dietitian, who can decide which ONS is best to meet the patient's individual needs e.g. for wound healing, for supporting nutritional intake. This may include initiating specialist products listed as '**AMBER**' on the formulary.

Choosing the 'right' ONS for my patient

- Can the patient make up their own drinks or have someone who could do this? (Patients in Care Homes should already have this option provided by the care home i.e. not on prescription.) Patients in their own homes could be prescribed powdered feeds, these can be made with fresh milk and therefore some people prefer their fresher taste. Plus if made with whole milk they can be higher in calories and protein than other options. These are also the cheapest ONS.
- Does the patient like milky drinks? If so then a 1.5 kcal/ml milk type ONS would be a good starting point. Check which flavours they may like. These are 200ml bottles.
- Does the patient only manage small amounts? It may be better to opt for a 2.4 Kcal/ml compact milk type ONS as this has the same kcals per bottle as the above option but in a smaller volume i.e. 125ml

- Does the patient dislike milk? You may wish to opt for the juice style ONS, these only come in 200ml bottles and tend to have less protein but the same calories as the milky ONS.
- Does the patient require thickened fluids? Opt for the pre-thickened ONS in the recommended consistency as advised by the speech and language team.

When might I need to seek more advice before prescribing any supplements at all?

- If a patient has renal disease, malabsorption, diabetes, dysphagia, or significant co-morbidities, then certain ONS may be unsuitable, and it is safest to seek specialist dietetic advice before prescribing.
- ONS containing vitamin K may affect the INR of patients taking oral anticoagulants, and adequate monitoring of these patients is recommended. Seek specialist advice if you are unsure as to which ONS are suitable.

How can I reduce wastage of ONS?

- Ask the patient which flavour or texture might be most appealing to them, and make an appropriate choice from the formulary, for example, milky or juicy drink or yoghurt style.
- Where possible, provide 'open' prescriptions to allow the patient to choose their preferred flavours in conjunction with their local pharmacy.
- When the preferred flavours have been identified a prescription should then be given for up to 28 days supply at a time, as an acute prescription (do not prescribe ONS on repeat prescriptions).

Is there anything I can do to improve the chances of the patient benefitting from the ONS?

Patients prescribed ONS should be given written and oral advice, for example:

- Dose and timing;
- Incorporation into meals (neutral flavours can be used in cooking or instead of milk);
- How the ONS is best served (many of the ONS taste better when served chilled).
- Clear directions for use should be specified on the prescription (e.g. take two daily between meals). 'As directed' should not be used.

When should I stop prescribing an oral nutritional supplement?

ONS should be stopped when any of the following apply:

- The patient is not taking them despite optimization of preferred flavours and textures;
- The patient's appetite returns to normal and they are achieving a balanced, nutritionally adequate diet;
- The patient's medical condition has resolved e.g. pressure sore healed and patient is eating well;
- The patient's BMI increases to normal;
- The MUST score is low risk.

What is the 'bottom line'?

- Fortification first – many patients can increase nutrient intake by simple dietary changes
- Ensure that where ONS are prescribed, it is within the validated assessment tool (MUST) and the ACBS criteria, and benefit is assessed regularly.
- Refer the patient for specialist dietetic advice when necessary.