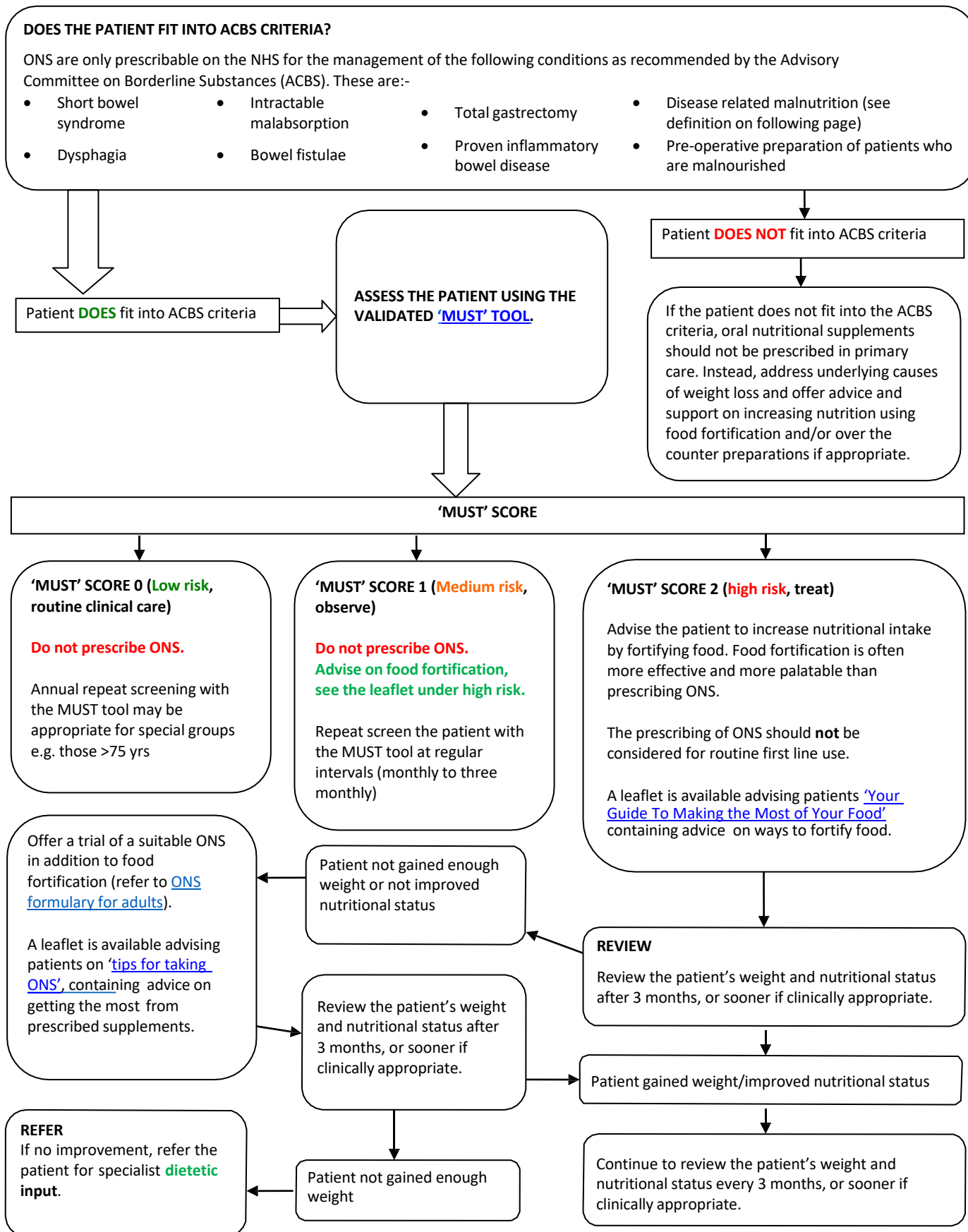


# PATHWAY FOR PRESCRIBING ORAL NUTRITIONAL SUPPLEMENTS IN DORSET CCG

Oral nutritional supplements (ONS), particularly in the form of sip feeds, are often prescribed for patients whose nutritional status is poor. With a wider range of ONS available to meet varying nutritional needs it is important to ensure that they are prescribed appropriately. When considering prescribing ONS, please use the flowchart below.



### **BEST PRACTICE FOR PRESCRIBING ONS**

- Definition of disease related nutrition from the British Assoc of Parenteral and Enteral Nutrition (BAPEN):  
*“Malnutrition is a state of nutrition in which a deficiency or excess (or imbalance) of energy, protein and other nutrients causes measurable adverse effects on tissue / body form (body shape, size and composition) and function and clinical outcome”.*
- As per the flow chart, ONS should only be prescribed in high risk patients (MUST score of  $\geq 2$ ), for whom food fortification has not been successful.
- Patients who are prescribed ONS should be given supplements that provide at least an extra 400kcal/day, supplements offering less than this provide limited benefit.
- To reduce wastage, initially give an initial prescription of mixed flavours for one week, as sip feeds are often poorly tolerated or only specific flavours are found to be acceptable. When the preferred flavours have been identified a prescription should then be given for up to 28 days supply at a time.
- ONS should remain an “acute” item to prevent unintended repeat supplies without appropriate reviews of treatment
- Patients prescribed ONS should be given written and oral advice regarding the use of the sip feed e.g. dose, timing, incorporation into meals and how the feed is best served.
- Clear directions for use should be specified on the prescription (e.g. take two daily between meals). ‘As directed’ should not be used on prescriptions for ONS.
- Where ONS have been recommended by a secondary care dietetic service, the prescriber should ensure that a recent assessment has been performed to ensure that the patient fits the criteria for ONS and to provide a baseline on which to review the patient.

### **PRESCRIBING SAFELY**

- If a patient has renal disease, malabsorption, diabetes or dysphagia certain ONS may be unsuitable. Refer to the ONS formulary guidance for suitable choices and/or seek specialist dietetic advice if required.
- ONS containing vitamin K may affect the INR of patients taking oral anticoagulants, and adequate monitoring of these patients is recommended. Seek specialist dietetic advice if required.

### **DISCONTINUING ONS SUPPLEMENTS**

- As part of regular reviews of weight and nutritional status, the patient’s MUST score may drop, particularly if the need for supplemental nutrition (either as fortified food or ONS) was in relation to an acute condition.
- In these cases, where the patient’s BMI and nutritional status has been returned to expected levels, it may be appropriate to stop prescribing ONS and/or stop food fortification.