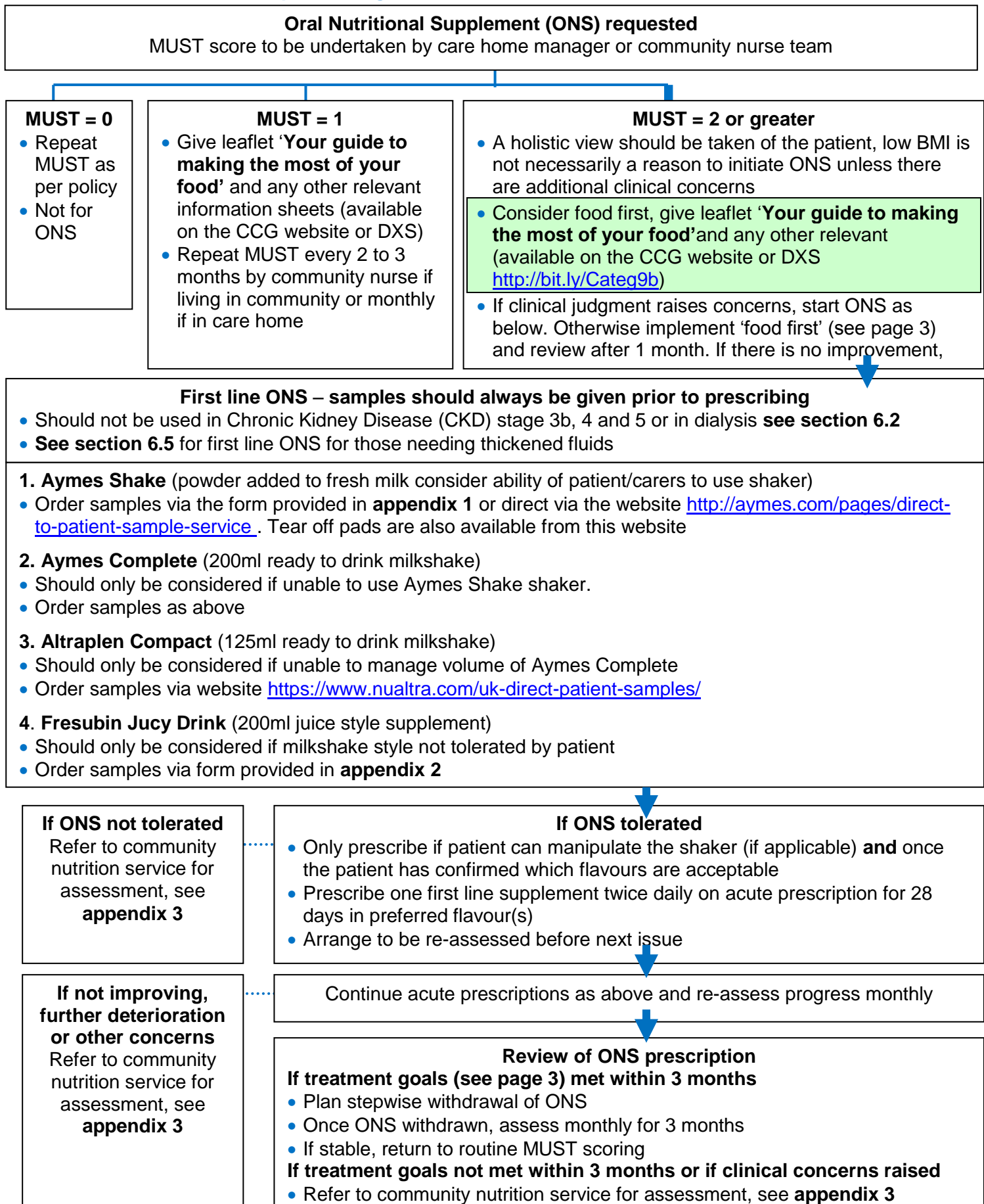


## Recommendations on managing malnutrition including prescribing of Oral Nutritional Supplements (ONS)

### 1.0 Flow chart for ONS prescribing



## 2.0 Aim

This policy has been designed to support primary care prescribers initiating nutrition support for adults in east Kent. It includes instructions on how to initiate patients on ONS following the use of the Malnutrition Universal Screening Tool (MUST).

## 3.0 Background

Malnutrition can have serious negative health consequences such as:

- Loss of weight
- Muscle wasting and reduced strength
- Reduced lung and cardiac function
- Increased susceptibility to pressure ulcers
- Oedema
- Impaired immune function
- Reduced metabolic rate
- Apathy
- Increased mortality and morbidity

There are also significant healthcare costs related to malnutrition. Malnourished people have more hospital admissions, longer length of stay and more readmissions, more GP visits and prescriptions. The overall healthcare cost is more than double that of a non-malnourished individual.

Therefore, it is important to identify and treat patients who are malnourished or at risk of becoming malnourished, as soon as possible. **However, this does not mean that all such patients require oral nutritional supplements (ONS).**

## 4.0 Identification of malnutrition

All patients should have a nutritional assessment before starting supplements and at regular intervals to assess ongoing need. MUST is recommended – this can be used by all care workers in any setting.

### 4.1 MUST (Malnutrition Universal Screening Tool)

The MUST tool can be found on-line at: [http://www.bapen.org.uk/pdfs/must/must\\_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf)

Actions should be indicated by the patients MUST score. Ongoing screening and monitoring is vital.

- All patients in care homes should have monthly MUST tool assessments.
- Patients in their own homes thought to be at risk of malnutrition or in specific groups (e.g. elderly, chronic disease states) should have MUST screening on registration with healthcare services and repeated at least annually or on clinical concern.

### 4.2 Use of MUST

MUST is a rapid use screening tool designed for non-dietetic healthcare professionals to detect risk of malnutrition. A MUST score does not inform of a patient's clinical condition. Dietetic assessment is much more thorough than a single MUST score and dietetic requests for ONS are based on wider indices than MUST.

## 5.0 Management of malnutrition

Malnutrition is treatable using first line dietary advice on improving intake and ONS when necessary.

**'Food first'** involves dietary manipulation to increase nutrients. This could include food fortification, changed meal patterns, using higher calorie products and nourishing drinks. Nutrition advice sheets are available, as below, to support these recommendations. Where possible, treat the underlying cause of malnutrition, for example, nausea, poorly controlled pain, ill-fitting dentures or lack of social support.

### 5.1 Issues to consider before prescribing ONS

ONS are a medical intervention and should only be provided to patients who are classed as malnourished or at risk of malnutrition, where dietary intervention is insufficient to improve nutritional status.

**'Food first' nutrition advice sheets** should be provided to patients or carers, these are available on the CCG website (available on the CCG website or DXS <http://bit.ly/Categ9b>)

ONS are a food supplement, not a food substitute, and so should **not** be used as a meal replacement or a sole source of nutrition (unless recommended by a dietitian).

ONS can only be prescribed for specified ACBS indications (see BNF or Drug Tariff):

- Intractable malabsorption
- Pre-operative preparation of patients who are undernourished
- Patients with proven inflammatory bowel disease
- Short bowel syndrome
- Following total gastrectomy
- Dysphagia
- Bowel fistulae
- Disease related malnutrition

They are **not** to be used to overcome social problems.

They are **not** to be provided to care homes unless dietary interventions (food fortification, altered meal patterns, pureeing of food if necessary and assistance with feeding) have been implemented and failed to improve nutritional status and this has been documented – ONS are not a substitute for basic care.

#### Treatment Goals

**Set goals for nutritional intervention, such as:**

- Prevent further weight loss/deterioration of nutritional status
- Support recovery/ weight gain/ achieve a healthy BMI
- Optimise nutritional status during illness

It may not be appropriate or clinically viable for some patients to gain weight or to achieve a healthy BMI (e.g. terminal patients, patients with cancer cachexia, patients who have declined or are not clinically stable enough for further active medical treatment or medical investigations). In these circumstances, a dietitian should be consulted prior to prescribing ONS.

### 5.2 Dietetic referral

Dietetic referral is recommended for complex patients or those with multiple nutritional needs. Referral should also be made if first line ONS and dietary advice is insufficient to achieve treatment goals or nutritional status deteriorates.

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Patients should be referred to the community nutrition service. The referral form can be found in **appendix 3**.

Patients under the intermediate care team (ICT) may be seen by the ICT dietitian where available.

### 5.3 Initiating ONS prescription

A flow diagram has been agreed to support the appropriate screening, prescribing and monitoring of patients requiring ONS (see page 1).

**First line products** have been identified as appropriate for initiation by primary care. These are as follows:

Product	Description	Cost per unit
1. Aymes Shake	Powder added to fresh milk and made up using a shaker 387kcal Flavours: Banana, Chocolate, Neutral, Strawberry, Vanilla	£0.70
2. Aymes Complete	Ready to drink milkshake, 200ml 300kcal Flavours: Banana, Chocolate, Strawberry, Vanilla	£1.26
3. Altraplen Compact	Ready to drink milkshake, compact size, 125ml 300kcal Flavours: Banana, Hazel Chocolate, Strawberry, Vanilla	£1.45
4. Fresubin Jucy Drink	Ready to drink juice style supplement 300kcal Flavours: Apple, Blackcurrant, Cherry, Orange, Pineapple	£1.93

**Supplements not on the above first line ONS list should only be prescribed on the advice of a dietitian.**

**Starter packs** should be provided to patient initially to determine acceptable product and flavours to improve compliance. These can be requested as per the flowchart on page 1. Sample cards should not be provided direct to care homes.

If ONS samples are tolerated prescribe twice daily (56 per month), as per flowchart.

### 5.4 Prescribing administration

- All ONS should be on an acute prescription. Repeat prescriptions should only be generated at the specific request of a dietitian.
- ONS should preferably be prescribed as specific flavours which are acceptable to patients, rather than 'mixed flavours,' to reduce waste.

### 5.5 Review of ONS prescription

It is important to ensure that patients started on ONS are reviewed before the next prescription is issued to ensure progress towards goals.

- If there is improvement, continue ONS. Once goals have been achieved ONS should be withdrawn in a stepwise manner.
- If there is ongoing deterioration or lack of improvement within three months, dietetic referral should be made (**appendix 3**). Contact details can be found in **appendix 4**.

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Long term users of ONS who are clinically stable, for example those requiring liquid diet, should be reviewed (preferably by the dietetic team) every 6-12 months as there is a risk of reducing compliance due to taste fatigue. It is important to ensure this is in place and not to keep issuing repeat prescriptions.

Where a dietitian has instigated ONS the patients will be offered regular review. When the dietitian is not able to review, for example, the patient does not attend either a clinic appointment or a domiciliary visit; the GP will be informed in writing.

## 6.0 Disease Specific Considerations

### 6.1 Oncology

MUST scores may not be appropriate for oncology patients. The aim of the dietetic intervention when a patient is receiving radiotherapy or chemotherapy, is to try to prevent weight loss to improve outcomes. A clear rationale for the prescription and follow up arrangements will be included in requests to primary care. In case of query contact the requesting dietitian whose details will be on the request letter. Contact details are also available in **appendix 4**.

### 6.2 Renal

Consideration of the amount of fluid, electrolytes and protein provided by ONS is essential for Chronic Kidney Disease (CKD) stages 4 and 5 and, occasionally, for stage 3b. Energy requirements for well individuals with CKD are 30 to 35kcal/kg/body weight which may be difficult to achieve.

**Aymes Shake should not be the first line choice for CKD stages 4 and 5** (nor for patients on dialysis), unless advised by a renal dietitian. **Fortisip Compact once a day** is recommended as first line ONS, due to the clinical needs of these patients, with a referral to Renal Dietetics for further assessment, contact details in **appendix 4**. Please provide body weight, eGFR, potassium, phosphate and calcium levels on referral.

### 6.3 Home Enteral Nutrition

It is not appropriate to use MUST for enterally fed patients with dysphagia who are receiving enteral nutrition. These patients may be administering feed either by pump or bolus (with syringe). Please note a prescription for up to 8 supplements per day to be administered via the tube as a bolus feed may be requested.

Please liaise with the Home Enteral Nutrition Service (HENS) with any queries regarding enterally fed patients, contact details are found in **appendix 4**.

### 6.4 Diabetes

ONS can be prescribed for people with diabetes but on-going review of diabetes control and medication is recommended. Refer to the community dietetic service if concerns arise.

### 6.5 Dysphagic patients needing thickened fluids

Standard ONS do not thicken well using thickeners and may then be unsafe and/or unpalatable for patients needing thickened fluids. It is recommended all patients needing ONS and thickened fluids are referred to dietetics. The following products may be used pending assessment, for patients with thickened fluid recommendations from SALT:

- First line for **syrup** thick consistency - Altraplen Compact
- First line for **custard** and **pudding** thick consistencies – Nutricrem (125g pudding style supplement, 225kcal, Flavours: Chocolate Orange, Strawberry, Vanilla, £1.40)
- Aymes Shake, Aymes Complete and Altraplen Compact are suitable for patients requiring **naturally thick fluids**

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It is recommended that advice is sought from the speech and language therapy (SALT) team if there are any concerns. Pre thickened supplements or alternative pudding style supplements may be recommended by the dietitian if first line options are not tolerated.

## 7.0 Hospital discharge

When a patient is discharged from hospital on ONS, check if an ongoing prescription has been recommended by a dietitian, this will be requested on the EDN or on a letter. These patients will be offered review with the community dietetic team.

If there is no request from a dietitian, refer to the community nutrition service to assess if this is appropriate. Do not issue ONS, unless clinical judgement raises concerns (follow flowchart on page 1).

## 8.0 Waste Disposal

ONS are not classed as hazardous or medicinal waste and can be disposed via the domestic waste stream or by pouring down the sink and recycling the containers.

## 9.0 Training

Training on malnutrition, nutritional screening and appropriate prescribing is available through the community nutrition service, please see **appendix 4** for contact details.

## Appendix 1: Aymes starter pack request form – FIRST LINE PRODUCT

<b>FOR OFFICE USE ONLY</b>		Dispatch date	
Standard Operating Procedure	0113	Batch code of samples sent	
Date received		Signature	

### order form: direct to patient sample service

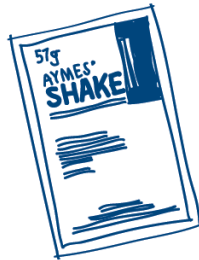
#### To arrange for your patient to receive an AYMES® Sample Pack...

- Tick the box/es, for one or both sample types.  
(Service restricted to ONE of each Sample Pack per patient)
  - Complete the form below
  - Return by email to [patientsamples@aymes.com](mailto:patientsamples@aymes.com)
  - Or return by fax to **0845 519 6342**
- NB: When sending forms by fax, please ensure this is the side returned

**AYMES®  
SHAKE**  Tick Here

#### Shake Powder Sample Pack

- 1 x Banana sachet
- 1 x Chocolate sachet
- 1 x Neutral sachet
- 1 x Strawberry sachet
- 1 x Vanilla sachet
- 1 x AYMES® Shaker



**AYMES®  
COMPLETE**  Tick Here

#### Complete Ready to Drink Sample Pack

- 1 x Banana bottle
- 1 x Chocolate bottle
- 1 x Strawberry bottle
- 1 x Vanilla bottle
- 4 x Ergonomic Straws



#### HEALTHCARE PROFESSIONAL DETAILS (or practise stamp)

Name/Practise\* \_\_\_\_\_

Address\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Signature\* \_\_\_\_\_

Date\* \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

#### PATIENT DETAILS (for sample delivery)

Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode\* \_\_\_\_\_

Mobile No \_\_\_\_\_

(for delivery confirmation)

Privacy Statement: AYMES® complies fully with The Data Protection Act 1998. All information provided will be used solely for the purpose of providing the service requested and will not be used for marketing purposes.

\*Required field

Carline: 0845 6805 496 email: [info@aymes.com](mailto:info@aymes.com) website: [www.aymes.com](http://www.aymes.com)  
AYMES International Ltd, International House, 124 Cromwell Road., Kensington, London. SW7 4ET.



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Appendix 2: Fresenius starter pack request form – FOURTH LINE PRODUCT



# Fresubin® Sample Service

Please **tick** the relevant box to ensure your patient receives the appropriate ONS sample pack for them.  
A maximum of three packs can be requested.

	<p><b>Fresubin® juky</b></p> <ul style="list-style-type: none"> <li>Apple</li> <li>Blackcurrant</li> <li>Orange</li> <li>Pineapple</li> </ul> <div style="text-align: right;"> <input style="width: 20px; height: 20px; margin-left: 10px;" type="checkbox"/> </div>

<p><b>Health Care Professional Details</b></p> <p>Name: .....</p> <p>Position: .....</p> <p>Address: (BLOCK CAPITALS) .....</p> <p>....., Postcode: .....</p> <p>Email: .....</p> <p>Tel: .....</p>	<p><b>Patient Details (Delivery Address)</b></p> <p>Name: .....</p> <p>Address: (BLOCK CAPITALS) .....</p> <p>....., Postcode: .....</p> <p>Mobile No: .....</p> <p>(For delivery confirmation purposes)</p>
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Please either fax to 0151 363 3686 or email the completed form to [ddl.group@nhs.net](mailto:ddl.group@nhs.net)

**ENTERAL NUTRITION**

Fresenius Kabi Ltd, Cestrian Court, Eastgate Way,  
Manor Park, Runcorn, Cheshire, WA7 1NT  
Tel: 01928 533533  
[www.fresenius-kabi.co.uk](http://www.fresenius-kabi.co.uk)  
Email: [www.nutrition.service@fresenius-kabi.com](mailto:www.nutrition.service@fresenius-kabi.com)

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Appendix 3: Community Nutrition Service referral form
Clinical Nutrition and Dietetics

Community Nutrition Service (CNS)

East Kent Adults Referral form

Patient name, NHS number, Address, Date of birth, Ethnicity, Mobile No, Email, etc.

Reason for referral

Relevant medical history (attach printout if available)

Recent assessment (where applicable)

Current weight, Height, BMI, MUST score, Total Chol, HDL, Triglycerides, HbA1c (%)

Diagnostic result if recently diagnosed with diabetes

Fasting blood glucose (1), (2), Random blood glucose, OGTT, Medications

Please provide any specific information and/or communication needs relating to a disability, sensory loss or impairment eg, Braille, Audio, Easy Read

Does your patient require an interpreter? Eg, British Sign Language (BSL), overseas language

All patients referred to the service will be offered an outpatient appointment. Only patients who are housebound will be offered a Domiciliary Visit. This will be ascertained when the appointment is made.

Do you think your patient may need a DV? Yes No. If yes, reason unable to attend clinic:

If the patient is to be seen in their own home, please help us by completing the domiciliary visit information form overleaf.

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Contact: T: 01227 791267 | E: accg.eastkent.prescribing@nhs.net

Name of referrer (CAPITALS) ..... Designation .....  
.....  
Address .....  
Post code ..... Tel No .....  
Signature ..... Date of referral .....

Has the patient consented to referral and method of communication? Yes / No  
If no, does the patient have capacity to consent? Yes / No  
If you have a reasonable belief that patient lacks capacity, please confirm you are referring the patient in their best interests under the Mental Capacity Act, 2005.

### Domiciliary visit information

Patient name ..... Date of birth .....  
NHS number .....

We use this information to help assure the safety of our staff whilst conducting a home visit and to limit ineffective visits. Please complete this form if possible.

Are there any concerns, safety issues or is there a need for a double handed visit?

Yes  No  Not known  If yes, please provide details .....  
.....  
.....

Is the patient or carer able to open the door?

Yes  No  Not known  If no, how can access be gained? .....  
.....  
.....

Does a carer need to be present to understand and communicate effectively?

Yes  No  Not known  If yes, please specify who .....  
.....  
.....

Please return completed forms to Clinical Nutrition and Dietetics via post or email to

**Private and Confidential**

**Central Appointments Team**

**Address: Queen Victoria Memorial Hospital, King Edward Avenue, Herne Bay CT6 6EB**

**Tel:** 0300 123 0861

**Email:** [kcht.centralisedappointmentteam@nhs.net](mailto:kcht.centralisedappointmentteam@nhs.net)

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## Appendix 4: Dietetic contact details

### For appointment bookings; Central Appointments Team

**Telephone:** 0300 1230861

**Email:** [kcht.centralisedappointmentteam@nhs.net](mailto:kcht.centralisedappointmentteam@nhs.net)

**Address:** Queen Victoria Memorial Hospital  
King Edward Avenue  
Herne Bay  
Kent  
CT6 6EB

### Community Dietetic Team

**Telephone:** 01227 594836

**Email:** [kcht.communitynutritionservice@nhs.net](mailto:kcht.communitynutritionservice@nhs.net)

**Address:** Queen Victoria Memorial Hospital  
King Edward Avenue  
Herne Bay  
CT6 6EB

01304 828755

[kcht.diabetesityteam@nhs.net](mailto:kcht.diabetesityteam@nhs.net)

Unit 2 Whitfield Court  
Honeywood Close  
Whitecliffs Business Park  
Dover  
CT16 3NY

### Acute Dietetic Team

**Telephone:** 01227 864236

**Address:** Kent and Canterbury  
Hospital

Ethelbert Road  
Canterbury  
Kent  
CT1 3NG

01843 234310

Queen Elizabeth the Queen Mother  
Hospital

St Peters Road  
Margate  
Kent  
CT9 4AN

01233 616624

William Harvey  
Hospital

Kennington Road  
Willesborough, Ashford  
Kent  
TN24 0LZ

### Department of Renal Dietetics

**Telephone:** 01227 868789

**Email:** [ekh-tr.renaldietitians@nhs.net](mailto:ekh-tr.renaldietitians@nhs.net)

**Address:** Dept of Renal Dietetics  
Kent & Canterbury Hospital  
Ethelbert Road  
Canterbury  
Kent  
CT1 3NG

# East Kent Prescribing Group



## Home Enteral Nutrition Service (HENS)

**Telephone:** 01227 594660  
**Email:** [kcht.HENAdmin@nhs.net](mailto:kcht.HENAdmin@nhs.net)  
**Address:** Barnsdale Bungalow  
Whitstable and Tankerton Hospital  
Northwood Road  
Tankerton Whitstable  
Kent  
CT5 2HN

## Medway PCT Dietitians

**Telephone:**  
**Address:** Medway PCT Dietitians  
Department of Nutrition and Dietetics  
Medway Maritime Hospital  
Disablement Services Centre  
Windmill Road, Rochester  
Kent  
ME7 5NY

01634 823414  
**Admin Office:**  
Dept of Nutrition and Dietetics  
St Bartholomew's Hospital  
New Road  
Gillingham  
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