GUIDELINES FOR THE APPROPRIATE USE OF ORAL NUTRITIONAL SUPPLEMENTS (ONS) FOR ADULTS IN PRIMARY CARE

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Author: NHS Thurrock CCG Medicines Optimisation Team on behalf of Basildon and Brentwood Clinical Commissioning Group

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Version: 8

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INTRODUCTION

These guidelines advise on the appropriate prescribing of oral nutritional supplements (ONS) in adults in primary care, and supports national guidance from NICE and other health professional organisations.

PURPOSE OF THE GUIDELINES

The guidelines aim to assist GPs and other community prescribers on the use of ONS. Other members of the primary care team including community dietitians, community nurses and matrons, community geriatricians, Macmillan nurses and other specialist nurses, should also refer to this information in making recommendations or choices about which patients should be prescribed ONS and which ONS to prescribe.

The guidelines advise on:
- who is at risk of malnutrition (step 1)
- assessing underlying causes of malnutrition (step 2)
- setting a treatment goal (step 3)
- food first advice and over the counter products or homemade fortified drinks (step 4)
- initiating prescribing of ONS (step 5) – ensuring patients meet ACBS criteria, which products to prescribe, how much to prescribe
- reviewing and discontinuing prescriptions (step 6)

Advice is also offered on when prescribing is inappropriate, prescribing for palliative care, prescribing in those with substance misuse and when it is appropriate to refer to community dietetic services.

6 STEPS TO APPROPRIATE PRESCRIBING OF ONS IN ADULTS

A short version of this guideline is available. See page 3, 6 Steps to Appropriate Prescribing of Oral Nutritional Supplements (ONS) in Adults.

SystmOne TEMPLATE – PRESCRIBING ONS

For users of SystmOne, a template is available entitled ‘Prescribing ONS' which can be installed to aid appropriate prescribing. A screen shot of this is shown on page 18, Prescribing ONS template for SystmOne. For help installing the template onto your system in a GP practice, please contact the SystmOne helpline on 0300 003 2122.

MUST – MALNUTRITION UNIVERSAL SCREENING TOOL

MUST is a validated screening tool for malnutrition and is used throughout the NHS in primary and secondary care. It was developed by a multi-disciplinary group of healthcare professionals. It includes appropriate care plans and so can influence clinical outcomes.

The SystmOne template includes a link to the MUST calculator online. Alternatively it can be accessed at www.bapen.org.uk/screening-for-malnutrition/must-calculator. Training on how to use MUST is available for GPs and practice nurses on request from the Medicines Management Team and for other members of the primary healthcare team from the Community Dietitians.
### 6 Steps to Appropriate Prescribing of Oral Nutritional Supplements (ONS) In Adults

#### Step 1: Identification of nutritional risk

The following criteria identify those who are malnourished or at nutritional risk (NICE Guidelines (32) Nutritional Support in Adults):

- MUST score of 2 or more
- Body Mass Index (BMI) <18.5kg/m²
- Unintentional weight loss >10% in the past 3-6 months
- BMI <20kg/m² and an unintentional weight loss >5% in past 3-6 months
- Those who have eaten little or nothing for >5 days
- Those who have poor absorptive capacity or high nutrient losses

#### Step 2: Nutritional Assessment

Assess underlying causes of malnutrition and consider availability of adequate diet:

- Ability to chew and swallowing issues
- Impact of medication
- Physical symptoms (i.e. vomiting, pain, GI symptoms)
- Medical prognosis
- Environmental and social issues
- Psychological issues
- Substance/alcohol misuse

#### Step 3: Set Goals

Set and document realistic and measurable goals including aim of nutrition support treatment and timescale e.g.:

- Target weight or target weight gain or target BMI
- Wound healing
- Weight maintenance

#### Step 4: Offer 'Food First' Advice

Promote and encourage:

- High calorie, high protein dietary advice, homemade nourishing drinks

Over the counter products: Aymes®, Meritene Energis®, Complan®, Nurishment®

#### Step 5: Prescribe ONS

- If 'food first' has failed to improve nutritional intake or functional status after **one month**
- If patient meets ACBS prescribing criteria:
  - Short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel, following total gastrectomy, dysphagia, bowel fistulas, disease-related malnutrition
- Prescribe first line community ONS by specifying dosage, timing and length of treatment.

**First line product:** AYMES® Shake or Ensure® Shake

#### Step 6: Review and discontinue ONS

- Review regularly to monitor, review against goals and assess continued need for ONS
- When goals of treatment are met discontinue ONS
- If patient no longer has clinical need or no longer meets ACBS criteria but wishes to continue ONS, recommend over the counter supplements or homemade fortified drinks as in Step 4

Adapted from 6 Steps to Appropriate Prescribing ONS, NHS Hertfordshire (June 2010)
**STEP 1 - IDENTIFICATION OF NUTRITIONAL RISK**

NICE Clinical Guideline 32, Nutritional Support in Adults, suggests the following criteria are used to identify those who are malnourished or at nutritional risk:

- MUST score of 2 or more
- Body mass index (BMI) less than 18.5kg/m²
- Unintentional weight loss more than 10% in the past 3-6 months
- BMI less than 20kg/m² and an unintentional weight loss more than 5% in the past 3-6 months
- Those who have eaten little or nothing for more than 5 days
- Those who have poor absorptive capacity or high nutrient losses

**Referral to the dietetic service**

The following patients are at risk of developing re-feeding problems and should be referred to the dietetic service without delay:

- Patients with a body mass index (BMI) of 16kg/m² or less
- OR have had little or no nutritional intake for the last 10 days
- OR have lost more than 15% body weight within the last 3-6 months, except patients at the end of their lives (see page 8, Inappropriate Prescribing of ONS and page 16, Palliative Care and ONS Prescribing)

Patients for whom supplements are a sole source of nutrition should also be referred to dietetic services without delay.

Those with MUST score of 3 or more and BMI of less than 18.5kg/m² should be referred to the dietetic service, but can be offered food first advice as outlined in Step 4.

**STEP 2 - ASSESSMENT OF CAUSES OF MALNUTRITION**

Once nutritional risk has been established, the underlying cause and treatment options should be assessed and appropriate action taken. Consider:

- Ability to chew and swallowing issues
- Impact of medication
- Physical symptoms e.g. pain, vomiting, constipation, diarrhoea
- Medical prognosis
- Environmental and social issues
- Psychological issues
- Substance or alcohol misuse

Review the treatment plan in respect of these issues and if needed make appropriate referrals. See page 18, A Guide to Assessing Underlying Causes of Malnutrition and Treatment Options.
**STEP 3 - SETTING A TREATMENT GOAL**

Clear treatment goals and a care plan should be agreed with patients. Treatment goals should be documented on the patient record and should include the aim of the nutritional support, timescale, and be realistic and measurable. This could include:

- Target weight or target weight gain or target BMI over a period of time
- Wound healing if relevant
- Weight maintenance where weight gain is unrealistic or undesirable

**STEP 4 - OFFERING ‘FOOD FIRST’ ADVICE**

Oral nutritional supplements (ONS) should not be used as first line treatment. A 'food first' approach should be used initially. This means offering advice on food fortification to increase calories and protein in everyday foods. Additional snacks will be needed to meet requirements for those with a small appetite.

See the Resource Pack pages 21-29, Eating Well With a Small Appetite, and pages 25-26 Recipes for Fortified Drinks and Foods. These leaflets can be offered to patients (including those in care homes) and their carers or relatives.

- Care homes should be able to provide adequately fortified foods and snacks and prepare homemade milkshakes and smoothies, which should negate the need to prescribe ONS in the majority of cases.

In addition, for patients in care homes, food fortifying care plans can be inserted into the individual’s care plan to instruct staff regarding food fortification. See the Resource Pack pages 27-29, Food Fortifying Care Plan, Food Fortifying Care Plan for a Soft Diet, and High Protein Care Plan for Wound Healing.

If patients prefer, they can purchase over the counter products such as Aymes® milkshakes or soup, Complan® milkshakes or soups, Meritene Energis® milkshakes or soups, or Nurishment® milkshakes. Nutritional content and prices of these products are shown on page 10-11.

Patients who do not meet ACBS prescribing criteria can also be advised to purchase supplements over the counter or prepare homemade nourishing drinks.

Patients should be reviewed one month after being offered this advice to assess the progress with a ‘food first’ approach. If there is a positive change towards meeting goals, the changes should be encouraged and maintained and a further review arranged until goals are met.
STEP 5 - PRESCRIBING ONS

If a ‘food first’ approach has failed to achieve a positive change towards meeting goals after one month, consider prescribing ONS in addition to the ‘food first’ changes which should be maintained.

Patients must meet at least one of the ACBS criteria below to be eligible for prescribed ONS:

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

In addition, some supplements and food products are prescribable for those receiving continuous ambulatory dialysis (CAPD) and haemodialysis, or are specifically prescribable for individual conditions. These products would normally be requested by a dietitian and should not be routinely started in primary care.

Starting prescriptions

- To maximise their effectiveness and avoid spoiling appetite, patients should be advised to take ONS between or after meals and not before meals or as a meal replacement.
- To be clinically effective it is recommended that ONS are prescribed bd (twice daily). This ensures that calorie and protein intake is sufficient to achieve weight gain.
- A one week prescription or starter pack should always be prescribed initially to avoid wastage in case products are not well tolerated. Avoid prescribing starter packs of powdered ONS except as an initial trial, as they often contain a shaker device which makes them more costly.
- Avoid adding prescriptions for ONS to the repeat template unless a short review date is included to ensure review against goals.

First line ONS is AYMES® Shake or Ensure® Shake. These should be mixed as per manufacturers’ instructions with 200mls full fat milk. They can also be mixed with 100mls full fat milk to make a ‘compact style’ ONS or prescribe AYMES® Compact powder. Nutritional content and prices are shown on page 12.

Second line liquid ONS can be considered if first line products are not suitable. AYMES® Complete or Ensure® Plus where the patient cannot mix the shake or has lactose intolerance. Ensure® Compact or Altraplen® Compact where the patient requires a ‘compact style’ ONS but cannot tolerate lactose. AYMES 2.0kcal or Fresubin® 2kcal where the patient has lactose intolerance and requires a higher protein ONS eg. for wound healing. Nutritional content and prices are shown on page 12.

If first line and second line ONS are unacceptable because the patient dislikes milky drinks, prescribe a juice based ONS bd, Ensure® Plus Juce. Nutritional content and prices are shown on page 13.
STEP 6 - REVIEWING AND DISCONTINUING ONS

Patients on ONS should be reviewed regularly, ideally every 3 months, to assess progress towards goals and whether there is a continued need for ONS on prescription. The following parameters should be monitored:

- Weight/BMI/wound healing depending on goal set – if unable to weigh patient, record other measures to assess if weight has changed e.g. mid-upper arm circumference, clothes/rings/watch looser or tighter, visual assessment
- Changes in food intake
- Compliance with ONS and stock levels at home/care home

When conducting general medication reviews, ONS should be included as above.

Discontinuing prescriptions

When treatment goals are met, discontinue prescriptions.

Ideally, review one month after discontinuation of ONS to ensure that there is no recurrence of the precipitating problem.

If the patient no longer meets ACBS criteria, or goals are met, but still wishes to take ONS, suggest over the counter products e.g. Aymes®, Meritene Energis®, Complan® or Nurishment®. Nutritional content and prices are shown on page 10-11.
INAPPROPRIATE PRESCRIBING OF ONS

- Care homes should provide adequate quantities of good quality food so that the use of unnecessary nutrition support is avoided. ONS should not be used as a substitute for the provision of food. Suitable snacks, food fortification as well as homemade milkshakes and smoothies and over the counter products can be used to improve the nutritional intake of those at risk of malnutrition. See resource pack pages 21-29.

- Patients who are discharged from hospital on ONS with no ongoing dietetic review process in place will not automatically require ONS on prescription once home. They may have required ONS whilst acutely unwell or recovering from surgery, but once home and eating normally the need is negated. Therefore it is recommended that ONS are not prescribed following hospital discharge without first assessing need in line with these 6 step guidelines. Where ONS are still required, a switch to first line community products is recommended.

- Avoid prescribing less than the clinically effective dose of 2 sachets/bottles daily which will provide 600-800kcals/day. Once daily prescribing provides amounts which can be met with food fortification alone and will delay resolution of the problem.

- Patients with complex nutritional needs e.g. renal disease, liver disease, swallowing problems, poorly controlled diabetes and gastrointestinal disorders may require specialist products and should be referred to local community dietetic services.

- Patients with swallowing problems will require assessment by a Speech and Language Therapist before ONS can be safely prescribed and before dietetic input.

- Patients with diabetes should not routinely be prescribed fruit juice based ONS i.e. Ensure® Plus Juce. This is because these products have a higher glycaemic index, and blood glucose levels will need monitoring, with possible changes required to medication.

- It may be more appropriate to prescribe a multivitamin and mineral supplement eg. Forceval® capsules once daily, or to suggest over the counter multivitamin and mineral supplements eg. Centrum®, Sanatogen® A-Z instead of ONS, for patients with pressure ulcers who are eating well and not malnourished in order to encourage wound healing. Prescribing ONS may not always be appropriate.

- Patients in the final days or weeks of life are unlikely to benefit from ONS. Over the counter products can be recommended if required. See page 15, Palliative Care and ONS Prescribing.

- Patients who are substance misusers should not routinely be prescribed ONS. See guidance on page 16, Substance Misusers.

Do not prescribe ONS listed on pages 13-14, ONS Which Should Not Be Initiated In Primary Care, unless the product has been clinically justified by a dietitian and the patient is under dietetic review.
ONS care pathway

**STEP 1** - Patient identified as requiring oral nutritional support.
Those with MUST score of 3 or more and BMI 18.5kg/m² or less should be referred to community dietetic services. Those at risk of re-feeding syndrome (see page 4) or who rely on ONS as their sole source of nutrition should be referred to community dietetic services without delay.

**STEP 2** - Assess underlying causes of malnutrition and availability of adequate diet
Make changes to treatment plan and refer to other services as needed.

**STEP 3** – set a treatment goal

**STEP 4** – offer food first advice

**STEP 5** – review after one month
Has there been progress towards goal set?

**STEP 6**- Treatment goal met
- Discontinue ONS if prescribed
- Review after 3 months
- If problems reoccur – return to start of flow chart

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Yes, there is progress towards goal set:
Reinforce advice
- Reassess after 1-3 months

Continued progress or improvement:
- Reinforce advice
- Reassess after 1-3 months until goal met

No progress towards goal set:
- Reinforce ‘food first’ advice
- Reassess underlying problems and treat
- **Prescribe ONS** as per guideline (if meets ACBS criteria) in addition to fortified foods. If does not meet ACBS criteria recommend over the counter supplements
- Reassess after 1 week trial of first line ONS and prescribe preferred flavour bd for 1-3 months then review

**No progress or improvement – refer to dietetic services if referral criteria are met**
OVER THE COUNTER ONS

These products are available to buy at pharmacies and larger supermarkets. They are suitable for those who do not meet ACBS prescribing criteria. Powders are available and also liquid preparations for those who do not have the ability or do not wish to make homemade milkshakes. Prices given are examples of retail prices as of April 2018. **These products are not suitable as sole source of nutrition and should not be used as tube feeds.**

<table>
<thead>
<tr>
<th>Powdered Products</th>
<th>Presentation</th>
<th>Nutritional content per sachet mixed with milk</th>
<th>Cost per sachet</th>
</tr>
</thead>
</table>
| Complan®          | 1 box of 4 x 55g sachets of one flavour. Vanilla, banana, strawberry, chocolate and neutral flavours | 387kcal
15.6g protein mixed with 200mls full fat milk | 66p |
| Aymes®            | 1 box of 4 x 38g sachets of one flavour. Vanilla, strawberry, chocolate and banana flavours | 265kcal
15.1g protein mixed with 200mls full fat milk | 74p-82p |
| Meritene Energis® | 15 x 30g sachets of one flavour. Vanilla, strawberry and chocolate flavours | 200kcal
16g protein mixed with 200mls semi-skimmed milk | 88p |

<table>
<thead>
<tr>
<th>Powdered Products</th>
<th>Presentation</th>
<th>Nutritional content per 100g powder</th>
<th>Cost per box/tub</th>
</tr>
</thead>
</table>
| Complan® Nutritional Drink | 1 box of 425g original flavour | 443kcal
15.4g protein | £3.60 |
| Meritene Energis® | 1 tub 270g of one flavour (9 servings). Vanilla, strawberry, and chocolate flavours | 355kcal
31g protein | £9.59 |

<table>
<thead>
<tr>
<th>Soups</th>
<th>Presentation</th>
<th>Nutritional content per sachet mixed with</th>
<th>Cost per sachet</th>
</tr>
</thead>
</table>
| Meritene Energis® soup | 10 x 50g sachets chicken or vegetable flavours. Mixed with 150mls water | 207kcal
7g protein depending on flavour | £1.50-£2.19 |
| Complan® soup | 1 box of 4 x 55g sachets of chicken flavour. Mixed with 200mls water | 249kcal
9g protein | 83p |
| Aymes® | 1 box of 4 x 49g sachets of chicken flavour. Mixed with 150mls water | 207kcal
7.7g protein | 74p |
<table>
<thead>
<tr>
<th>Liquid Products</th>
<th>Presentation</th>
<th>Nutritional content per unit</th>
<th>Cost per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurishment® original</td>
<td>400g Vanilla, banana, strawberry, raspberry, cherry and chocolate flavours</td>
<td>428kcals 21g protein</td>
<td>98p-£1.30</td>
</tr>
<tr>
<td>Nurishment® Extra</td>
<td>310ml bottle Vanilla, banana, strawberry and chocolate flavours</td>
<td>342kcals 12.4g protein</td>
<td>£1.09- £1.24</td>
</tr>
<tr>
<td>Nurishment® Active</td>
<td>500ml bottle Vanilla, strawberry and chocolate flavours</td>
<td>465kcals 35g protein</td>
<td>£1.50-£2.16</td>
</tr>
<tr>
<td>Complan® Smoothie</td>
<td>250ml tetrapak Tropical and berry flavours</td>
<td>273kcals 10g protein</td>
<td>£1.60-£2.29</td>
</tr>
<tr>
<td>Complan® Milkshake</td>
<td>250ml tetrapak Strawberry and chocolate flavours</td>
<td>215kcals 9g protein</td>
<td>£1.60-£2.29</td>
</tr>
</tbody>
</table>
POWDERED ONS TO PRESCRIBE AS FIRST LINE

These products are not suitable as sole source of nutrition and should not be used as tube feeds.

<table>
<thead>
<tr>
<th>First line product</th>
<th>Presentation</th>
<th>Nutritional content per sachet mixed with 200mls full fat milk</th>
<th>Cost per sachet</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYMES® Shake or Ensure® Shake</td>
<td>1 box of 7 x 57g sachets of one flavour. Vanilla, banana, strawberry, chocolate (and neutral for AYMES Shake) flavours</td>
<td>388kcal 15.7g – 17g protein</td>
<td>60p</td>
</tr>
<tr>
<td>AYMES® Shake starter pack</td>
<td>1 box of 5 x 57g sachets of mixed flavours with a shaker</td>
<td>388kcal 15.7g - 17g protein</td>
<td>96p</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To be used for initial trial only</td>
</tr>
</tbody>
</table>

LIQUID ONS TO PRESCRIBE AS SECOND LINE IF POWDERS NOT SUITABLE

<table>
<thead>
<tr>
<th>Second line products</th>
<th>Presentation</th>
<th>Nutritional content unit</th>
<th>Cost per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYMES® Complete or Ensure® Plus</td>
<td><em>AYMES® Complete</em> - 200ml bottle</td>
<td>300kcal 12g protein</td>
<td>£1.11</td>
</tr>
<tr>
<td>when patient is lactose intolerant</td>
<td><em>Ensure® Complete</em> – 200ml bottle</td>
<td>300kcal 12.5g protein</td>
<td>£1.11</td>
</tr>
<tr>
<td>or cannot make up a shake</td>
<td><em>Ensure® Plus</em> – 200ml bottle</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chocolate, strawberry, vanilla, fruits of the forest, banana, raspberry, coffee or neutral flavour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure® Compact</td>
<td><em>Ensure® Compact</em> - 4 x 125ml bottles</td>
<td>300kcal 12g protein</td>
<td>£1.33</td>
</tr>
<tr>
<td>(low lactose) or Altraplen® Compact</td>
<td>Strawberry, café latte, banana and vanilla flavour <em>Altraplen® Compact</em> - 4 x 125ml Bottles</td>
<td></td>
<td>£1.33</td>
</tr>
<tr>
<td>(lactose free), when patient is</td>
<td>Strawberry, vanilla, banana and hazel chocolate flavour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lactose intolerant and requires</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>small volume</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AYMES® 2.0kcal or Fresubin® 2kcal</td>
<td><em>AYMES® 2.0kcal</em> - 4 x 200ml bottles</td>
<td>400kcal 16g protein</td>
<td>£1.82</td>
</tr>
<tr>
<td>when patient is lactose intolerant and has higher protein requirements eg. for wound healing</td>
<td><em>Fresubin 2kcal</em> – 200ml bottle</td>
<td>400kcal 20g protein</td>
<td>£2.10</td>
</tr>
</tbody>
</table>
JUICE STYLE ONS TO PRESCRIBE AS THIRD LINE IF MILKSHAKE STYLE ONS ARE NOT SUITABLE

Juice style supplements are not usually suitable for patients with diabetes. They are not milk free and contain milk protein.

<table>
<thead>
<tr>
<th>Product</th>
<th>Presentation</th>
<th>Nutritional content per unit</th>
<th>Cost per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure® Plus Juce</td>
<td>220ml bottle Orange, apple, lemon and lime, strawberry, peach and fruit punch flavours</td>
<td>330kcal 12g protein</td>
<td>£1.97</td>
</tr>
</tbody>
</table>

ONS WHICH SHOULD NOT ROUTINELY BE INITIATED IN PRIMARY CARE

The ONS listed below should not routinely be initiated in primary care. They will sometimes be used by dietitians either alone or in conjunction with other ONS where first line products are not sufficient to meet individual patients’ nutritional needs or are not suitable. **However these patients should always be under review by the dietitians.** The list includes:

- low calorie products i.e. 1kcal/ml since these are not cost effective.
- milkshake style ONS which are not first or second line products in primary care.
- modular supplements which do not provide a balance of nutrients.
- specialist products which may be required for particular patient groups e.g. renal patients, or those with bowel disorders, those with pressure ulcers, or those with dysphagia.
- puddings as it should usually be possible for suitable homemade products to be fortified.
- other ONS which are not cost effective.

It is not a fully comprehensive list. Please call the Medicines Management Team if you have queries about these or other supplements.

ONS WHICH SHOULD NOT ROUTINELY BE INITIATED IN PRIMARY CARE

<table>
<thead>
<tr>
<th>Product</th>
<th>Presentation</th>
<th>Description of product</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresubin® Original</td>
<td>200ml bottle</td>
<td>1kcal/ml ONS</td>
</tr>
<tr>
<td>Ensure®</td>
<td>250ml can</td>
<td>1kcal/ml ONS</td>
</tr>
<tr>
<td>Resource® Energy</td>
<td>200ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Fresubin® Energy</td>
<td>200ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Fresubin® 2kcal mini drink</td>
<td>125ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Fortisip® Bottle</td>
<td>200ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Fortisip® yogurt style</td>
<td>200ml bottle</td>
<td>Yogurt style ONS</td>
</tr>
<tr>
<td>Fortisip® 2kcal</td>
<td>200ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Fortisip® Compact</td>
<td>125ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Ensure® Plus Advance</td>
<td>220ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Vitasavoury®</td>
<td>24 x 33g cups 10 x 50g sachets</td>
<td>Soup style ONS</td>
</tr>
<tr>
<td>Fresubin® Energy Fibre</td>
<td>200ml bottle</td>
<td>Milkshake style ONS with fibre</td>
</tr>
<tr>
<td>Fortisip® Multifibre</td>
<td>200ml bottle</td>
<td>Milkshake style ONS with fibre</td>
</tr>
<tr>
<td>Fortisip® Compact Fibre</td>
<td>125ml bottle</td>
<td>Milkshake style ONS with fibre</td>
</tr>
<tr>
<td>Product</td>
<td>Cost per unit</td>
<td>Cost per 100kcals</td>
</tr>
<tr>
<td>-------------------------------</td>
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</tr>
<tr>
<td><strong>POWDERED ONS TO PRESCRIBE AS FIRST LINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AYMES® Shake, Ensure® Shake</td>
<td>60p</td>
<td>15p</td>
</tr>
<tr>
<td>AYMES® Shake starter pack</td>
<td>96p</td>
<td>24p</td>
</tr>
<tr>
<td>AYMES® Shake Compact or Ensure® Shake made with 100mls milk</td>
<td>60p</td>
<td>19p</td>
</tr>
<tr>
<td><strong>LIQUID ONS TO PRESCRIBE ASSECOND LINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AYMES® Complete, Ensure® Plus</td>
<td>£1.11</td>
<td>37p</td>
</tr>
<tr>
<td>Ensure® Compact, Altraplen® Compact</td>
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<td>44p</td>
</tr>
<tr>
<td>AYMES® 2.0kcal</td>
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</tr>
<tr>
<td>Fresubin® 2kcal</td>
<td>£2.10</td>
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</tr>
<tr>
<td><strong>JUICE STYLE ONS TO PRESCRIBE AS THIRD LINE</strong></td>
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<td></td>
</tr>
<tr>
<td>Ensure® Plus Juce</td>
<td>£1.97</td>
<td>60p</td>
</tr>
</tbody>
</table>
PALLIATIVE CARE AND ONS PRESCRIBING

Use of ONS in palliative care should be assessed on an individual basis. Appropriateness of ONS will be dependent upon the patient’s health and their treatment plan. **Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.** Management of palliative patients has been divided into three stages here: early palliative care, late palliative care, and the last days of life. Care aims will change through these stages.

Loss of appetite is a complex phenomenon that affects both patients and carers. Health and social care professionals need to be aware of the potential tensions that may arise between patients and carers concerning a patient’s loss of appetite. This is likely to become more significant through the palliative stages and patients and carers may require support with adjusting and coping.

The patient should always remain the focus of care. Carers should be supported in consideration of the environment, social setting, food portion size, smell and presentation and their impact on appetite.

<table>
<thead>
<tr>
<th>Nutritional management in early palliative care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In early palliative care the patient is diagnosed with a terminal disease but death is not imminent. Patients may have months or years to live and maybe undergoing palliative treatment to improve quality of life.</td>
</tr>
<tr>
<td>• Nutrition screening and assessment in this patient group is a priority and appropriate early intervention could improve the patient’s response to treatment and potentially reduce complications.</td>
</tr>
<tr>
<td>• However, if a patient is unlikely to consistently manage 2 servings of ONS per day, then they are unlikely to derive any significant benefit to well-being or nutritional status from the prescription.</td>
</tr>
<tr>
<td>• <strong>Following the 6 steps in this guideline is appropriate for this group. Particular attention should be paid to Step 2- Assessment of Causes of Malnutrition.</strong> See page 4.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nutritional management in late palliative care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In late palliative care, the patient’s condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.</td>
</tr>
<tr>
<td>• The nutritional content of the meal is no longer of prime importance and patients should be encouraged to eat and drink the foods they enjoy. The main aim is to maximize quality of life including comfort, symptom relief and enjoyment of food. Aggressive feeding is unlikely to be appropriate especially as this can cause discomfort, as well as distress and anxiety to the patient, family and carers.</td>
</tr>
<tr>
<td>• The goal of nutritional management should <strong>NOT</strong> be weight gain or reversal of malnutrition, but quality of life. <strong>Nutrition screening, weighing and initiating prescribing of ONS at this stage is not recommended.</strong> Avoid prescribing ONS for the sake of ‘doing something’ when other dietary advice has failed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nutritional management in the last days of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In the last days of life, the patient is likely to be bed-bound, very weak and drowsy with little desire for food or fluid.</td>
</tr>
<tr>
<td>• <strong>The aim should be to provide comfort for the patient and offer mouth care and sips of fluid or mouthfuls of food as desired.</strong></td>
</tr>
</tbody>
</table>

Adapted from the Macmillan Durham Cachexia Pack 2007 and NHS Lothian guidance.
**SUBSTANCE MISUSERS**

Substance misuse (drug and alcohol misuse) is not a specified ACBS indication for ONS prescription. It is an area of concern both due to the cost and appropriateness of prescribing.

<table>
<thead>
<tr>
<th>Substance misusers may have a range of nutrition related problems including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor appetite and weight loss</td>
</tr>
<tr>
<td>Constipation (drug misusers in particular)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons for nutrition related problems can include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs themselves can cause poor appetite, reduction of saliva pH leading to dental problems, constipation, craving sweet foods (drug misusers in particular)</td>
</tr>
<tr>
<td>Lack of interest in food and eating</td>
</tr>
<tr>
<td>Poor memory</td>
</tr>
<tr>
<td>Low income, intensified by increased spending on drugs and alcohol</td>
</tr>
<tr>
<td>Poor access to food</td>
</tr>
<tr>
<td>Eating disorders with co-existent substance misuse</td>
</tr>
</tbody>
</table>

**Problems can be created by prescribing ONS in substance misusers:**

<table>
<thead>
<tr>
<th>problems can be created by prescribing ONS in substance misusers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once started on ONS it can be difficult to stop prescriptions</td>
</tr>
<tr>
<td>They may be given to other members of the family/friends</td>
</tr>
<tr>
<td>It can be hard to monitor nutritional status and assess ongoing need for ONS due to poor attendance at appointments</td>
</tr>
</tbody>
</table>

**ONS should therefore not routinely be prescribed in substance misusers unless ALL OF the following criteria are met:**

- **BMI less than 18.5kg/m²**
- **AND there is evidence of significant weight loss (greater than 10%)**
- **AND there is a co-existing medical condition which could affect weight or food intake and meets ACBS criteria**
- **AND once food fortification advice has been offered and tried for 4 weeks**
- **AND the patient is in a rehabilitation programme e.g. methadone or alcohol programme or is on the waiting list to enter a programme**

**If ONS are initiated it is suggested that:**

- The person should be assessed by a dietitian.
- Normal Trust Access Policy guidelines should apply regarding discharge from the dietetic service for non-attendance.
- The same guidelines for starting prescriptions should be followed as for other patients - see page 6, Prescribing ONS, Starting Prescriptions.
- Avoid adding ONS prescriptions to the repeat template.
- Prescriptions should be for a limited time period (e.g. 1-3 months).
- If there is no change in weight after 3 months ONS should be reduced and stopped.
- If weight gain occurs, continue until the treatment goals are met (e.g. usual or healthy weight is reached) and then reduce and stop prescriptions.
- If individuals wish to continue using supplements once prescribing has stopped recommend OTC preparations or homemade fortified drinks.

*Adapted from NHS Grampian guidelines*
PRESCRIBING ONS TEMPLATE FOR SYSTMONE

Below is a screen shot of the SystmOne template designed to help prescribers follow the 6 steps to appropriate prescribing of ONS. For help installing this in GP practices please call the SystmOne helpline on 0300 003 2122.
A GUIDE TO ASSESSING UNDERLYING CAUSES OF MALNUTRITION AND TREATMENT OPTIONS

Problem | Possible solutions
---|---
Medical conditions causing poor appetite, nausea etc e.g. cancer, COPD, diarrhoea constipation | GP and/or Community Matron and/or District Nursing management, appropriate medication
Poor emotional or mental health e.g. depression, isolation, bereavement | GP management, counselling, social clubs, day centres, Community Psychiatric Nursing Management
Poor dentition | Refer to dentist and advise patient on appropriate/soft diet
Difficulties with swallowing or unable to swallow | Refer to Speech and Language Therapy services
Unable to do own shopping, and/or cook and/or feed self | Suggest home delivery of food, Meals on Wheels, help from relatives/friends, refer to Social Services and/or Community Therapy Team
Experiencing financial difficulties | Refer to Social Services benefits/allowances review
Alcohol or other substance misuse | Refer to Community Drug and Alcohol Services

FURTHER READING AND RESOURCES

British National Formulary. www.bnf.org.uk


Malnutrition Universal Screening Tool (MUST). www.bapen.org.uk

Managing Adult Malnutrition in the Community (including a pathway for the appropriate use of oral nutritional supplements (ONS). Produced by a multi-professional consensus panel including the RCGP, RCN, BDA, BAPEN, PCPA. (2012) www.malnutritionpathway.co.uk


MIMS monthly prescribing guide. www.mims.co.uk


Prescribing Toolkit provided by NHS Prescription Services. Information provided by the Information Centre for Health and Social Care, October 2011


Royal College of General Practitioners (2006). ‘Prescribing in Primary Care’ Accessed online: www.rcgp.org.uk

Acknowledgements

The following dietitians have contributed to the development of this document:

Judith Harding, Prescribing Support Dietitian, Medicines Management Team, Thurrock CCG and Basildon and Brentwood CCG.

Josephine Robinson, Prescribing Support Dietitian, Medicines Management Team, Southend Clinical Commissioning Group and Castle Point and Rochford Clinical Commissioning Group

The dietitians of NHS North East London Foundation Trust

The dietitians of Basildon and Thurrock University Hospital Foundation Trust
Resource pack

Information on the following pages may be useful when working with those requiring nutrition support. These leaflets are available electronically from the Medicines Management Team and can be photocopied and given to individual patients, their families or carers. The care plans are for use in residential care homes or nursing homes.

<table>
<thead>
<tr>
<th>Useful contacts for queries</th>
<th>details</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judith Harding&lt;br&gt;Prescribing Support Dietitian&lt;br&gt;Medicines Management Team</td>
<td>Thurrock CCG, Civic Offices, 2nd Floor, New Road, Grays RM17 6SL</td>
<td>01375 365811</td>
</tr>
<tr>
<td>Community Dietetic Team</td>
<td>Bilericay Health Centre, Stock Road, Bilericay CM12 0BJ</td>
<td>0300 300 1502</td>
</tr>
<tr>
<td>Basildon Hospital Dietetic Team</td>
<td>Block F, Basildon Hospital, Nethermayne, Basildon SS16 5NL</td>
<td>01268 593957</td>
</tr>
</tbody>
</table>
Malnutrition

Malnutrition is a condition which happens when you don’t get the correct amount of nutrients from your diet.

Malnutrition is a major public health issue costing the NHS in excess of £13 billion per year. There are approximately 3 million people in the UK who are malnourished or at risk of malnutrition; 93% of these are thought to be living in their own homes; 5% in care homes and just 2% in hospital.

Consequences of malnutrition include:
- increased risk of illness and infection
- slower wound healing
- increased risk of falls
- low mood
- reduced energy levels
- reduced muscle strength
- reduced quality of life
- reduced independence and ability to carry out daily activities.

This Food Fact Sheet will help you understand the signs of malnutrition and how to either stop it happening or to treat it.

Spotting malnutrition

Malnutrition can affect anyone; however it is particularly common amongst older people and those who are socially isolated because they can’t get out much or because they have poor physical or mental health. It can happen over a long period of time which sometimes makes it difficult to spot. Common signs of malnutrition are:
- unplanned weight loss – which can cause clothes, dentures, belts or jewellery to become loose
- tiredness and lethargy
- alterations in mood
- loss of appetite
- disinterest in food and/or fluids
- loss of muscle strength.

Stopping and treating malnutrition

A balanced diet is essential for health and wellbeing. When someone has a poor appetite and is malnourished, calorie dense foods and drinks containing fat and sugar can help to improve energy intake without making portions too big to manage.

Protein is also important for people who are malnourished. If you follow the points listed here, you can make sure you are eating well:

- Eat 2-3 portions of high protein foods every day such as meat, fish, eggs, nuts, beans, pulses, soya, tofu and other meat-free protein foods.
- Eat/drink 2-3 portions of dairy foods every day such as cheese, milk and yoghurt or non-dairy alternatives like soya, almond or coconut milk.
- Eat a serving of starchy food at each meal (e.g. bread, cereals, potatoes, pasta or rice).
- Eat some fruit and vegetables every day (fresh, frozen, tinned, dried or juiced).
- If you enjoy fish, go for oily fish such as mackerel, salmon, herring, trout, pilchards or sardines as these are rich in omega-3 fatty acids. Aim for 2 portions a week (can be tinned or frozen for convenience).
- Have at least 6-8 glasses/mugs of drinks every day, choosing high calorie drinks where possible such as milky drinks (malted drinks, hot chocolate, milky coffee, smoothies and milkshakes) or sugary drinks such as fruit juice, fizzy drinks or squash can provide extra energy.*

The following simple ideas will help you increase the amount of energy and protein which you eat in a day:

- Eat ‘little and often’ – try a small snack between meals and a dessert after lunch and evening meal.
- Try not to have drinks just before meals to avoid feeling too full to eat.
- Avoid low fat/diet versions of foods and drinks for example skimmed or semi-skimmed milk, low fat yoghurt, sugar free drinks etc, or watery soups.
- Choose meals that you enjoy, are easy to prepare and eat, and are high in energy and protein. Items such as tinned fish or beans are easily stored and easy to prepare.
- If you are preparing food for others, remember as we get older, our taste buds change. Older people often prefer much sweeter tastes than they used to.
Add extra energy by adding high calorie ingredients to food and drinks – suggestions listed below:

<table>
<thead>
<tr>
<th>Add cheese* to</th>
<th>Add Skimmed Milk Powder to</th>
<th>Add sugar*, jam or honey to</th>
<th>Add extra fat* eg. butter, margarine, oils or mayonnaise to</th>
<th>Add cream* to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sauces (aim for milky/creamy sauces)</td>
<td>milk; add up to four tablespoons of skimmed milk powder to a pint of full fat milk and use this in drinks and with breakfast cereals</td>
<td>Cereal or porridge</td>
<td>Mashed potatoes</td>
<td>Sauces</td>
</tr>
<tr>
<td>Pasta dishes/pizza</td>
<td>Porridge</td>
<td>Puddings</td>
<td>Toast/bread</td>
<td>Mashed potatoes</td>
</tr>
<tr>
<td>Soups</td>
<td>Mashed potato</td>
<td>Hot drinks</td>
<td>Sauces</td>
<td>Soups</td>
</tr>
<tr>
<td>Scrambled eggs/omelettes</td>
<td>Sauces</td>
<td>Milkshakes/smoothies</td>
<td>Glaze vegetables</td>
<td>Puddings</td>
</tr>
<tr>
<td>Mashed potatoes</td>
<td>Custard</td>
<td>Glaze vegetables</td>
<td></td>
<td>Caldo</td>
</tr>
<tr>
<td>Beans on toast</td>
<td>Milk puddings</td>
<td></td>
<td></td>
<td>Cereal or porridge</td>
</tr>
<tr>
<td>Creamy soups</td>
<td></td>
<td></td>
<td></td>
<td>Milkshakes/smoothies</td>
</tr>
<tr>
<td>Milkshakes/smoothies</td>
<td></td>
<td></td>
<td></td>
<td>Fruit</td>
</tr>
</tbody>
</table>

Add extra energy and protein to foods and fluid by adding high energy and protein ingredients – see above for ideas.

Other high energy and protein foods include*:
- cheese and crackers
- thick and creamy yoghurt
- nuts and seeds
- peanut butter
- Bombay mix
- chips
- chocolate.

*If there are any health concerns which have previously required you to limit fat and sugar in your diet, e.g. diabetes or high cholesterol, you should discuss this with a health professional.

Ready meals, meal delivery services and online shopping

You may find that your energy levels change throughout the week and that on some days you feel better than others. Here are some suggestions to make preparing meals easier:
- Make the most of the ‘good days’ by preparing extra meals which you can store in the fridge/freezer as individual portions for ‘bad days’.
- Buy a selection of ready meals for times when you are not up for cooking.
- Make use of meal home delivery services - supermarkets also offer online shopping and home delivery services which may make shopping easier for you.

Swallowing difficulties

If you notice any of the following when eating or drinking you should seek advice from a healthcare professional such as your GP or practice nurse, who can refer you on to specialist speech and language therapist or a dietitian:
- difficulty swallowing
- choking or coughing
- bringing food back up, sometimes through your nose
- a sensation that food is stuck in your throat or chest
- a change in the sound of your voice whilst/soon after eating i.e. your voice sounds ‘wet’.

Other things to consider:
- Check dentures fit correctly - if not, visit your dentist.
- If you have difficulty using cutlery or with coordination, try ‘finger foods’ such as toast, sandwiches, biscuits, chunks of meat, cheese etc.
- If you suffer from constipation, try gradually increasing your fibre intake by consuming beans, lentils, fruit and vegetables and wholegrain foods whilst also increasing your fluid intake.
- Regular exercise may help increase your appetite and build up your strength- start with something easy for you and increase the intensity gradually.
- If you have vision problems or for people with dementia, try using a coloured plate so that the food stands out.

Eating environment

Try to make sure that where you eat is as pleasant as possible and that meals and snacks look appealing. Eating with others often helps to encourage appetite.

Summary

Malnutrition is a common problem and if it is not spotted or treated it can make you very ill. The simple steps outlined above should help to identify and treat the condition. If these simple steps do not seem to help, seek advice from a healthcare professional.
RECIPES FOR FORTIFIED DRINKS AND FOODS

Only full fat milk and thick and creamy yogurts should be used for those needing fortified foods.

Fortified milk – use 1 pint daily for drinks, cereals etc

1 pint full fat milk
4 tablespoons milk powder (eg Marvel)

*Whisk together with a fork or whisk.* 400 kcals, 25.3g protein per pint

Fortified milk shake/ hot chocolate /malted drink (1 portion)

150mls full fat milk
1 tablespoon milk powder
2 tablespoons double cream
3 tsps hot chocolate powder or malted drink powder or milk shake powder or milkshake syrup

*Whisk together with a fork or whisk.* 374kcals, 9.5g protein per portion

Fruit smoothie (1 portion)

150mls orange or apple juice
1 mashed banana
3-4 tablespoons tinned peaches
2 tsps honey

*Blend with an electric blender.* 264kcals, 2.2g protein per portion

Fortified instant dessert (4 portions)

1 packet instant dessert
4 tablespoons milk powder
150mls (¼ pint) double cream
150mls (¼ pint) full cream milk

*Whisk together with a fork or whisk.* 400kcals. 10g protein per portion
**Fortified porridge, custard, rice pudding, soup (1 portion)**

1 ladle porridge, custard, rice pudding, soup
1 tablespoon milk powder
2 tablespoons double cream (30mls)

*Whisk together with a fork. Additional 180kcal, 3g protein per portion*

*Grated cheese could also be added to soups if liked – 60kcal, 4g protein per tablespoon*

**Fortified mashed potato**

I scoop mashed potato (already mashed in the kitchen with full fat milk, double cream and butter/margarine)
Add - 2 tsps (10g) butter/margarine
And 1 tablespoon grated cheese

*Mash together with a fork. Additional 135kcal, 4g protein per scoop*

**Vegetables**

Add an extra 2 tsps butter/margarine to vegetables on the plate. *Additional 74kcal*

**Fruit and jelly**

Add 2 tablespoons double cream, *or* fortified custard/rice pudding *or* ice cream *or* thick and creamy yogurt to fruit and jellys.
Food Fortifying Care Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Room number</th>
<th>Food record charts required?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Frequency of weighing</th>
<th>Frequency of repeating MUST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This care plan should be used for patients who have medium and high MUST scores, i.e. 1 or more. It aims to promote weight gain and achieve adequate oral intake.

**Please follow the 3/2/1 advice below:**

**Aim for 3 fortified meals a day** i.e. breakfast, lunch, and evening meal. These meals should be fortified as follows:
- Add 30mls of double cream to porridge/puddings/soup
- Add 1 tablespoon of grated cheese to mash potatoes/casseroles/soup
- Add 10g/2 teaspoons of butter to potatoes and vegetables

**Provide at least 2 high energy snacks a day**
- 1-2 high calorie biscuits (60kcal +) e.g. chocolate covered biscuits, flapjack, shortbread
- Toast with butter and jam/peanut butter/chocolate spread/cheese/full fat cheese spread
- Scone or bun or teacake with butter and jam
- Sandwich with butter and meat/fish/cheese/peanut butter filling
- Cheese and crackers with butter
- Full fat yoghurt

**Use 1 pint of fortified milk daily**
- Add 4 heaped tablespoons of dried skimmed milk powder to 1 pint of whole (full fat) milk stir well or whisk to dissolve. Use as follows:
  - On cereal
  - In tea/coffee
  - In milky drinks e.g. hot chocolate, malted drinks, milk coffee

**Doctor’s name:**

**Doctors signature:**

**Contact tel no:**
Food Fortifying Care Plan for a Soft Diet

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room number</td>
<td>Food record charts required?</td>
</tr>
<tr>
<td>Frequency of weighing</td>
<td>Frequency of repeating MUST</td>
</tr>
</tbody>
</table>

This care plan should be used for patients who have medium and high MUST scores, i.e. 1 or more. It aims to promote weight gain and achieve adequate oral intake for those on a soft diet.

Please follow the 3/2/1 advice below:

**Aim for 3 fortified meals a day i.e. breakfast, lunch, and evening meal. These meals should be fortified as follows:**
- Add 30mls of double cream to porridge/puddings/soup
- Add 1 tablespoon of grated cheese to mash potatoes/casseroles/soup
- Add 10g/2 teaspoons of butter to potatoes and soft vegetables or a cheese sauce to soft vegetables/fish

**Provide at least 2 high energy snacks a day eg.**
- Full fat ‘thick and creamy’ yoghurt
- Milk jelly made with fortified milk
- Ice cream or mousse
- Soft pudding eg custard or rice pudding with jam or soft tinned fruit and double cream
- Fruit smoothie
- Cake softened with double cream
- Home made milk shake or prescribed supplement drink where this has been prescribed

**Use 1 pint of fortified milk daily**
- Add 4 heaped tablespoons of dried skimmed milk powder to 1 pint of whole (full fat) milk stir well or whisk to dissolve. Use as follows:
  - On cereal
  - In tea/coffee
  - In milky drinks e.g. hot chocolate, malted drinks, milk coffee

---

Doctor’s name:
Doctors signature:
Contact tel no:
High Protein Diet Care Plan for Wound Healing

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room number</td>
<td>Food record charts required?</td>
</tr>
<tr>
<td>Frequency of weighing</td>
<td>Frequency of repeating</td>
</tr>
</tbody>
</table>

This care plan aims to prevent weight loss, achieve adequate dietary intake, and support wound healing with increased protein intake.

Please follow the 3/2/1 advice below:

**Aim for 3** fortified meals a day i.e. breakfast, lunch, and evening meal. These meals should be fortified as follows:
- Add 30mls of double cream to porridge/puddings/soup
- Add 1 tablespoon of grated cheese to mash potatoes/casseroles/soup
- Add 1 tablespoon dried skimmed milk powder to soup
- Add 10g/2 teaspoons of butter to potatoes or vegetables
- Add custard to hot sweet puddings

**Provide at least 2** high energy high protein snacks a day
- Toast with butter and peanut butter/chocolate spread/cheese/full fat cheese spread
- Sandwich with butter and meat/fish/cheese/peanut butter filling
- Cheese and crackers with butter
- Full fat yoghurt
- Milky pudding e.g. rice pudding, semolina, tapioca

**Use 1** pint of fortified milk daily
- Add 4 heaped tablespoons of dried skimmed milk powder to 1 pint of whole (full fat) milk, stir well or whisk to dissolve. Use as follows:
  - On cereal
  - In tea/coffee
  - In milky drinks e.g. hot chocolate, malted drinks, milk coffee

**Consider prescribing a multivitamin/multimineral tablet to support wound healing e.g. Forceval® capsule**

Doctor’s name:
Doctors signature:
Contact tel no: