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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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. Adults with swallowing difficulties should be referred to the speech and language therapists – the advice in these guidelines may not be appropriate for these patients.

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 the 6 steps to appropriate prescribing of ONS – see page 3.

- 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.

A short version of this guideline is also available https://thurrockccg.nhs.uk/about-us/medicines-management-resources-2

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 16, Appendix 1 Prescribing ONS template for SystmOne. For help installing the template onto your system in a GP practice, please contact the IT service desk on 0300 123 1020

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 3-6months
- 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®, 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 bd specifying dosage, timing and length of treatment.

First line product: AYMES® Shake or Ensure® Shake or Foodlink® Complete

**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 14, Appendix 1 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, and those with pressure ulcers grade 3 or 4 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 17, Appendix 4 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 alone 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.

The Resource Pack found from page 19 includes ‘Your guide to making the most of your food – advice for patients and carers’, and ‘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 are required to provide adequate nutrition and hydration for all residents including those requiring fortified foods and snacks and should be able to 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 ‘Food Fortifying Care Plan’, 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® milkshakes or soups, or Nurishment® milkshakes. Nutritional content and prices of these products are shown on page 10.

Patients who do not meet ACBS prescribing criteria can also be advised to purchase ONS 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 first line 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 specialist 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.

✔ Consider using a direct to patient sample service to trial products and flavours and avoid waste (see page 11) – this is an alternative to prescribing a starter pack.

✔ Avoid prescribing starter packs of powdered ONS 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.

✔ ‘Compact style’ ONS should not be prescribed without consideration of the patient’s overall fluid balance and risk of dehydration.

First line powdered ONS are AYMES® Shake, Ensure® Shake or Foodlink® Complete. 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. AYMES® ActaSolve® Smoothie is suitable when the patient is lactose intolerant. Nutritional content and prices are shown on page 11.

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 Ensure® Compact, Fortisip® Compact or Altrapan® Compact where the patient requires a ‘compact style’ ONS but cannot tolerate lactose. AYMES® ActaGain® 2.4 Complete 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 and cannot mix AYMES® ActaSolve® Smoothie, prescribe Altrajuce® or Ensure® Plus Juce bd. Nutritional content and prices are shown on page 12.
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 and fluid intake especially if prescribed a ‘compact style’ ONS
- 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®, Complan® or Nurishment®. Nutritional content and prices are shown on page 10.
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 page 19.

- 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 instruction on the discharge summary in line with the 6 step guideline. If ONS are required, a switch to first line community products is recommended. Any requests for alternatives should be clinically justified.**

- 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 under the care of hospital or community dietetic services.

- ONS can present an aspiration risk to patients with swallowing problems. Patients with dysphagia 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.

- For patients with pressure ulcers who are eating well and are not malnourished it may be more appropriate to recommend an over the counter A-Z multivitamin and mineral supplement once daily eg. Centrum®, Sanatogen® A-Z or supermarket equivalent instead of ONS, in order to encourage wound healing. Prescribing ONS is not always 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 14, Appendix 1 Palliative Care and ONS Prescribing.

- Patients who are substance misusers should not routinely be prescribed ONS. See guidance on page 15, Appendix 2 Substance Misusers.

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Do not prescribe non-formulary ONS 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?

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

**STEP 6 - Treatment goal met**
- Discontinue ONS if prescribed
- Review after 1 month
- If problems reoccur – return to start of flow chart

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 online, at pharmacies and larger supermarkets. They are suitable for those who do not meet ACBS prescribing criteria. Prices given are examples of retail prices as of November 2019. **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>
<tbody>
<tr>
<td>Complan®</td>
<td>1 box of 4 x 55g sachets of one flavour. Vanilla, banana, strawberry, chocolate and neutral flavours</td>
<td>387kcals 15.6g protein mixed with 200mls full fat milk</td>
<td>91p</td>
</tr>
<tr>
<td>AYMES®</td>
<td>1 box of 4 x 38g sachets of one flavour. Vanilla, strawberry, chocolate and banana flavours</td>
<td>265kcals 15.1g protein mixed with 200mls full fat milk</td>
<td>80p</td>
</tr>
<tr>
<td>Meritene®</td>
<td>4 or 15 x 30g sachets of one flavour. Vanilla, strawberry and chocolate flavours</td>
<td>200kcals 16g protein mixed with 200mls semi-skimmed milk</td>
<td>£1.00</td>
</tr>
</tbody>
</table>

<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>
<tbody>
<tr>
<td>Complan® Original</td>
<td>1 box of 425g neutral flavour</td>
<td>443kcals 15.4g protein</td>
<td>£4.85</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Soups</th>
<th>Presentation</th>
<th>Nutritional content per sachet mixed with water</th>
<th>Cost per sachet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meritene® soup</td>
<td>4 x50g sachets chicken or vegetable flavours. Mixed with 150mls water</td>
<td>207kcals 7g protein depending on flavour</td>
<td>£1.50</td>
</tr>
<tr>
<td>Complan® soup</td>
<td>1 box of 4 x 55g sachets of chicken flavour. Mixed with 200mls water</td>
<td>243kcals 8.7g protein</td>
<td>91p</td>
</tr>
<tr>
<td>AYMES®</td>
<td>1 box of 7 x 57g sachets of chicken flavour. Mixed with 150mls water</td>
<td>250kcals 9.2g protein</td>
<td>78p</td>
</tr>
</tbody>
</table>

<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>£1.00</td>
</tr>
<tr>
<td>Nurishment® Extra</td>
<td>310ml bottle Vanilla, banana, strawberry and chocolate flavours</td>
<td>342kcals 12.4g protein</td>
<td>99p</td>
</tr>
<tr>
<td>Meritene® Strength and Vitality</td>
<td>6 x 200ml Strawberry and Chocolate flavours</td>
<td>250kcals 18.8g protein</td>
<td>£1.66</td>
</tr>
</tbody>
</table>
DIRECT TO PATIENT SAMPLE SERVICES

Direct to patient samples can be ordered by healthcare professionals and are usually delivered by courier next day. **This free of charge service is strongly encouraged and can be used instead of prescribing an initial starter pack. Do not order samples of non-formulary items.** This is especially useful for patients being discharged from hospital where first line powdered products may not have been trialled. Patient consent is needed to share their name and address with the manufacturer. Links to each of the services are below:

- https://aymes.com/pages/aymes-sample-service - for all formulary AYMES® products
- https://nualtra.com/get-samples - for Foodlink® Complete and Altraplen® Compact samples
- https://samples.nutrition.abbott/sample-order - for formulary Ensure® samples
- https://www.nutriciahcp.com/uploadedFiles/Main/Sub_sites/ONS_Site/ons/samples/ONS_Sample_Order_Form.pdf - for Fortisip® Compact samples

POWDERED ONS TO PRESCRIBE AS FIRST LINE

After a trial of flavours using the direct to patient sample service, single flavour boxes should be prescribed, 1 sachet bd.

**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 when served</th>
<th>Cost per sachet from Jan 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYMES® Shake</td>
<td>1 box of 7 x 57g sachets of one flavour. Vanilla, banana, strawberry, chocolate and neutral flavours. <strong>Mixed with 200mls full fat milk</strong></td>
<td>388kcal 19g protein</td>
<td>49p</td>
</tr>
<tr>
<td>Ensure® Shake</td>
<td>1 box of 7 x 57g sachets of one flavour. Vanilla, banana, strawberry, Chocolate flavours. <strong>Mixed with 200mls full fat milk</strong></td>
<td>389kcal 17g protein</td>
<td>49p</td>
</tr>
<tr>
<td>Foodlink® Complete</td>
<td>1 box of 7x57g sachets of one flavour Banana, vanilla strawberry, chocolate and natural flavours. <strong>Mixed with 200mls full fat milk</strong></td>
<td>384kcal 19g protein</td>
<td>49p</td>
</tr>
<tr>
<td>AYMES® ActaSolve® Smoothie* when patient is lactose intolerant or requires a milk free ONS</td>
<td>1 box of 7 x 66g sachet of one flavour Strawberry &amp; cranberry, mango, peach, pineapple flavours. <strong>Mixed with 150mls water.</strong></td>
<td>297kcal 10.7g protein</td>
<td>£1.00</td>
</tr>
<tr>
<td>AYMES® Shake or Ensure® Shake or Foodlink® Complete mixed with 100mls full fat milk when patient requires a small volume</td>
<td>1 box of 7 x 57g sachets of one flavour as above. <strong>Mixed with 100mls full fat milk</strong></td>
<td>320kcal 12.4g -14g protein</td>
<td>49p</td>
</tr>
</tbody>
</table>

*Formerly AYMES® Shake Smoothie (new name from Feb 2020)
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 per unit</th>
<th>Cost per unit from Jan 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYMES® Complete when patient is lactose intolerant and cannot make up a shake</td>
<td>200ml bottle Vanilla, strawberry, chocolate, banana, or neutral flavours</td>
<td>300kcal 12g protein</td>
<td>£1.05</td>
</tr>
<tr>
<td>Ensure® Plus when patient is lactose intolerant and cannot make up a shake</td>
<td>200ml bottle Chocolate, strawberry, vanilla, fruits of the forest, banana, raspberry, coffee, peach or neutral flavours</td>
<td>300kcal 12.5g protein</td>
<td>£1.11</td>
</tr>
<tr>
<td>Ensure® Compact when patient is lactose intolerant and requires small volume</td>
<td>4 x 125ml bottles Strawberry, café latte, banana and vanilla flavours</td>
<td>300kcal 12g protein</td>
<td>£1.33</td>
</tr>
<tr>
<td>Altrapan® Compact when patient is lactose intolerant and requires small volume</td>
<td>4 x 125ml bottles Strawberry, vanilla, banana and hazel chocolate flavours</td>
<td>300kcal 12g protein</td>
<td>£1.33</td>
</tr>
<tr>
<td>Fortisip® Compact when patient is lactose intolerant and requires small volume</td>
<td>4 x 125ml bottle Neutral, strawberry, vanilla, banana, Mocha, apricot, forest fruit and Chocolate flavours</td>
<td>300kcal 12g protein</td>
<td>£1.33</td>
</tr>
<tr>
<td>AYMES® ActaGain® 2.4 Complete Maxi When patient is lactose intolerant and requires small volume (100ml shots) or high protein for wound healing</td>
<td>200ml bottle Vanilla and strawberry flavours</td>
<td>480kcal 19.2g protein</td>
<td>£1.33</td>
</tr>
<tr>
<td>Fresubin® 2kcal when patient is lactose intolerant and has higher protein requirements eg. for wound healing</td>
<td>200ml bottle Vanilla, toffee, apricot-peach, cappuccino, fruits of the forest and neutral flavours</td>
<td>400kcal 20g protein</td>
<td>£2.17</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. Consider AYMES® ActaSolve® Smoothie as a milk free option.

<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>AltraJuce®</td>
<td>200ml carton Orange, apple, strawberry, blackcurrant flavours</td>
<td>300kcal 8g protein</td>
<td>£1.70</td>
</tr>
<tr>
<td>Ensure® Plus Juice</td>
<td>220ml bottle Orange, apple, lemon and lime, strawberry, peach and fruit punch flavours</td>
<td>330kcal 11g protein</td>
<td>£1.97</td>
</tr>
</tbody>
</table>
ONS WHICH SHOULD NOT ROUTINELY BE INITIATED IN PRIMARY CARE

All other ONS 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.** This includes:

- low calorie products i.e. 1kcal/ml since these are not cost effective.
- milkshake style ONS which are not the 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, or those with dysphagia.
- puddings and soups as it should usually be possible for suitable homemade products to be fortified.
- other ONS which are not cost effective.

Please call the Medicines Optimisation Team if you have queries about or are asked to prescribe non-formulary supplements without clinical justification by the dietitian.

**COMPARATIVE COSTS OF FORMULARY ADULT ONS – Jan 2020 Drug Tariff prices**

<table>
<thead>
<tr>
<th>POWDERED ONS TO PRESCRIBE AS FIRST LINE</th>
<th>Cost per unit</th>
<th>Cost per 100kcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYMES® Shake, Ensure® Shake, Foodlink® Complete</td>
<td>49p</td>
<td>13p</td>
</tr>
<tr>
<td>AYMES® Shake, Ensure® Shake or Foodlink® Complete made with 100mls milk</td>
<td>49p</td>
<td>15p</td>
</tr>
<tr>
<td>AYMES® ActaSolve® Smoothie</td>
<td>£1.00</td>
<td>25p</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIQUID ONS TO PRESCRIBE AS SECOND LINE</th>
<th>Cost per unit</th>
<th>Cost per 100kcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYMES® Complete,</td>
<td>£1.05</td>
<td>35p</td>
</tr>
<tr>
<td>Ensure® Plus</td>
<td>£1.11</td>
<td>37p</td>
</tr>
<tr>
<td>Ensure® Compact, Altraplen® Compact, Fortisip® Compact</td>
<td>£1.33</td>
<td>44p</td>
</tr>
<tr>
<td>AYMES® ActaGain® 2.4 Complete Maxi</td>
<td>£1.33</td>
<td>28p</td>
</tr>
<tr>
<td>Fresubin® 2kcal</td>
<td>£2.17</td>
<td>53p</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JUICE STYLE ONS TO PRESCRIBE AS THIRD LINE</th>
<th>Cost per unit</th>
<th>Cost per 100kcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>AltraJuce®</td>
<td>£1.70</td>
<td>57p</td>
</tr>
<tr>
<td>Ensure® Plus Juce</td>
<td>£1.97</td>
<td>60p</td>
</tr>
</tbody>
</table>
APPENDIX 1

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.

Nutritional management in early palliative care

- 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.
- 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.
- 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.
- 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. See page 4.

Nutritional management in late palliative care

- In late palliative care, the patient’s condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.
- 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.
- The goal of nutritional management should NOT be weight gain or reversal of malnutrition, but quality of life. Nutrition screening, weighing and initiating prescribing of ONS at this stage is not recommended. Avoid prescribing ONS for the sake of ‘doing something’ when other dietary advice has failed.

Nutritional management in the last days of life

- 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.
- The aim should be to provide comfort for the patient and offer mouth care and sips of fluid or mouthfuls of food as desired.

Adapted from the Macmillan Durham Cachexia Pack 2007 and NHS Lothian guidance.
APPENDIX 2

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>

<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>

<table>
<thead>
<tr>
<th>ONS should therefore not routinely be prescribed in substance misusers unless ALL OF the following criteria are met:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI less than 18.5kg/m²</td>
</tr>
<tr>
<td>AND there is evidence of significant weight loss (greater than 10%)</td>
</tr>
<tr>
<td>AND there is a co-existing medical condition which could affect weight or food intake and meets ACBS criteria</td>
</tr>
<tr>
<td>AND once food fortification advice has been offered and tried for 4 weeks</td>
</tr>
<tr>
<td>AND the patient is in a rehabilitation programme e.g. methadone or alcohol programme or is on the waiting list to enter a programme</td>
</tr>
</tbody>
</table>

If ONS are initiated it is suggested that:

- The person should be assessed by a dietitian if referral criteria are met.
- 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.
- 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.
APPENDIX 3

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 IT service desk on 0300 123 1020.
A GUIDE TO ASSESSING UNDERLYING CAUSES OF MALNUTRITION AND TREATMENT OPTIONS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Possible solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical conditions causing poor appetite, nausea etc e.g. cancer, COPD, diarrhoea constipation</td>
<td>GP and/or Community Matron and/or District Nursing management, appropriate medication</td>
</tr>
<tr>
<td>Poor emotional or mental health e.g. depression, isolation, bereavement</td>
<td>GP management, counselling, social clubs, day centres, Community Psychiatric Nursing Management</td>
</tr>
<tr>
<td>Poor dentition without swallowing problems</td>
<td>Refer to dentist and advise patient on soft diet</td>
</tr>
<tr>
<td>Difficulties with swallowing or unable to swallow</td>
<td>Refer to Speech and Language Therapy services</td>
</tr>
<tr>
<td>Unable to do own shopping, and/or cook and/or feed self</td>
<td>Suggest home delivery of food, Meals on Wheels, help from relatives/friends, refer to Social Services and/or Community Therapy Team</td>
</tr>
<tr>
<td>Experiencing financial difficulties</td>
<td>Refer to Social Services benefits/allowances review</td>
</tr>
<tr>
<td>Alcohol or other substance misuse</td>
<td>Refer to Community Drug and Alcohol Services</td>
</tr>
</tbody>
</table>

APPENDIX 5

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


Acknowledgements

The dietitians of NHS North East London Foundation Trust and Basildon and Thurrock University Hospital Foundation Trust have contributed to the development of this document.
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 Optimisation Team webpage [https://thurrockccg.nhs.uk/about-us/medicines-management-resources-2](https://thurrockccg.nhs.uk/about-us/medicines-management-resources-2) 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>
</tr>
</thead>
<tbody>
<tr>
<td>Judith Harding Prescribing Support Dietitian Medicines Optimisation Team</td>
</tr>
<tr>
<td>NELFT Community Adult Dietetic Team</td>
</tr>
<tr>
<td>NELFT Community Adult Speech and Language Therapy Team</td>
</tr>
<tr>
<td>Basildon Hospital Adult Dietetic Team</td>
</tr>
</tbody>
</table>

If patients have swallowing difficulties they must be assessed by a speech and language therapist before being referred to the dietetic service. The dietitian will provide advice and, where needed, a care plan for the care home/nursing home. It is essential that the correct texture of foods, drinks and supplements are provided. The recipes and care plans in this resource pack are not intended for patients requiring texture modification.
Your Guide To Making the Most of Your Food
- Advice for patients and carers

This leaflet provides some simple ideas on how you can get the most nutrition from the food you are eating.

*If you have a medical condition, food allergies or issues with swallowing for which you have received special dietary advice, the information in this leaflet may not be right for you. Please discuss with your healthcare professional.*

**Little and Often**

- Eating smaller meals with snacks and nourishing drinks in between may be best for you
- Try having drinks separately from meals, as the liquid can fill you up
- Try having a pudding once or twice a day such as full cream yogurt, ice cream, cake, custard, rice pudding
- Snacks in between meals can help you to eat more each day

**Snacks Ideas:**
- Sandwiches, fruit cake, nuts, Bombay mix, crisps, cereals, soups, yogurts, finger foods (e.g. sausage rolls, scotch eggs, samosas), toasted tea cakes with butter, crackers and cheese, toast + topping (e.g. beans, scrambled egg, butter), tinned fruit in syrup

**Enriching your Food/Adding Extra Calories**

- Choose full fat/full cream/with sugar foods rather than low fat/low sugar types e.g. full cream yogurts, full cream milk
- Add cheese to soups, mashed potatoes, vegetables, pasta dishes, curries
- Use butter, mayonnaise, olive oil or salad cream in sandwiches, on potatoes, yams and salads
- Add extra butter, margarine or ghee to vegetables, scrambled eggs and bread
- Add cream or condensed milk to puddings
- Add sugar, jam, honey or milk powder to porridge, breakfast cereals or puddings
- Use cooking methods that add oil e.g. frying and if you roast or grill then brush with oil or use an oil spray
**Nourishing Drinks**

- Milk is full of goodness. To make fortified milk, mix 4 tablespoonfuls of milk powder into a paste with some milk and stir or whisk the mixture into one pint of milk. This can be used throughout the day in drinks, on cereals, in sauces, to make custard.

- Using full cream milk (including fortified milk) to make the following drinks is also a good idea:
  - Hot chocolate or cocoa
  - Coffee and cappuccinos
  - Malted drinks
  - Milkshakes or smoothies
  - Soya, rice, coconut or almond or semi-skimmed milk can be used if you have dietary intolerances

- Choose fruit juices and sugar containing squashes

- Powdered supplements (ask your pharmacist for further information) are available from most pharmacies and supermarkets and can be used between meals

**Other Helpful Hints**

- Eat foods you fancy
- Try not to miss or skip meals
- Ready meals (frozen or tinned) are easy. Add some frozen vegetables to make a more balanced meal
- It is useful to keep a store of some basic foods in case you are not able to get to the shops e.g. long life milk, tinned meat, ready meals, hot chocolate, tinned or frozen fruit and vegetables, cereals, biscuits
- If preparing food is too much, why not consider meal delivery services or ask friends and family for help with shopping, preparing and cooking meals
- Try to have company at meal times, e.g. with a friend or family member or attend a local lunch club
- If food choice and quantity is limited take a one-a-day multivitamin and mineral supplement
- A little exercise or activity can help you feel hungry

If you have used some of the ideas in this leaflet and have continued to lose weight unintentionally or are concerned about your diet please see your GP for further advice.

2017 (to be reviewed November 2020) For further information on malnutrition please visit: [www.malnutritionpathway.co.uk](http://www.malnutritionpathway.co.uk) Developed by a multi-professional group of healthcare professionals
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 tsp 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  
2 tablespoons ground almonds 78kcals 3.3g protein  
3-4 tablespoons tinned peaches  
2 tsp honey

*Blend with an electric blender.* 342kcals, 5.5g 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 180kcals, 3g protein per portion
Grated cheese could also be added to soups if liked – 60kcals, 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 135kcals, 4g protein per scoop

Vegetables

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

Fruit and jellies

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of weighing</th>
<th>Frequency of repeating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.

**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:**
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 an over the counter multivitamin/multimineral supplement to support wound healing

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