

**Guide to prescribing Oral Nutritional Supplements (ONS)**

**Calculate and document MUST score.** [MUST Calculator](http://www.bapen.org.uk/screening-for-malnutrition/must/must-toolkit/the-must-itself) Then take appropriate action(s)

ACBS criteria: *Short bowel syndrome, intractable malabsorption, Pre-operative preparation of patients who are malnourished, Proven Inflammatory Bowel Disease, following a gastrectomy, dysphagia, Disease related malnutrition, Continuous ambulatory peritoneal dialysis (CAPD) or Haemodialysis*

Food first approach tried for at least 1 month OR if food first approach not feasible

ACBS criteria met

E.g. Evidence of malnutrition/ malnutrition risk Up-to-date MUST score

**Patient identified/ ONS request form received**

ONS for any Health Professional to prescribe/request

1. Advise patient on high energy/ protein diet
2. Provide with written information (see food first patient leaflets) from:

[NHCCG website](http://www.northhampshireccg.nhs.uk/homepage/medicines-optimisation/healthcare-professionals/resources-and-detail-aids/chapter-9-blood-and-nutrition/) or [WHCCG GP Portal](https://gp-portal.westhampshireccg.nhs.uk/medicines/nutrition/)

1. Ensure follow up appointment booked



**1st Line:**

**Powder to be made up with whole milk (Recommended dose BD)**

**STANDARD milkshake style supplement (recommended dose BD)**

**Readymade Drink ONS**

\*Neutral flavour as alternative for non- sweet use to be added to food.

**AYMES Complete** (300kcals, 12g protein) Banana, Chocolate, Strawberry, Vanilla

**£1.12/200ml bottle**

**\*GF**

Direct-to-patient free samples form [here](http://aymes.com/pages/direct-to-patient-sample-service)

**AYMES Shake**

(made up: 388kcals, 15.6g protein) Banana, Chocolate, Strawberry, Vanilla, \*Neutral

**61p/57g sachets**

**\*GF**

Direct-to-patient free samples form

[**here**](http://aymes.com/pages/direct-to-patient-sample-service)

Key:

GF- Gluten Free LF- Lactose Free

The ONS list is correct at the time of printing. Price as per MIMS January 2017. New products and flavours may become available between updates

þÿProduced by Hampshire Hospitals NHS Foundation Trust prescribing support dietitians in collaboration with North Hampshire and West Hampshire CCGs



**COMPACT 125ml milkshake style supplement (recommended dose BD)**

**JUICE style supplement if milk based alternative not tolerated (recommended dose BD)**

**Altraplen Compact** (300kcals, 12g protein) Banana,

Harvest Chocolate, Strawberry, Vanilla

**£1.45/125ml bottle**

**\*LF & GF**

Direct-to-patient free samples form [here](https://www.nualtra.com/uk-direct-patient-samples/)

**Fresubin Jucy**

(300kcals, 8g protein, fat-free) Apple, Blackcurrant

Cherry, Orange, Pineapple

**£1.99/200ml bottle**

**\*LF & GF - No Fat**

Direct-to-patient free samples form here

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Oral Nutritional Supplements (ONS or Sip feeds)

**ONS Request Form – to be completed for any prescription request**

***All shaded fields must be filled in****. If information not available, explain why (e.g. unable to weigh)*

|  |  |  |
| --- | --- | --- |
| **Patient’s GP:** | **Phone:** | **Fax:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From:** | **(Nursing Home/**  **Community Nurse)** |  | **Phone No**. |  |
| **For:** | **Patient’s name NHS number** |  | **Patient DOB** | / / |
| **Ordered by: (Please print)** | |  | **Date of Order** | / / |

# ASSESSMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Resident need to meet the following **3 criteria** before they can be prescribed ONS  (unless discussion between carer and GP have agreed otherwise) | | | | |
| **1** | **Resident meets ACBS criteria:**   1. *Short bowel syndrome* 2. *Intractable malabsorption* 3. *Pre-operative preparation of patients who are malnourished* 4. *Proven inflammatory Bowel Disease* 5. *Following a gastrectomy* 6. *Dysphagia* 7. *Disease related malnutrition* 8. *Cont. ambul. peritoneal dialysis (CAPD) or Haemodialysis* | **Please specify ACBS criteria below**  **e.g. Malnutrition as defined by MUST** | | |
| **2** | **Malnutrition Universal Screening Tool (MUST) score calculated**  *Malnutrition defined as one of the following:* | **Please specify MUST score** |  | |
| **Height** |  | |
|  |  |  |
| * *BMI < 18.5kg/m2* * *> 10% Unintentional weight loss (last 3-6months)* * *BMI < 20* ***AND*** *> 5% unintentional weight loss (last 3-6 months)* | **Most recent weight / Date** |  |  |
| **Most recent BMI** |  | |
| Highest weight 3-6 months |  | |
| **3** | **What actions have been taken:**   **Food fortification / toppers**   **Extra nourishing snacks**   **Extra nourishing drinks**   **Food First not appropriate** | **Details:** | | |

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# PRESCRIPTION REQUEST

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|  |  |  |  |
| --- | --- | --- | --- |
| **ONS REQUESTED**  **(tick required product):** | Aymes Shake (1st line)   * Standard (+ 200mls of whole milk)   **or**   * Compact (+ 100mls of whole milk)   Fresubin Jucy  (if milky drink not tolerated) | **NEW?** | **Yes - No**  ***If Yes, has free samples been tried***  ***Yes - No*** |
| **GOALS:**  (E.g. weight maintenance /  gain, wound healing etc.) |  | | |
| **Continue food first plan, offer ONS between meals, review ONS efficacy monthly** | | | |

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