

Prescription Oral Nutritional Supplements (ONS)

Arelis Rodriguez RD

Prescribing Support Dietitian

NHS Barnsley Clinical Commissioning Group

Defining appropriate prescribing

3 KEY QUESTIONS TO ASK:

- 1. Is the patient malnourished, or at risk of Malnutrition?**
- 2. Is the malnutrition as a result of an underlying disease?**
(As per advisory committee for borderline substances (ACBS) prescribing criteria)
- 3. If safe to do so, has 'food first' already been tried for at least one month without improvement?**

Who is at risk of malnutrition?

Patients with, or at risk of Malnutrition:

1. $BMI \leq 18.5 \text{ kg/m}^2$
2. Unintentional weight loss $\geq 10\%$ within 3-6 months
3. $BMI < 20 \text{ kg/m}^2$ **AND** unintentional weight loss $\geq 5\%$ within 3-6 months

- *Eaten/ likely to eat little or nothing for ≥ 5 days*
- *High nutrient loss or increased nutritional needs from causes such as catabolism*

ACBS prescribing criteria

- **Disease-related malnutrition**
- Bowel fistula
- Dysphagia
- Intractable malabsorption
- Following total gastrectomy
- Short-bowel syndrome
- Proven inflammatory disease
- Pre-operative preparation of malnourished patients

Your Guide to Making the Most of your Food

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

Little and Often

Eating smaller meals and snacks, and nourishing drinks in between meals may be more manageable

Try having drinks separately from meals, as these can fill you up

Try having a pudding once or twice a day such as full cream yogurt, ice cream, cake, custard

Snacks in between meals can help to boost your intake

Snacks Ideas:

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

Enriching your Food

Choose full fat/full cream foods with sugar rather than low fat /low sugar types e.g. full cream yogurts, full cream milk

Add cheese to soups, mashed potatoes, vegetables, pasta dishes

Use butter in sandwiches, on potatoes and with crackers or vegetables

Add cream or condensed milk to puddings

Add sugar, jam, honey or milk powder to porridge, breakfast cereals or puddings

Use cooking methods that include the addition of oil e.g. shallow fry, roast or grill but coat or spray the food with oil first

Nourishing Drinks

Milk is full of goodness. To make fortified milk add 4 tablespoons of milk powder to one pint of milk. This can be used throughout the day in drinks, on cereals, in sauces, to make custard

Using 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

Choose fruit juices and sugar containing squashes

Powdered supplements such as Complan and Build Up are available from most supermarkets and pharmacies and can be used between meals

Other Helpful Tips

Indulge in the foods you fancy

Try not to miss or skip meals

Ready meals (frozen or tinned) are a good, easy to prepare option. Consider adding 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 in shopping, preparing and cooking meals

Try to have company at meal times

If food choice and quantity is limited take a one-a-day complete multivitamin and mineral supplement

For more specific dietary advice including advice for a particular medical condition, or for further advice if you are losing weight please see your GP, who may seek advice / refer you to a Dietitian

If ONS are started:

1. Document baseline data / assessment:

- ✓ What is the reason? What is the goal?

2. Talk about the **END** at the **START**

- ✓ Once started on ONS it can be difficult to stop the individuals having them

3. Review regularly, ideally monthly:

- ✓ Effectiveness / Tolerance / compliance / Waste

4. Stop once the goal is achieved

5. Refer to your community dietitians if no progress within 1-3 months

Reviewing ONS prescribing practices

Audits carried out by the London Procurement Partnership (LPP) (2007-2009) showed that :-

up to 75% of all ONS prescriptions were inappropriate !

Progress so far... in Barnsley

- 72% ONS stopped
- 11% dose reduced
- 17% switching to cost-effective option
 - Ensure shake
 - Aymes shake

Created July 2015. Amended September 15 in line with price changes. Review due July 17 or before if prices change



Barnsley Clinical Commissioning Group

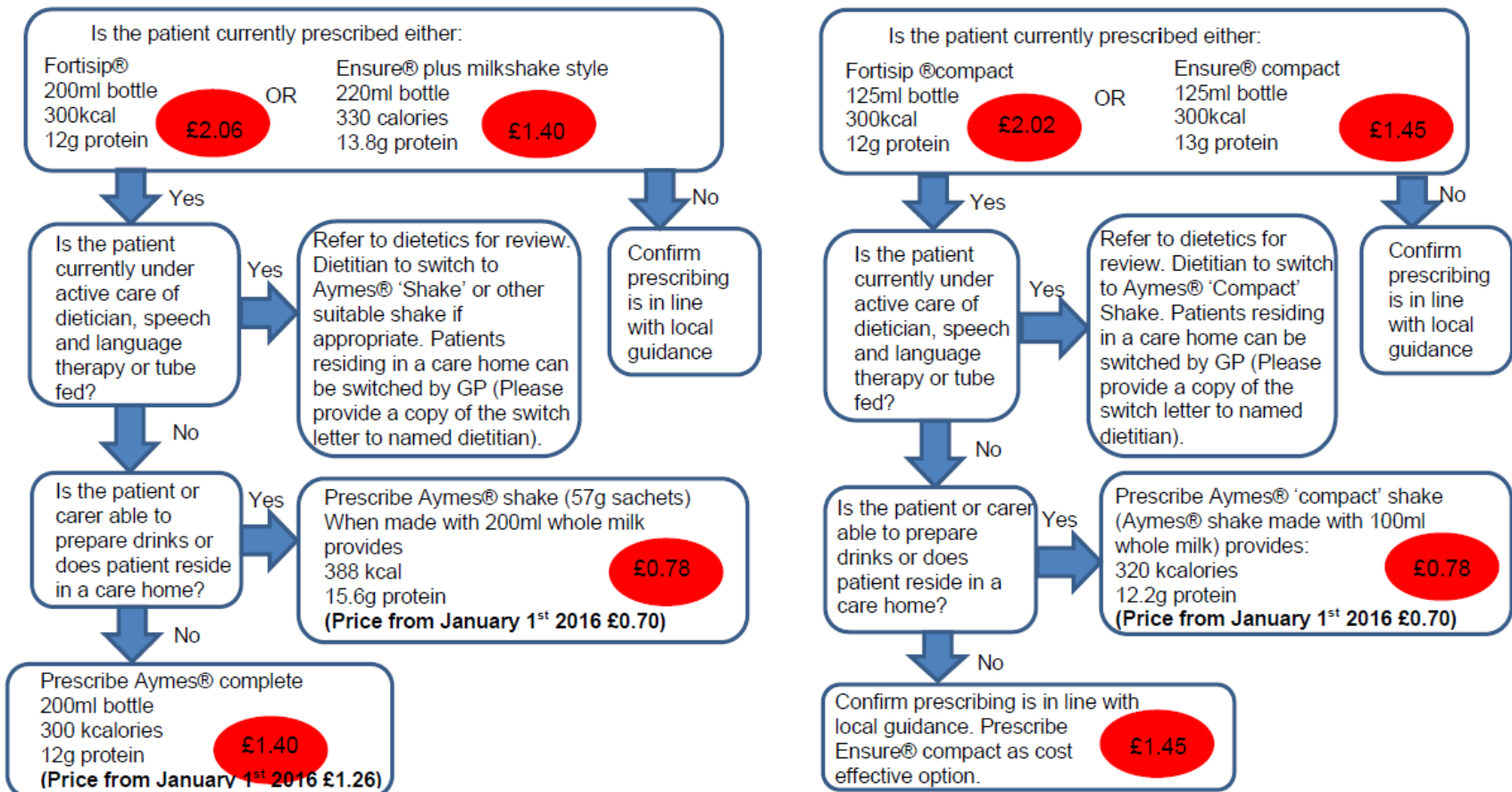
Putting Barnsley People First

Barnsley Clinical Commissioning Group nutritional supplements first line choices reference guide
(In collaboration with the Community Nutrition and Dietetic Service)

Milkshake style ONS

Compact Milkshake style ONS

(Prescribed only on advice from dietitian)



Exclude patients who are soya or cow's milk intolerant, those with galactosaemia, patients who are tube fed (PEG or PEJ), under the care of speech and language therapy.

Main messages

- 1. Baseline Assessment
- 2. Prescribe only if needed
- 3. Review .. Review... Review....

Ensure shake

Aymes shake