



Guidelines for appropriate prescribing & deprescribing of Oral Nutritional Supplements (ONS)

Part of a series of prescribing tips to support clinicians conducting Structured Medication Reviews (SMRs)



The purpose of oral nutritional supplementation (ONS) is to supplement food intake, not replace it and their use does not remove the need to manage the underlying condition responsible for the patient's poor appetite. It is important to ensure that prescribing is both appropriate for the patient and that the treatment length is such that waste is minimised.

Approximately **£187 million** is spent annually on oral nutritional supplements across England and Wales (NHSBSA December 2020)

<u>NICE CG32</u> gives national guidance for adults on oral nutrition support, enteral tube feeding and parenteral nutrition, whilst local guidance for ONS prescribing in Lancashire can be found on <u>LSCMMG</u>.

<u>Food First</u> and <u>'The malnutrition pathway'</u> highlights a fortified food diet plan for patients. Appropriate dietary advice should be given to all patients at risk of malnourishment, regardless of MUST score. <u>The Malnutrition</u> <u>Pathway site</u> has numerous resources available for healthcare professionals.

Food fortification should focus on ensuring the patient receives an appropriate balance of energy, protein, fluids, electrolytes, minerals, micronutrients, and fibre to meet their needs. Simply adding extra calories in the form of foods high in saturated fat and refined sugar does not promote health and is not recommended.

MUST scores can also be entered onto EMIS Web using the template 'Community – Malnutrition Screening'. Ensure screening for malnutrition is done using the <u>MUST tool</u> before ONS is prescribed.

Switching and stopping options

- Patients prescribed ONS should have their treatment reviewed monthly and discontinued if treatment goals are met, with nutritional advice including food fortification to maintain adequate nutrition.
- > ONS should normally be discontinued in all patients with a **MUST score of 0.**
- ONS should normally be discontinued for all patients with a MUST score of 1 and food fortification should be the treatment of choice, unless food fortification has failed to produce any progress towards the goal set.
- Where prescribed ONS is appropriate, the most cost-effective product should be prescribed, where possible. See <u>local formulary</u> for ONS recommendations in our locality. Please specify quantity and flavours clearly. Avoid prescribing 'mixed flavours'.
- Patients being discharged from secondary care should be switched to the primary care cost effective ONS formulary choice upon discharge. There may be circumstances where specialist ONS under ACBS conditions are recommended to continue by a dietitian for a documented clinical reason
- If the patient no longer meets <u>ACBS criteria</u>, or goals are met, but still wishes to take ONS, suggest they can **purchase these over the counter** for self-care.
- Maintain food fortification advice where necessary and, ideally, review one month after discontinuation of ONS to ensure that there is no recurrence of the precipitating problem.