

Clinical & Cost-effective Prescribing of Oral Nutritional Supplements for Halton Place

The National Institute for Clinical Excellence (NICE) recommends oral nutritional supplements (ONS) as a clinically effective treatment for individuals at high risk of Malnutrition (MUST score of ≥ 2) when a food-based approach alone is not feasible. This document offers guidance on clinical & cost-effective prescribing of ONS in primary care for Halton Place.

Effective dose and product selection

It is generally considered that to be clinically beneficial, ONS should provide ≥ 500 calories per day. This typically involves consuming two servings of most standard ONS daily.

Please note: Altraplen Compact Daily contains 2 x 125ml servings (600 kcal) per 250ml Tetra Pak.

First line powder oral nutritional supplements

Powder ONS are generally preferred as first-line options due to several advantages:

- **Higher nutrient density:** Powder ONS often provide a higher energy & protein content compared to ready to drink alternatives.
- **Improved palatability:** When mixed with fresh, full fat milk, powder ONS can be highly palatable for patients, improving compliance.
- **Cost-effectiveness:** Powder ONS are considerably more cost-effective than ready to drink options.

Assessing patient suitability for powder oral nutritional supplements

- Can the patient or their caregiver independently prepare powder ONS according to instructions? (Individuals who can make a cup of tea can usually also prepare a powder ONS).
- Does the patient have access to fresh milk?
- If YES to both above: powder ONS are generally suitable.
- If NO to either of the above: Please consider second line ready to drink ONS as listed below.

Please note that powder ONS are contraindicated in:

- Patients who are CKD 4 and 5 (due to the higher electrolyte content of powder ONS).
- Dysphagia.
- Poor tolerance of milkshake style ONS (please see recommended alternatives).
- Patients who have a documented clinical reason to have a ready to drink ONS.

Oral nutritional supplement recommendations for care home residents

Care home residents have access to fresh milk and care home staff should be adequately trained and physically able to prepare powder ONS so these should be offered first line to care home residents unless when contraindicated.

Oral nutritional supplement sample services

To aid compliance & minimise waste, free starter packs can be requested direct from the manufacturer which can be delivered to your patient.

Please see links to the relevant manufacturer below:

- Aymes sample service: <https://aymes.com/pages/aymes-sample-service>
- Nualtra sample Service: <https://nualtra.com/get-samples>

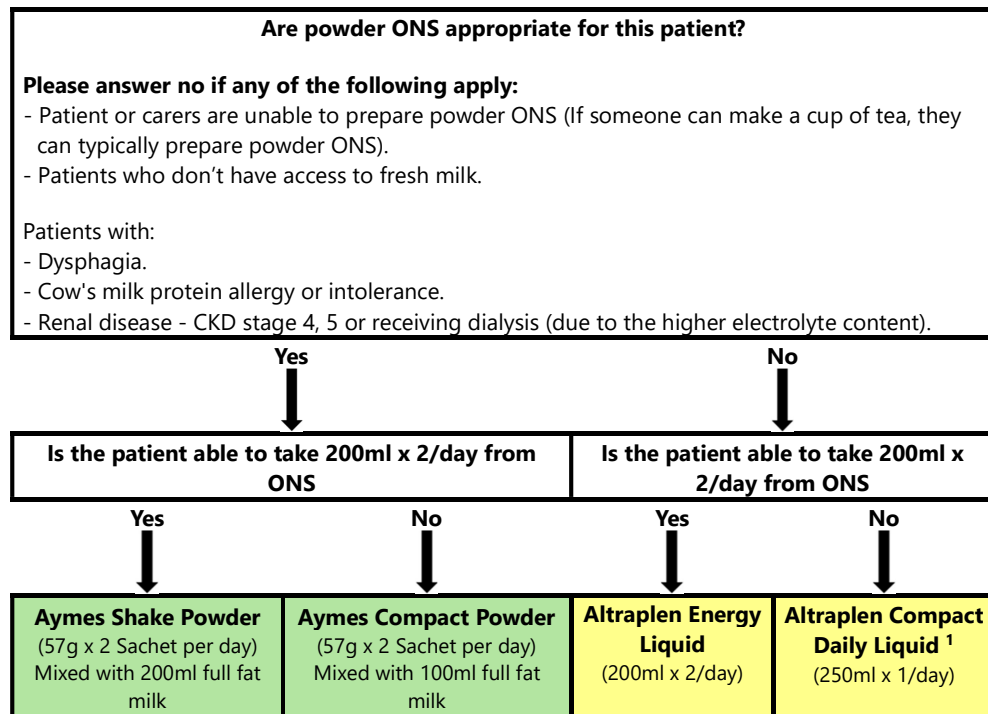
Please note prescribing starter packs via FP10 is costly and should be avoided.

FINAL DRAFT Halton Place ONS Guidance sheet V 2.0. Approval Date: 06/06/2025 Developed by David Martin Medicines Optimisation Dietitian. Locally agreed by Halton Medicines Management Working Group.

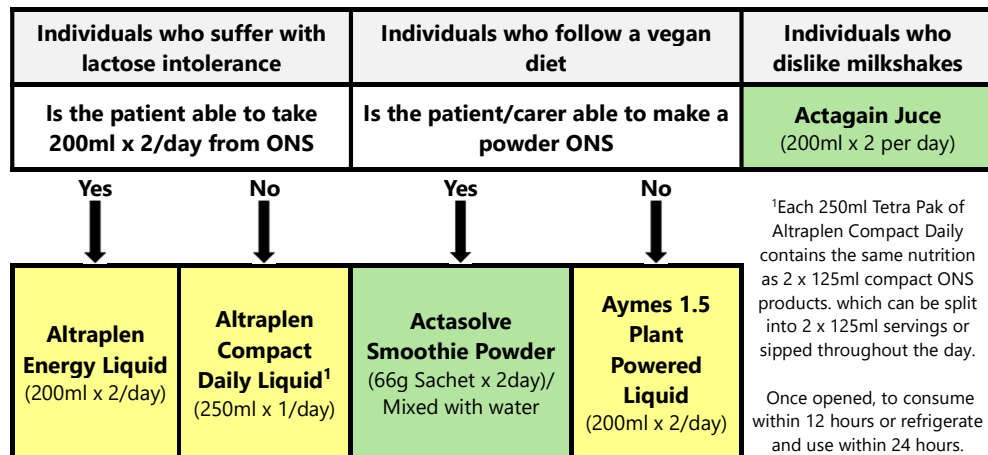
Quick reference guide: Six steps for assessing the need for ONS prescription

Step 1: Assess nutritional risk		
BMI >20 score 0 18.5-20 score 1 <18.5 score 2	Weight loss (past 6 months) <5% score 0 5-10% score 1 >10% score 2	Acute illness Has had or likely to have no nutritional intake for >5 days, score 2
Total score 0 to 6 and use to identify risk of malnutrition		
MUST score = 0 Low risk - Consider dietary advice if needed. - Consider step 2 to prevent potential malnutrition.	MUST score = 1 Medium risk - Follow steps 2, 3 and 4.	MUST score ≥ 2 High risk - Follow steps 2, 3, 4 and 5. - Consider prescribing ONS. - Please refer to Dietitians.
The Advisory Committee on Borderline Substances approve ONS in the following conditions		
- Short bowel syndrome - Intractable malabsorption - Pre-op preparation of undernourished patients - Proven inflammatory bowel disease - Following total gastrectomy - Dysphagia - Bowel fistulae - Disease related malnutrition		
Step 2: Assess (and where possible treat) cause of malnutrition including:		
- Ability to chew/dental issues - Swallowing issues - Side effects of medication - Symptoms e.g. pain, constipation, diarrhoea - Medical prognosis - Environmental and social issues - Psychological issues - Substance or alcohol misuse		
Step 3: Set treatment goal (examples listed below)		
- Target weight / target weight gain / target BMI over a period of time. - Weight maintenance where weight gain is unrealistic or undesirable. - Reduced rate of weight loss where weight maintenance is not realistic (e.g. cancer cachexia, EOL care). - Optimising nutritional intake during acute illness. - Wound or pressure ulcer healing.		
Step 4: Offer Food First Advice		
Diet sheets are available on EMIS (consultation > document > create letter > search) / Accurx Templates. - Diet sheet - Eating with a small appetite: Offering tips on how to increase calorie and protein intake. - Diet sheet - Food Fortification: Providing information on how to fortify food and drinks. - Diet sheet - High Calorie Drinks Recipe ideas: Homemade high calorie drink recipes.		
Step 5: Prescribing ONS		
- Continue to encourage dietary intake to support a Food First approach. - Please consider prescribing ONS if MUST score ≥ 2 and patient meets ACBS criteria (see above). - When selecting ONS Please see: Flowcharts for cost-effective ONS selection. - It is recommended to add ONS to an acute prescription & supply for 4 weeks. - Ideally review in 4 weeks.		
Step 6: Reviewing the effectiveness and ongoing need of ONS		
- Review: Weight, BMI, recalculate MUST score. - Check ONS compliance and progress towards the individualised target. - Review dietary intake/appetite and if appropriate revisit dietary advice. - Assess the initial indication for the ONS to see if this is still appropriate using the six-step approach. - Please consider discontinuing ONS when ACBS criteria is no longer met/target has been reached. - If criteria is still met and ONS should continue please check there is a review date/reminder for patient. - Consider stopping ONS gradually if concerns.		

Flowchart A: Cost effective ONS options for individuals who can tolerate milkshakes



Flowchart B: Cost effective ONS options for individuals who can't tolerate milkshakes

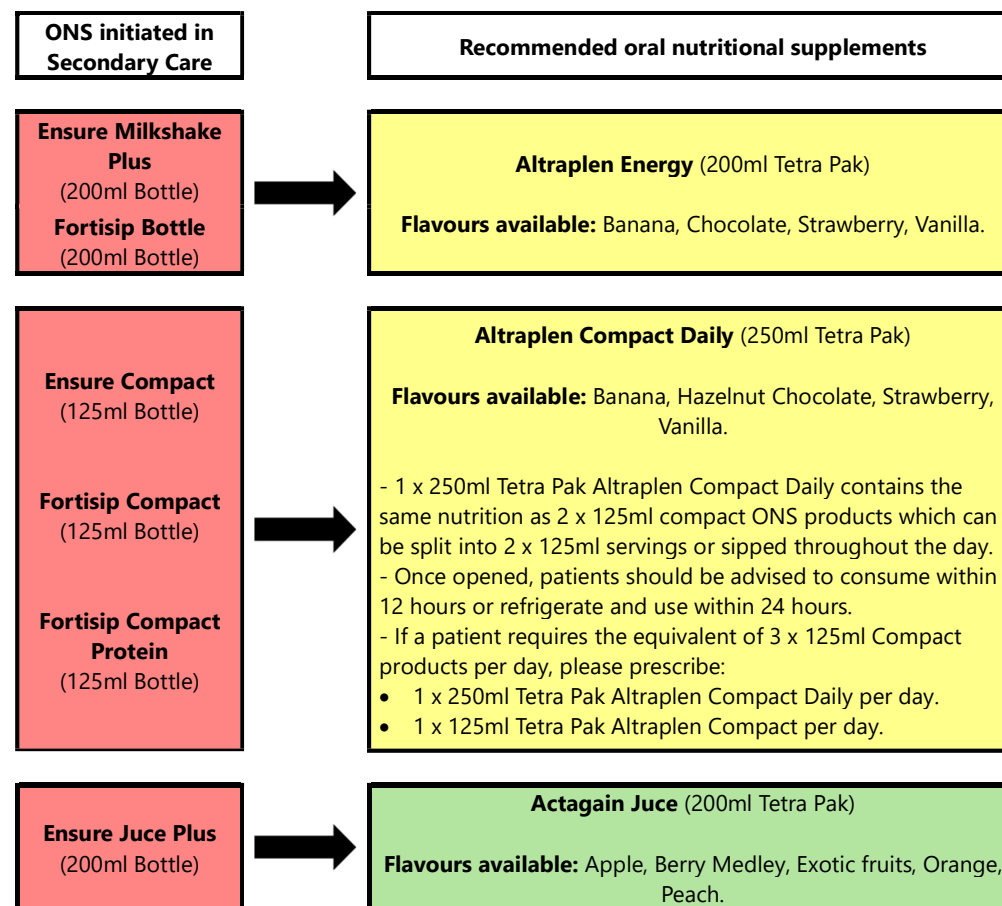


Prescribing oral nutritional supplements following hospital discharge

Several factors contribute to reduced oral intake during hospitalisation which may lead to ONS prescription, but the need often resolves post-discharge as normal eating resumes. Patients without a dietetic letter should not have ONS continued after hospital discharge without reassessing the need using the **Quick Reference Guide: Six steps for assessing the need for ONS Prescription**.

If a dietitian has sent a letter requesting specific ONS following discharge, please prescribe as advised. In cases where ONS are deemed appropriate post-discharge without a dietitian's letter, please follow guidance below for switching to a cost-effective & clinically equivalent ONS.

Flowchart C: Recommended switches to cost-effective alternative ONS



Please contact Halton's Medicine Optimisation Dietitian with any queries related to prescribing Oral Nutritional Supplements: david.martin39@nhs.net