

Managing Malnutrition: Two Page Summary Guide for Healthcare Professionals in Primary Care
Steps to Appropriate Prescribing of Oral Nutritional Supplements (ONS) for Adults

Step 1: Identify Nutritional Risk

- **MUST (Malnutrition Universal Screening Tool) – This is on SystemOne**
- **If you cannot weigh the patient, use the *subjective assessment* option on SystemOne**
- **For full explanation refer to www.bapen.org.uk/pdfs/must/must-full.pdf (*full tool*)**

MUST Score	Action Needed
0 = Low Risk	No intervention needed, routine monitoring/ rescreen sooner if clinical concern (If patient has Pressure Ulcer Grade 3 or more or chronic wounds - treat as Medium/High Risk)
1 = Medium Risk	Observe – Monitor (Or <i>Treat</i> if frail/elderly - in which case progress to Step 2)
2 or more= High Risk	Treat – Progress to Step 2

Step 2: Assess the Underlying Cause(s) of Malnutrition

- **Identify possible issues that are affecting appetite/desire/ability to eat & drink/prepare food. Address symptoms and refer to other agencies as necessary (e.g. SLT, OT, drug & alcohol services, food bank, meals on wheels etc.)**

Problems swallowing? Physical illness and symptoms? Emotional/mental health problems?
Difficulty self-caring resulting in inability to shop/cook? Financial problems? Alcohol/substance abuse?

If dysphagia is suspected, refer to Speech & Language Therapy for a swallow assessment
If the patient has a learning disability, consider referral to the Learning Disability Team – see Appendix for criteria

Step 3: Agree Aims of Nutritional Support

- **Essential to agree and record aims to enable monitoring of progress**
e.g. target weight/ specify amount of weight gain to aim for/ minimise weight loss / weight stabilisation/ improve function or quality of life/ improved oral intake (specify e.g. eating all meals)/ wound healing

Step 4: Give Food First Advice

- **Practical advice to increase calorie intake – give *Food First Leaflet***
- **This includes changing meal patterns, choosing high protein, high calorie meals, fortifying foods and drinks, having high calorie snacks and nourishing drinks in between meals**
- **Consider need for OTC multi-vitamin & mineral tablet**

If carers have requested referral to dietetics for a carehome resident, they must adhere to dietary advice in the Carehome Pack provided by the Dietetic Department, which incorporates Food First within specific careplans depending on the MUST score

Step 5: Review After a Month and Consider then if ONS Necessary

- **Reassess weight, BMI, MUST score, review aims/goals, oral intake**

If improving, no ONS necessary: Continue *Food First* and review regularly until goals are met

If no improvement, consider prescribing ONS as long as:

- **Patient meets ACBS criteria****
- **MUST \geq 2 for 2 consecutive months**
- ***Food First* trialled for at least a month but weight loss continues**

<u>Standard ACBS Criteria</u>
<i>Short bowel syndrome, intractable malabsorption, following total gastrectomy, bowel fistulae, proven IBD, dysphagia, disease related malnutrition, pre-operative preparation of malnourished patients</i>



****Refer to Appendix for what to do if patient does not meet ACBS Criteria**

Step 6: Prescribing ONS

- Essential that **Steps 1-5** have been undertaken before ONS considered
- Give First Line ONS bd dose - See *Appendix for Formulary - Give ONS Leaflet*
- Starter pack/initial 7 day supply followed by monthly Acute prescription
- Essential to continue *Food First* alongside ONS
- **If ONS prescribed stop Multi Vitamin & Mineral tablet**

Don't automatically prescribe an ONS for carehome residents - carers must satisfy you that they have tried Food First for at least a month without improvement & provide weight, BMI & MUST Scores

Patients with dysphagia who have been recommended thickened fluids by an SLT must be referred to dietetics at this stage - for specialist input and consideration of a pre-thickened ONS

Refer to Appendix for

- guidance for alcohol/substance misuse – care needed and strict conditions
- referral guidelines to dietetics
- guidance if unable to weigh patient

Often patients in hospital have a poor appetite but when they are discharged, their appetite returns. In the absence of any formal guidance from the dietitian on discharge, do not automatically prescribe ONS that are on TTO's without following steps 1-5 first.

If community nursing staff request ONS:

- They should provide you with recent weight(s), BMI and the MUST assessment/score(s).
- They should also confirm that they have tried Food First prior to requesting the ONS (unless they or you have serious concerns about a patient's nutritional status or oral intake, in which case continue to use your clinical judgement in this respect).
- For these patients, establish whether you will review the patient's nutritional status – or whether community nursing will and feedback to you.

Step 7: Reviewing Patients on ONS

- Review at least every 3 months (more frequently if clinical need, or concerns raised), reassess weight, BMI, MUST score, review aims/goals, oral intake, monitor compliance & assess continued need for ONS
- Continue to ask for this information from carehomes as a prerequisite for prescriptions

When to Stop the Prescription

- When treatment aims/goals are met
- When requested to do so by a dietitian
- When the patient is not taking the ONS at the therapeutic dose (bd) and an alternative has been trialed
- When the patient is nearing end of life and attempting to take the ONS is detrimental to rather than improving quality of life

Always review one month after stopping ONS to ensure no recurrence of the problem and the patient remains stable – continue further monthly reviews if in any doubt.

If a patient was previously seen by a dietitian and care has been discharged back to you, refer to the guidance provided by the dietitian on discharge as to when it is appropriate to stop ONS.

For patients on high levels of ONS whose nutritional status is improving, consider a step wise reduction in ONS rather than stopping them altogether in one go – monthly review is essential in these circumstances.

Some patients may wish to continue ONS even when they are no longer indicated or ACBS approved – if so stop ONS and advise patient to purchase OTC ONS such as Complian®.