

SUMMARY GUIDELINE: Adult Malnutrition and Appropriate Prescribing of Oral Nutrition Supplements (ONS)

This is a summary document of the full [SEL Malnutrition and ONS Prescribing Guidelines](#). Please refer to the full guidelines for detailed evidence-based recommendations for prescribing ONS for adult community-dwelling patients and those residing in care / nursing homes who are malnourished or at risk of malnutrition.

KEY RECOMMENDATIONS

- Ideally, ONS should only be prescribed on the advice of a dietitian. If ONS are required before dietetic assessment, please follow Algorithm 1.1 and refer the patient to the appropriate [dietetic team](#)
- Patients able to take oral diet should be encouraged with high calorie/protein food before commencing supplements (see [Patient Resources](#))
- All patients admitted to hospitals, care homes, new patients attending GP surgeries, vulnerable individuals or where there is clinical concern should be screened using a validated nutrition screening tool, e.g. [MUST](#) or the [Nutrition Checklist](#)
- Realistic and measurable goals should be set when initiating ONS to guide appropriate discontinuation of ONS (consider disease stage / treatment and adjust accordingly)
- ONS prescriptions are recommended to be ACUTE only, with an end-date, and include specified flavours
- Do not prescribe red-rated ONS products; these should only be prescribed following dietetic assessment and with clinical justification
- Hospital / dietetic prescription requests that fail to include ACBS criteria, goal of ONS, or indicate why first-line products are not suitable, should be changed to a first-line supplement for 4 weeks, then stopped unless further review is planned
- Food-based interventions should be first-line management for care/nursing home residents; residents who may require ONS should be referred for dietetic review
- ONS should be included in general medication reviews
- Patients identified as requiring long-term ONS should have an annual review (minimum) to ensure the prescription remains clinically indicated and appropriate
- If a patient does not meet ACBS criteria but wishes to continue ONS, [commercially available nutritional supplements](#), [food-first methods](#) and [homemade nourishing drinks](#) should be recommended
- If a patient does not attend two consecutive ONS reviews, ONS should be stopped and the patient informed

Approval date: August 2024 **Review date:** August 2027 (or sooner if evidence or practice changes)

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Guideline Overview

MALNUTRITION SCREENING

All patients admitted to hospitals and care homes, new patients attending GP surgeries, vulnerable individuals or where there is clinical concern should be screened using a validated nutrition screening tool, e.g. [Malnutrition Universal Screening Tool \(MUST\)](#). If height, weight and Body Mass Index (BMI) are unavailable, subjective measures should be considered, e.g. the [Nutrition Checklist](#).

Once identified, please refer to the relevant algorithm:

- Algorithm 1: ONS prescribing algorithm for primary care clinicians
- Algorithm 2: Primary care clinician pathway for assessing and managing malnutrition risk
- Algorithm 3: Primary care clinician algorithm for reviewing and discontinuing ONS
- Algorithm 4: Nutrition Management Guidelines for Care Homes

TREATMENT

1) First line = Food First

- Please refer to the Patient Resources section of the SEL website:
 - [SEL Food First Animation \(2 mins\)](#)
 - [Food fortification protocol for patients at medium and high risk of malnutrition](#)
 - [Food first – how to make nourishing drinks, sides, dessert and porridge](#)
 - [Retail ONS and High Energy & Protein Foods](#)
- ONS should not be used as first-line treatment

2) Second line = ONS

- In conjunction with a community dietetic referral
- Powders should be prescribed (if contraindicated, a standard 200ml GREEN-rated ONS should be used – see [Extended ONS Product Reference Guide](#))

Sustainability

Food-first strategies can be the most sustainable option for addressing malnutrition, especially if patients are educated on choosing more plant-based products and less processed and meat-based products. With ONS, while recycling infrastructure in the UK and sufficient 'life cycle analyses' of products is currently lacking, powdered ONS are likely to have the lowest environmental impact.

ONS REQUESTS

Dietetic ONS prescription requests should use the SEL Standard Letter*, which includes:

- Measurable outcomes for ONS
- Review and monitoring plan
- Actions required by the GP
- ACBS criteria for ONS
- First-line products can be used (or clinical rationale if not)
- End date for prescription

**Hospital dietitians are discouraged from requesting ONS on discharge summaries*

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PRESCRIBING ONS

ONS should only be prescribed if patients meet all the criteria below:

- 1) MUST score ≥ 2
- 2) [Underlying causes of malnutrition](#) assessed & appropriate advice / support provided
- 3) Meet ACBS criteria
- 4) Trialled food-first and homemade nourishing drinks, prior to initiating ONS

If criteria are met, the [Extended ONS Product Reference Guide](#) is RAG-rated to guide ONS choices. Bear in mind the following when prescribing ONS:

- Avoid OD doses – these are ineffective and can easily be achieved through food-first
- Avoid >BD doses – anyone requiring larger doses should be under the care of a dietitian
- Trial ONS *prior* to commencing, to increase compliance
- Goals – should be realistic, measurable, clearly documented and agreed with patient
- Acute 4-week scripts only – review prior to re-issuing to ensure tolerance / compliance

See Section 8 of the full [SEL Malnutrition and ONS Prescribing Guidelines](#) for information on:

- | | | |
|-------------------------------------|-------------------|--------------------|
| > Specialist Nutrition Intervention | > Diabetes | > Dysphagia |
| > Obesity and bariatric surgery | > Palliative Care | > Substance Misuse |

REVIEWING ONS PRESCRIPTIONS

- Review 3-monthly to assess progress towards goals and ongoing prescription need
- Consider changes in nutritional intake and clinical condition
- ONS should be included in general medication reviews
- Long-term ONS patients: annual review (minimum) to ensure indicated / meets nutritional needs

DISCONTINUING ONS PRESCRIPTIONS

- Cease ONS when a patient no longer meets prescribing criteria / not at risk of malnutrition
- If a patient fails to attend/engage with two ONS reviews, or the ONS goal is met, their prescription should be ceased and the patient informed that reassessment is required before reissuing ONS
- If no dietetic assessment during acute admission and no nutritional concerns, cease ONS

ONS PRODUCT GUIDANCE

- The '[Extended ONS Product Reference Guide](#)' shows **GREEN** first-line products for each product group; these should be utilised when recommending or prescribing ONS
- **AMBER** / **RED** products should only be prescribed following dietetic assessment and if a clinical rationale is provided for use (incl.: first-line products trialled and not tolerated/inappropriate)
- To support Primary Care clinicians, dietitians discharging the nutritional care of patients to GPs and requesting they review ONS prescriptions should:
 - Provide a clear agreed treatment plan and end-goal for ONS
 - Recommend a cost- and clinically-effective ONS
 - Avoid asking GPs to prescribe and review **AMBER** or **RED** products, unless a clinical rationale is provided and first-line products are not appropriate

[Guide 1: Extended ONS Product Reference Guide](#)

[Guide 2: GP Quick Reference Guide for Prescribing ONS](#)

[Guide 3: GP Quick Reference Guide for Changing ONS](#)

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