Oral Nutrition Supplements

Summary
- Prescribing costs associated with nutritional products has been increasing.
- Priority areas to review include - Oral Nutritional Supplements.

Aim/Purpose/Background
- Identify patients inappropriately prescribed ONS.
- Identify residents of care homes who are being prescribed ONS for conditions not included in local guidance.
- ONS may be started on recommendation of other health care professionals such as started in hospitals and never been reviewed since.
- Review patient notes with a view to stop treatment if inappropriate or change to recommended product.
- End of life (palliative); it states in the local policy that nutrition risk screening may not be appropriate or the assessment of palliative care patients for prescribing nutritional supplements. These should be prescribed at the managing healthcare professional’s discretion. This will depend on the patient’s clinical condition and the expected improvement in quality of life through the provision of nutritional supplements. However, dieticians recommend that patients are referred as urgent.
- Where do Dietetics fit in with this? The NICE guideline also recommends screening should be carried out by healthcare professionals with appropriate skills and training and it should be undertaken using The ‘Malnutrition Universal Screening Tool’ (MUST) or another equivalent screening tool that measures BMI and percentage weight loss (NICE, 2006).
- The ‘Malnutrition Universal Screening Tool’ (MUST) ‘MUST’ is a 5 step screening tool to identify adults who are malnourished or at risk of malnutrition. It was developed by the Malnutrition Advisory Group (MAG), a standing committee of the British Association for Parenteral and Enteral Nutrition (BAPEN) (please see guidance).
- First line dietary advice: enriching/HMS
- Alternatives
  - Homemade supplements
  - Build Up
- This is a cost/quality/ and safety intervention.
**Guidance for Action**

- **Run search:** Check patients on ONS at practices, under action group on SystmOne/Emis web - foods for special diets and nutritional support (exclude gluten free products).

  - Check patient notes:
    - Are they under the care of a dietician?
    - Are they on a Nutricia product?
      - Are they on Nutricia? May be regional variances e.g. QE.
      - Fortisip is Nutricia.
      - Fresubin Energy Fresenius Kabi.
      - Clinutren Nestle.
    - Are they on a product started by hospital and not been reviewed in the last year?
    - Are they resident in a care home?
    - Check repeat and acute prescriptions.
    - GPs can refer to dietetics team- see referral form.
    - MMT pharmacist/technicians can refer with a letter and form to the dietetics team to review a patient.
    - Refer to GP adults with no recent need for continuing treatment (no recent letters under dietician’s clinic in the last year).
    - Produce list of patients to refer, to get agreement from GP either they do themselves or produce letter and refer to dietetics.
    - Patients will be contacted by either dietetic team or GP if items stopped (please contact dietetic team if unsure of guidance [idietitians@nhs.net](mailto:idietitians@nhs.net)).

**Benefits from doing reviews:**

- Reduce spend on ONS.
- Patient nutritional needs assessed by appropriate clinicians.
- Patients receive regular review for continuing need.
- Advice and instruction on how to prepare home made nutritional supplements.
- Prevention of further weight loss and decline.