

Guide to prescribing Oral Nutritional Supplements (ONS)

Patient identified/ ONS request form received

ACBS criteria met
E.g. Evidence of malnutrition/ malnutrition risk
Up-to-date MUST score

ACBS criteria: Short bowel syndrome, intractable malabsorption, Pre-operative preparation of patients who are malnourished, Proven Inflammatory Bowel Disease, following a gastrectomy, dysphagia, Disease related malnutrition, Continuous ambulatory peritoneal dialysis (CAPD) or Haemodialysis

Calculate and document MUST score. [MUST Calculator](#)
Then take appropriate action(s)

Food first approach tried for at least 1 month
OR if food first approach not feasible

1. Advise patient on high energy/ protein diet
2. Provide with written information (see food first patient leaflets) from: [NHCCG website](#) or [WHCCG website](#)
3. Ensure follow up appointment booked

ONS for any Health Professional to prescribe/request

1st Line:
Powder to be made up with whole milk
(Recommended dose BD)

Readymade Drink ONS

Key:
GF- Gluten Free
LF- Lactose Free

AYMES Shake
(made up: 388kcal, 15.6g protein)
Banana, Chocolate, Strawberry, Vanilla, *Neutral
61p/57g sachets
*GF
Direct-to-patient free samples form [here](#)

STANDARD milkshake style supplement (recommended dose BD)

COMPACT 125ml milkshake style supplement (recommended dose BD)

JUICE style supplement if milk based alternative not tolerated (recommended dose BD)

*Neutral flavour as alternative for non-sweet use to be added to food.



AYMES Complete
(300kcal, 12g protein)
Banana, Chocolate, Strawberry, Vanilla
£1.12/200ml bottle
*GF
Direct-to-patient free samples form [here](#)



Altraplen Compact
(300kcal, 12g protein)
Banana, Harvest Chocolate, Strawberry, Vanilla
£1.45/125ml bottle
*LF & GF
Direct-to-patient free samples form [here](#)



Fresubin Jucy
(300kcal, 8g protein, fat-free)
Apple, Blackcurrant, Cherry, Orange, Pineapple
£1.99/200ml bottle
*LF & GF - No Fat
Direct-to-patient free samples form [here](#)

The ONS list is correct at the time of printing. Price as per MIMS January 2017. New products and flavours may become available between updates
Produced by Hampshire Hospitals NHS Foundation Trust prescribing support dietitians in collaboration with North Hampshire and West Hampshire CCGs

Oral Nutritional Supplements (ONS or Sip feeds)

ONS Request Form – to be completed for any prescription request

All shaded fields must be filled in. If information not available, explain why (e.g. unable to weigh)

Patient's GP:	Phone:	Fax:
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From:	(Nursing Home/ Community Nurse)	Phone No.	
For:	Patient's name NHS number	Patient DOB	/ /
Ordered by: (Please print)		Date of Order	/ /

ASSESSMENT

Resident need to meet the following 3 criteria before they can be prescribed ONS (unless discussion between carer and GP have agreed otherwise)			
1	Resident meets ACBS criteria: <i>a. Short bowel syndrome</i> <i>b. Intractable malabsorption</i> <i>c. Pre-operative preparation of patients who are <u>malnourished</u></i> <i>d. Proven inflammatory Bowel Disease</i> <i>e. Following a gastrectomy</i> <i>f. Dysphagia</i> <i>g. Disease related malnutrition</i> <i>h. Cont. ambul. peritoneal dialysis (CAPD) or Haemodialysis</i>	Please specify ACBS criteria below e.g. Malnutrition as defined by MUST	
2	Malnutrition Universal Screening Tool (MUST) score calculated <i>Malnutrition defined as one of the following:</i> <ul style="list-style-type: none"> ● BMI < 18.5kg/m² ● > 10% Unintentional weight loss (last 3-6months) ● BMI < 20 AND > 5% unintentional weight loss (last 3-6 months) 	Please specify MUST score _____	
		Height	
		Most recent weight / Date	/ /
		Most recent BMI	
		Highest weight 3-6 months	
3	What actions have been taken: <input type="checkbox"/> Food fortification / toppers <input type="checkbox"/> Extra nourishing snacks <input type="checkbox"/> Extra nourishing drinks <input type="checkbox"/> Food First not appropriate	Details: _____ _____ _____	

PRESCRIPTION REQUEST

ONS REQUESTED (tick required product):	<input type="checkbox"/> Aymes Shake (1st line) <input type="checkbox"/> Standard (+ 200mls of whole milk) or <input type="checkbox"/> Compact (+ 100mls of whole milk) <input type="checkbox"/> Fresubin Jucy (if milky drink not tolerated)	NEW?	Yes - No <i>If Yes, has free samples been tried</i> Yes - No
GOALS: (E.g. weight maintenance / gain, wound healing etc.)	_____ _____		
Continue food first plan, offer ONS between meals, review ONS efficacy monthly			

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