

# Pathway for using Oral Nutritional Supplements (ONS) in the Management of Malnutrition

NB: timing and duration will vary depending on appetite and nutritional requirements – this is a guide based on evidence and best practice.

## Individual identified as high risk (page 8)

### Chronic Conditions e.g. COPD, Cancer, Frailty:

Longer term needs  
2 ONS per day (range 1-3) in addition to oral intake<sup>30,42,43</sup> for up to 12 weeks duration according to clinical condition /nutritional needs

Prescribe 1 'starter pack', check compliance then monthly prescription of preferred ONS (1-3 per day). Pharmacists can advise on flavours

Provide red leaflet: 'Nutrition Drinks (known as oral nutritional supplements) Advice for patients and carers'

Consider ACBS (Advisory Committee for Borderline Substances) indications (see page 7)

Communicate goals and expected outcomes across care settings

At 12 weeks

### Acute illness/recent hospital discharge:

ONS Prescription for 4-6 weeks (1-3 ONS per day\*) in addition to oral intake<sup>55</sup>

Provide red leaflet: 'Nutrition Drinks (known as oral nutritional supplements) Advice for patients and carers'

Consider ACBS (Advisory Committee for Borderline Substances) indications (see page 7)

Communicate goals and expected outcomes across care settings

At 4-6 weeks

### Monitor Progress:

Check compliance with ONS prescription; amend type/flavour if necessary to maximise nutritional intake  
Review goals set before intervention  
Consider weight change, strength, physical appearance, appetite, ability to perform activities of daily living  
Monitor every 1-3 months or sooner if clinical concern

### Goals met/Good progress:

Encourage oral intake and reinforce dietary advice  
Consider reducing to 1 ONS per day for 2 weeks before stopping  
Maximise nutritional intake, consider powdered nutritional supplements which can be prescribed or self purchased, if suitable (see advice on pages 6 and 7)  
Monitor progress, consider treating as 'medium risk' (see page 8)

### Goals not met/Limited progress

Evaluate compliance to ONS and dietary advice; amend prescription as necessary, increase number of ONS per day  
Reassess clinical condition, if no improvement, consider more intensive nutrition support or seek advice from a Dietitian or GP  
Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions

### When to stop ONS prescription

Goals of intervention have been met  
Individual is clinically stable/acute episode has abated  
Individual is back to their normal eating and drinking pattern<sup>30</sup> and is no longer at risk of malnutrition  
If no further nutritional intervention would be appropriate

ONS – oral nutritional supplements/sip feeds/nutrition drinks as per BNF section 9.4.2<sup>50</sup>

*Advice on ONS prescription according to consensus clinical opinion.*

*ONS prescription-units to prescribe per day e.g. 2 ONS = 2 bottles/units of ONS per day*

*\* Some individuals may require more than 3 ONS per day – seek dietetic advice*