

# 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 6)

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

Longer term needs  
2 ONS per day (range 1-3) in addition to oral intake<sup>14,22,24</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)<sup>33</sup>

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>32</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)<sup>33</sup>

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>14</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 appendix 2: Borderline substances, Table 2 Nutritional Supplements (non-disease specific)<sup>32</sup> (see pages 6-7)

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