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

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 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

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

At 4-6 weeks

Acute illness/recent hospital discharge:
- ONS Prescription for 4-6 weeks (1-3 ONS per day*) in addition to oral intake
- 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

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 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

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