NHS
Vale of York
Clinical Commissioning Group

Guidelines for the appropriate use of Oral Nutritional Supplements (ONS) for adults in the community

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Relevant to:		NHS Vale of York Clinical Commissioning Group GP practices, York Teaching Hospitals NHS Foundation Trust (YTHFT) and care home staff.	
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Version No.	Date	Author(s) of original	Details of Document
1	30.07.15	**Carl Donbavand** Innovation and Improvement Facilitator VoY CCG **Dr Shaun O'Connell** GP Lead for Prescribing, Planned Care, Quality and Performance VoY CCG **Laura Angus** Lead Pharmacist VoY CCG **Berenice Carter** Professional Lead for Nutrition and Dietetics YTHFT **Stuart Parkes** Deputy Chief Pharmacist YTHFT	Original development Review due August 2016 then annually thereafter. Review earlier in light of change of legislation or national guidance
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Feedback			
Please send any relevant feedback/comments to the VoY Innovation and Improvement Team: valeofyork.contactus@nhs.net			

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1. Purpose

The purpose of these guidelines is to support primary care to standardise the management of adult patients requiring oral nutrition support in the local health economy. It includes guidance on how to initiate patients on Oral Nutritional Supplements (ONS) following the use of the Malnutrition Universal Screening Tool (MUST).

The guidelines advise on:

- Identifying adults at risk of malnutrition (step 1)
- Assessing underlying causes of malnutrition (step 2)
- Setting treatment goals (step 3)
- Offering 'food first 'dietary advice (step 4)
- Initiating Oral Nutritional Supplements prescriptions(step 5)
- Reviewing and discontinuing Oral Nutritional Supplements prescriptions (step 6).
- When to refer for specialist dietetic advice

Advice is also offered on when prescribing is inappropriate, prescribing for palliative care, and prescribing in those with substance misuse.

These guidelines are NOT suitable for patients with the following conditions:

- **Chronic Kidney Disease Stage 4 and 5. Patients on dialysis. Some patients with CKD Stage 3 (particularly Stage 3b).**
- **liver disease**
- **dysphagia**
- **Cystic Fibrosis**
- **Patients who have previously had bariatric surgery**
- **Enterally (tube) fed patients**

These patients may already be under the care of a dietitian or can be referred for specialist dietetic advice if nutritional support is indicated.

Adherence to these pathways will optimise the nutritional status of patients at risk of malnutrition and ensure the appropriate use of ONS.

2. Background

Malnutrition (under-nutrition) can have serious negative health consequences amongst which include poor recovery from illness and surgery; impaired immune function; reduced muscle strength; impaired psychosocial function; increased susceptibility to pressure ulcers[1]. Therefore it is important to promptly identify and treat those who are malnourished or at risk of becoming malnourished. Effective treatment of such patients involves providing adequate oral nutrition support.

Oral nutrition support is defined in the NICE clinical guideline CG32 as 'the modification of food and fluid by fortifying food with protein, carbohydrate and/or fat plus minerals and vitamins; the provision of snacks and/or oral nutritional supplements as extra nutrition to regular meals, changing meal patterns or the provision of dietary advice to patients on how to increase overall nutrition intake by the above' [2].

ONS are a medical intervention and should only be provided to patients who are classed as malnourished or at risk of malnutrition (using NICE definitions), where dietary intervention has not led to an improvement in nutritional status. In order to ensure the clinically and cost effective use of ONS, they should only be prescribed for specific Advisory Committee on Borderline Substances (ACBS) indications[3] and should be prescribed appropriately in line with relevant guidelines.

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3. Quick Guide: Six Steps guide to prescribing Oral Nutritional Supplements (ONS) for adults

These guidelines are NOT suitable for patients with the following conditions: Chronic Kidney Disease Stage 4 and 5, Patients on dialysis, Some patients with CKD Stage 3 (particularly Stage 3b), Liver disease, Dysphagia, Cystic Fibrosis, Patients who have previously had bariatric surgery, Enterally (tube) fed patients.

Step 1: Identify adults at risk of malnutrition.

Prior to consideration for commencing oral nutrition support or Oral Nutritional Supplements (ONS) the individuals' risk of malnutrition should be assessed using a screening tool (i.e. MUST). 'MUST Calculator' 'MUST charts' 'MUST App for iPhone'

To identify people who are malnourished NICE CG32:Nutrition Support in Adults, suggests the following criteria are used:

- MUST score of 2 or more or;
- Body Mass Index (BMI) less than 18.5kg/m^2 or;
- Unintentional weight loss more than 10% in the past 3-6 months or;
- BMI <less than 20kg/m^2 and an unintentional weight loss more than 5% in past 3-6months

To identify people who are at risk of malnutrition NICE CG32:Nutrition Support in Adults, suggests the following criteria are used:

- eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for more than 5 days or;
- a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism.

Step 2: Assessment

Assess and optimise underlying causes of malnutrition including both social and disease related

- Impact of medication(s)
- Medical condition(s)
- Physical symptoms (i.e. vomiting, pain, GI symptoms)
- Poor oral health/dental treatment
- Psychological issues
- Social issues or Disabilities affecting ability to do shopping, cooking or eating independently
- Substance/alcohol misuse
- Difficulties swallowing

→ Review treatment plan and consider referring to appropriate local services. (Appendix B)

Step 3: Goal Setting

Set and document realistic and measurable treatment goals E.g.:

- Target weight gain (E.g. 5-10%)
- Target weight/BMI
- Weight maintenance where weight gain is unrealistic or undesirable**.**
- Wound healing (if relevant)

Identify end point of treatment and agree review period (usually monthly reviews)

Step 4: Offer 'Food First' advice

Promote and encourage:

- High calorie and protein diet
- Food fortification of a normal diet
- Nourishing drinks (e.g. whole milk based drinks)
- Over the Counter (OTC) products if patients do not wish to make homemade milkshakes/fortified soups.
- **Review progress.** Continue 'Food First' whilst there is on-going progress towards goals (E.g. more than 0.5 – 1kg/month) until goals are met. If achievements plateaux and goals are not met, go to step 5.

→ Provide: 'Are you getting enough to eat?' 'Malnutrition: Food Fact Sheet'

Step 5: Prescribe ONS (Only when Food First measures fail to improve nutritional status)

Consider ONS in addition to 'food first' changes if:

- 'Food First' approach has failed to progress towards agreed goals after **4-6 weeks.**
- Meet at least one ACBS criteria:- *Disease-related malnutrition , Short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel, following total gastrectomy, dysphagia, and bowel fistulas.*

1st Line:	AYMES Shake b.d	Powder sachet to mix with 125ml whole milk	*Gluten-free, contains lactose, Not suitable for patients with soya, lactose or cows' milk intolerance or galactosaemia, vegetarian*	**Samples**
2nd line:	Nutriplen 125ml b.d.	Ready-made milkshake drink	*Gluten-free, Lactose-free, Not suitable for patients with soya or cows' milk intolerance or galactosaemia*	**Samples**
	AYMES complete 200ml b.d.	Ready-made milkshake drink	*Gluten-free, Not suitable for patients with soya or cows' milk intolerance or galactosaemia*	**Samples**
3rd Line:	Fresubin Jucy b.d.	Juice style drink	*Gluten-free, Lactose-free, Contains milk, Soya-free, Nut-free, Vegetarian. Not suitable for patients with cow's milk protein intolerance.*	**Samples**

For other ONS see full formulary with Medal Rankings

Set clear goals, and specify ONS dosage, timing and expected length of treatment.

Review after 1 week. If patient tolerates the trial, prescribe ONS twice daily acute prescription (Repeat prescriptions increase risk of waste).

When ONS are required following hospital discharge a switch to a preferred product is recommended unless justified on a dietitian discharge summary (within 48hrs).

Step 6: Review and discontinuation of ONS

All individuals receiving ONS should be monitored by a health care professional. Monitoring can be done by:

- Review progress against goals (E.g. using MUST, change in weight/BMI, changes in dietary intake, wound healing, compliance with food first and ONS).
- When goals of treatment are met discontinue ONS.
- Ideally, review 1 month after discontinuation to ensure there is no reoccurrence of the precipitating problem.
- If patient no longer meets ACBS criteria but wishes to continue ONS, recommend OTC products as in step 4.

This summary page should be read in conjunction with the full guidance and relevant pathways.

4. Full Guide: Six Steps Guide to prescribing Oral Nutritional Supplements (ONS)

4.1 Step 1: Identify adult patients at risk of malnutrition (Appendix A).

NICE Clinical Guideline 32, Nutrition Support in Adults, suggests the following criteria are used to identify people who are malnourished:

- Malnutrition Universal Scoring Tool (MUST) score of 2 or more
- a body mass index (BMI) of less than 18.5 kg/m^2
- unintentional weight loss greater than 10% within the last 3–6 months
- a BMI of less than 20 kg/m^2 and unintentional weight loss greater than 5% within the last 3–6 months.

NICE Clinical Guideline 32, suggests the following criteria are used to identify people at risk of malnutrition:

- eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for more than 5 days
- a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism.

The **'MUST' five-step screening tool** should be used to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese.

The 'MUST' was developed by the Malnutrition Advisory Group (MAG) of BAPEN[4]. It has been validated for use in the hospital, community and care settings. It is the standard screening tool recommended by NICE (MUST flowchart in appendix A).

NOTE: Weight, BMI changes and the identification of nutritional status are compromised in individuals with fluid weight changes, e.g. in patients with chronic kidney disease (CKD), heart failure, oedema or ascites.

NICE Clinical Guideline 32 recommends screening for malnutrition and the risk of malnutrition in the community for:

- People in care homes should be screened on admission and when there is clinical concern*
- Screening should take place on initial registration at general practice surgeries and when there is clinical concern*.
- Screening should also be considered at other opportunities (for example, health checks, flu injections)

*Clinical concern includes, for example, unintentional weight loss, fragile skin, poor wound healing, apathy, wasted muscles, poor appetite, altered taste sensation, impaired swallowing, altered bowel habit, loose fitting clothes, or prolonged intercurrent illness.

The online MUST calculator is available via http://www.bapen.org.uk/screening-for-malnutrition/must-calculator.

MUST charts and alternative measurements and considerations to MUST are available via http://www.bapen.org.uk/screening-for-malnutrition/must/must-toolkit/the-must-itself

Smart phone App is available to download, which provides a simple to use MUST calculator.
http://www.bapen.org.uk/screening-for-malnutrition/must/must-app

4.2 Step 2: Assess underlying causes of malnutrition (Appendix B)

Once nutritional risk has been established, consider underlying causes for weight loss and investigate / treat as appropriate. These causes are detailed in Appendix B, **'Guide to assessing underlying causes of malnutrition and treatment options'**. These include:

- Impact of medication
- Medical condition(s)
- Physical symptoms (i.e. vomiting, pain, GI symptoms)
- Social issues
- Poor oral health/dental treatment
- Psychological issues
- Substance/alcohol misuse
- Difficulties swallowing

4.3 Step 3: Set treatment goals

Clear treatment goals and a care plan should be agreed with patients. Treatment goals should be documented and should be realistic and measurable within set timescales.

Goals could include:

- Target weight / target weight gain / target BMI / target MUST over a set period of time
- If unable to weigh the patient, use other measures to assess if weight has changed, e.g. mid upper arm circumference. MUST alternative measurements (narrative and illustrations) http://www.bapen.org.uk/screening-for-malnutrition/must/must-toolkit/the-must-itself
- Wound healing (if relevant)
- Weight maintenance where weight gain is unrealistic or undesirable.

The target weight may sometimes be lower than an optimal 'healthy' weight since the latter may be impossible or inappropriate to achieve in ill patients (especially those with gastrointestinal dysfunction). Occasionally, the target weight may be higher than that considered optimal for health since it is not always reasonable to expect severe weight reduction in obese patients with illness and eating problems[1].

4.4 Step 4: Offer 'Food First' advice

4.4.1 Food first treatment

Oral nutritional supplements (ONS) should not be used as first line treatment. A 'food first' approach should be used initially. This involves:

- Offering advice on food fortification to increase calories and protein in everyday foods.
- Encouraging nourishing snacks and drinks.

- Keeping a food and fluid chart to assess intake.

Leaflets for patients and carers on making the most of food are available from:

- York Teaching Hospitals NHS Foundation Trust – 'Are you getting enough to eat?' http://www.yorkhospitals.nhs.uk/your_visit/patient_information_leaflets/nutrition_and_dietetics/
- BDA Food Fact Sheet. Malnutrition – overcoming the problem. http://www.mindthehungergap.com/signs/MalnutritionFactSheet.pdf
- BAPEN – Treating Malnutrition http://www.bapen.org.uk/tackling-malnutrition/nutritional-advice-and-information/treating-malnutrition

4.4.2 Care Homes

Care homes should be able to provide fortified foods and snacks and prepare homemade enriched milkshakes. Food fortifying care plans should be discussed with catering and care staff, and inserted into the patient's care plan to instruct on food fortification.

Practical guidance and nutritional guidelines for care homes is available from The Caroline Walker Trust (www.cwt.org.uk).

'Eating well: Supporting older people and older people with dementia - Practical guide[9]' (available with CD-ROM) provides simple guidance on what eating well really means, and to offer help and advice where there may be particular difficulties around eating, drinking or accessing food. It provides information on:

- why eating well matters for older people and older people with dementia
- the key things to consider when helping older people to eat well
- how to support those who may have difficulties eating
- menu planning ideas for how to provide food which meets the nutritional requirements of older people
- how to ensure that nutritional needs are met when the texture of meals needs to be changed – for example, for soft-textured or puréed food.

4.4.3 Over-the-Counter (OTC) Supplements

Patients may also purchase over the counter products if they do not wish to make fortified drinks or soups themselves. For example:

Ready to drink milkshakes:

- Complan® Smoothie
- Complan®
- Complan® Milkshake
- Nurishment®

Powdered Milkshakes:

- Nestle Meritene Energis® Shakes - unsuitable for patients on Vitamin D and calcium supplements or on anti-coagulants.
- Complan®

Powdered Soups:

- Nestle Meritene Energis® soups - unsuitable for patients on Vitamin D and calcium supplements or on anti-coagulants
- Complan® Soup

NOTE: These products may be unsuitable for people with an lactose / milk intolerance

4.4.4 Review of 'Food first' Goals

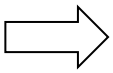
Patients should be reviewed in the time period specified in their care plans to assess the progress with a 'food first' approach.

If there is a positive change towards meeting goals, dietary advice should be reinforced and a further review arranged until goals are met. Consideration of ONS prescriptions should only be initiated if achievements with a food first approach plateaux and goals are not met after 4 - 6 weeks.

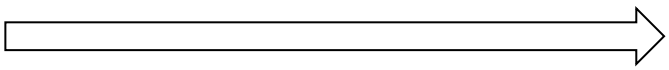
4.5 Step 5: Prescribe Oral Nutritional Supplements (ONS).

4.5.1 Patients discharged from Hospital on ONS

People who are discharged from hospital on ONS with no on-going dietetic review process in place will not automatically require ONS on prescription once home. They may have required ONS whilst acutely unwell or recovering from surgery, but once home and eating normally the need is negated. Therefore, it is recommended that ONS are not prescribed following hospital discharge without explicit instructions on a dietetic discharge summary (within 48hrs) in line with these 6 step guidelines. When ONS are still required, a switch to first line community products is recommended unless otherwise justified on the dietetic discharge summary.

<table>
<tr><th>Products initiated in Secondary Care</th><th></th><th colspan="3">Preferred community Products</th></tr>
<tr><td rowspan="4">Fortisip Compact 125ml
vanilla, strawberry, banana, mocha, apricot, forest fruit and chocolate</td><td rowspan="3">  </td><td>1st line</td><td>2nd line</td><td>3rd line</td></tr>
<tr><td>Powdered milkshake</td><td>Ready-made milkshake</td><td>Juice style</td></tr>
<tr><td rowspan="2">AYMES Shake
Mix with 125ml whole milk

7 x 57g sachets of one flavour
vanilla, banana, strawberry, chocolate and neutral</td><td>Nutriplen 125ml
vanilla, strawberry, hazel chocolate and banana

OR</td><td rowspan="3">Fresubin Jucy 200ml
orange, apple, pineapple, cherry and blackcurrant</td></tr>
<tr><td>AYMES Complete 200ml
vanilla, strawberry, chocolate, banana</td></tr>
<tr><td>Fortisip Bottle 200ml
neutral, vanilla, chocolate, toffee, banana, orange, strawberry and tropical fruits.</td><td></td></tr>
<tr><td>Complan Shake
7 x 57g sachets of one flavour
vanilla, banana, strawberry, chocolate and neutral</td><td></td></tr>
<tr><td>Fortijuce 200ml
orange, lemon, apple, strawberry, tropical, forest fruits and blackcurrant.</td><td colspan="4">  </td></tr>
</table>

4.5.2 Initiating adult ONS in primary care

ONS should only be considered to be prescribed if:

- Patients have been screened or assessed as being malnourished or at risk of malnutrition according to NICE CG32 definitions (see Step 1, section 5.1.)
- Food First' approach has failed to progress towards agreed goals after **4-6 weeks.**
- Meet at least one of the Advisory Committee on Borderline Substances (ACBS) prescribing criteria.

The aim of ONS is to improve the patient's overall food and fluid intake in order to improve clinical outcomes.

The ACBS indications for Oral Nutritional Supplements:
√ Disease-related malnutrition
√ Short Bowel Syndrome
√ Intractable malabsorption
√ Proven inflammatory bowel
√ Following total gastrectomy
√ Dysphagia
√ Bowel fistulas
√ Haemodialysis
√ Pre-operative preparation of patients who are undernourished
√ Continuous ambulatory peritoneal dialysis (CAPD)

If patients do not meet ACBS prescribing criteria and they and do not wish to make homemade milkshakes/fortified soups, over-the-counter alternative products are available from local pharmacies and supermarkets for the patient to purchase (see section 4.4.3).

4.5.3 Initiating adult ONS in primary care (Preferred products Formulary)

Adult ONS - Preferred products initiated in primary care.

1st Line	**Powdered**	**AYMES Shake** (Mix with 125ml Whole Milk) 7 x 57g sachets of one flavour vanilla, banana, strawberry, chocolate and neutral	*Gluten-free, contains lactose, Not suitable for patients with soya, lactose or cows' milk intolerance or galactosaemia, vegetarian*	**Samples**
2nd line	**Ready-made milkshake style**	**Nutriplen 125ml** vanilla, strawberry, hazel chocolate and banana	*Gluten-free, Lactose-free, Not suitable for patients with soya or cows' milk intolerance or galactosaemia*	**Samples**
		AYMES Complete 200ml vanilla, strawberry, chocolate, banana	*Gluten-free, Not suitable for patients with soya or cows' milk intolerance or galactosaemia*	**Samples**
3rd Line	**Juice style**	**Fresubin Jucy 200ml** orange, apple, pineapple, cherry and blackcurrant	*Gluten-free, Lactose-free, Contains milk, Soya-free, Nut-free, Vegetarian. Not suitable for patients with cow's milk protein intolerance.*	**Samples**

Refer to the 'Adult Oral Nutrition formulary medal ranking' guide for more detailed information on ONS. **[HYPERLINK TO FULL FORMULARY WHEN FINAL]**

Clinical benefits of ONS:

- Increase energy and protein intakes, can improve weight and have functional benefits (e.g. improved hand grip strength). [4,5,6,7]
- Clinical benefits of ONS include reductions in complications (e.g. pressure ulcers, poor wound healing, infections)[2,5,7] mortality (in acutely ill older people)[2] hospital admissions and readmissions.[6,7,8]
- Clinical benefits of ONS are often seen with: 300-900kcal/day (e.g. 1-3 ONS servings per day) with benefits seen in the community typically with 2 - 3 month's supplementation [2,5,7] however, supplementation periods maybe shorter, or longer (up to 1 year), according to clinical need.

4.5.3 Agree Goals and ONS Care Plan

Clear goals and a care plan should be set with patients prior to starting ONS. Specify ONS dosage, timing and expected length of treatment.

If patients have not already tried and tolerated a preferred product a sample starter pack should be used initially (or prescription of 1 weeks supply) to avoid wastage in case products are not well tolerated.

If the trial product is acceptable, prescribe a clinically beneficial dose of products twice daily to provide approximately 600kcals/day.

Patients should be advised to take ONS between meals and not as a meal replacement to maximise their effectiveness and to avoid spoiling their appetite for food.

4.5.4 Disease specific considerations

Renal

Standard Food First and ONS advice may not be suitable for, or may not meet the needs of patients with Chronic Kidney Disease stages 4 and 5 due to their specific protein, fluid and electrolyte requirements (see dietetic referral guidance below). Food First and ONS advice should also be used with caution in some patients with CKD stage 3 (particularly 3b) where serum biochemistry (e.g. potassium, phosphate, calcium) or fluid balance is of concern. Discuss with specialist renal dietetic team if unsure.

Diabetes

Patients with Diabetes may need careful monitoring of their blood glucose levels and medication as ONS often have high carbohydrate contents.

Substance misuse

Patients who are substance misusers should not routinely be prescribed ONS. See Appendix C for further guidance.

Oncology

Patients in the final days or weeks of life are unlikely to benefit from ONS. See Appendix D for further guidance.

4.5.5 Inappropriate use of ONS

Inappropriate use of ONS includes any of the following:

- If a patient does not meet at least one of ACBS indication.
- If a patient has not undergone a process of nutritional screening and production of treatment plan.
- Food first dietary advice has not been offered or tried.
- Lack of regular 4-6 weekly monitoring following prescribing oral nutritional supplements.

4.6 Step 6: Review and Discontinue ONS.

Patients on ONS should be reviewed regularly, to assess:

- Progress towards goals (E.g. using MUST, change in weight/BMI, changes in dietary intake, wound healing, compliance with food first and ONS).
- compliance with ONS and stock levels at home/care home
- Whether there is a continued need for ONS on prescription.

Nutrition support is often required for a short time only; during a period of acute illness, medical treatment, or pre- or post- surgery. The establishment of a clear treatment plan at the outset enables the identification at which point prescribed supplements can be discontinued.

Ideally, patients should be reviewed one month after discontinuation of ONS to ensure that there is no recurrence of the precipitating problem.

If the patient no longer meets ACBS criteria or goals are met, but still wishes to take ONS, over the counter products may be suggested (see section 4.4.2).

5. Referral for specialist dietetic input

The following groups of patients should be referred for specialist dietetic input:

Patients who have shown no progress towards goals using the 6 steps prescribing pathway:
For some groups of patients the management of their under nutrition is complex. Patients who are malnourished or at risk of malnutrition and have shown no improvement or progress towards agreed goals using the 6 steps to appropriate prescribing may need input from the nutrition and dietetic service for specialist dietary advice.

Patients under the care of a hospital Consultant / MDT:
Patients already being treated for an underlying disorder by a hospital consultant may already be under the care of the hospital dietitians as part of the MDT. This may include patients with:

- renal disease
- coeliac disease
- inflammatory bowel disease
- liver disease
- cystic fibrosis
- upper GI and head and neck cancers
- stroke and neurological disorders

- post-bariatric surgery

Patients with conditions not covered by this pathway:
Patients with the following conditions who are not under the care of a hospital consultant, where nutritional support is indicated should be referred for specialist dietetic advice:

- Chronic Kidney Disease Stage 4 and 5
- liver disease
- dysphagia
- Patients who have previously had bariatric surgery
- Cystic fibrosis
- Patients for whom ONS are a sole source of nutrition (whether taken orally or by artificial feeding tube)

Nutrition and Dietetic contract details

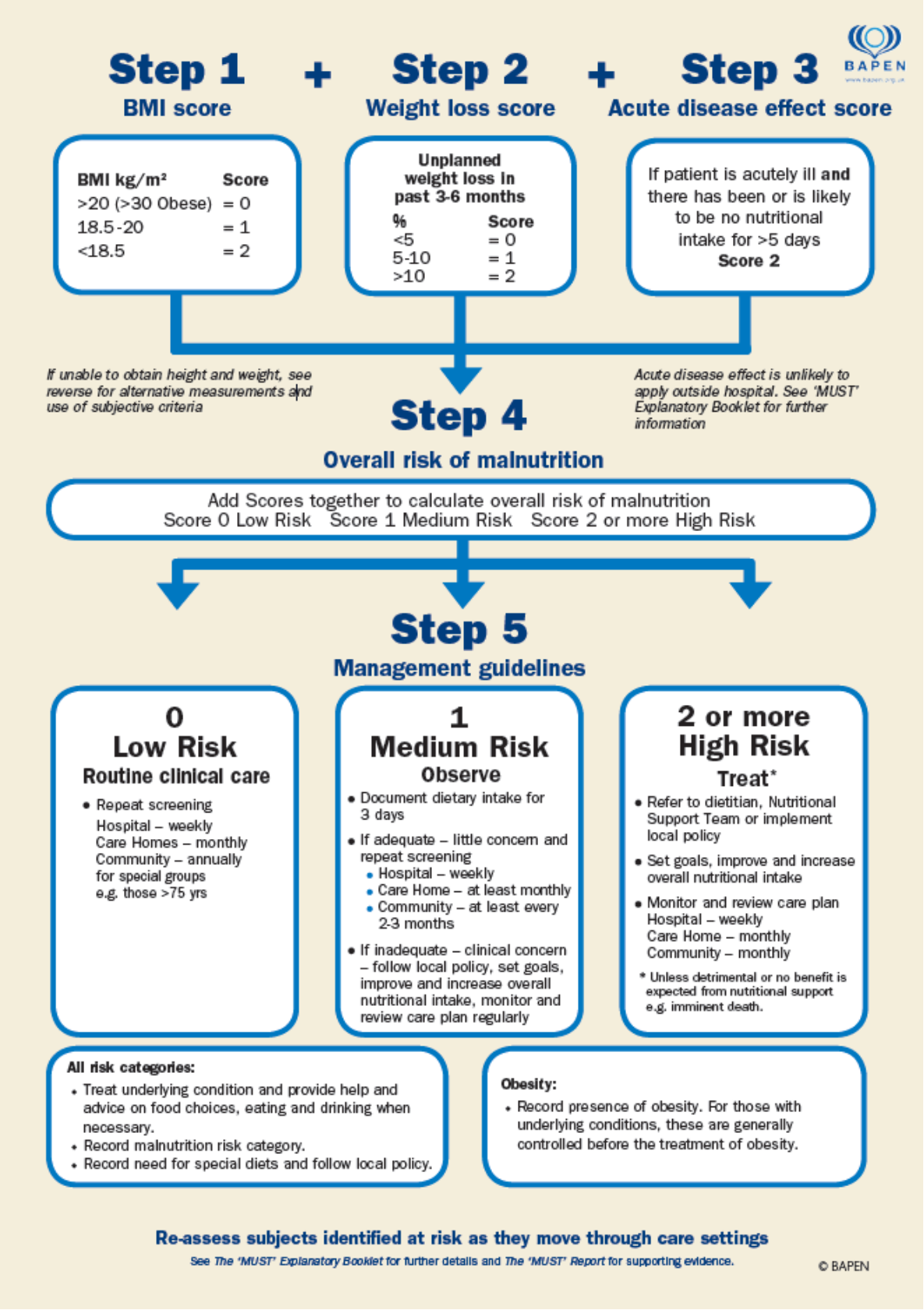
York Teaching Hospitals NHS Foundation Trust: Nutrition and Dietetic Services

York Area
Department of Nutrition and Dietetics
The York Hospital
Wigginton Road
York
YO31 8HE
Tel: 01904 725269
E-mail: amanda.pallier@york.nhs.uk
Office hours are Monday - Friday 8.30 am to 5.00 pm

Scarborough, Whitby and Ryedale
Department of Nutrition and Dietetics
Scarborough Hospital
Woodlands Drive
Scarborough
YO12 6QL
Tel: 01723 342415
Email: Heidi.Seaward@York.nhs.uk
Office hours are Monday - Friday 9.00am to 5.00 pm

6. Appendices

Appendix A – MUST Flowchart



Appendix B - A guide to assessing underlying causes of adult malnutrition and treatment options

The Problem	Possible solution
Impact of medication(s) Poly-Pharmacy /Side effect of medication(s) on appetite, GI function and/or micronutrient absorption.	Consider clinical medication review or medicines use review.
Medical condition(s) Conditions which can cause weight loss through a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs. E.g. GI disorders, Uncontrolled diabetes Mellitus, Cancer, Infections, COPD, etc.	Investigate and optimise any underlying medical conditions which can cause weight loss through a poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs.
Physical symptoms Consider symptoms which may cause a poor appetite: nausea, pain, breathlessness, diarrhoea and/or constipation.	Optimise physical symptoms and investigate underlying medical condition(s) if applicable.
Social Issues or Disabilities Social issues or disabilities (E.g. physical and/or sensory impairments) affecting ability to do own personal care, shopping, cooking and/or eating independently.	Consider referral to Social Services for a social care needs assessment. (For signposting, advice or assessment, shopping services, meals on wheels, home care, day centre, luncheon clubs, occupational therapy services, aids and adaptations). CYC – Adults' Social Care Tel: 01904 555111 Fax: 01904 554055 Email adult.socialsupport@york.gov.uk ERoY – Adults' Social Care Tel: 01482 393939 Fax: None Email: customer.services@eastriding.gov.uk NYCC – Adults' Social Care Tel: 0845 034 9410 Fax:(out of hours only) 01609 532009 Website for Online contact or Live chat
Poor oral health/dental treatment E.g. Dry or sore mouth, altered taste, ulcers, and/or poor dentition/ill-fitting dentures.	Encourage dental and oral health review to optimise oral health.

Psychological issues Poor emotional or mental health (E.g. low mood, anxiety, self-neglect, depression, isolation, bereavement)	Optimise mental health through GP management, IAPT Service, community mental health services. Leeds and York Partnership NHS Foundation Trust Tel: 0300 300 1485 Fax: 0113 30 56856 Email: referral.lypft@nhs.net
Alcohol or other substance misuse Drug and alcohol will offer help managing the underlying substance problem, but wouldn't get directly involved in assessment and treatment of malnutrition.	Refer to Community Drug and Alcohol Services CYC Lifeline Tel: 01904 464680 Fax: 01904 464688 Email: york@lifeline.org.uk Public health substance misuse team Tel: 01904 554373 Email: candat@york.gov.uk ERoY Open Access Service Tel: 01482 344690 NYCC North Yorkshire Horizons - Specialist drug and alcohol services in North Yorkshire Tel: 01723 330730.
Difficulties swallowing	Investigate cause and treat ability to chew/swallow. Refer to Speech and Language Therapist for swallowing assessment. YTHFT - Adult Speech and Language Therapy Department Post: Speech and Language Therapy Department, York Hospital, Wigginton Lane, York, YO31 8H Tel: 01904 725768

Appendix C - Prescribing of Oral Nutritional Supplements (ONS) in Substance Misusers.

Substance misuse is NOT a specified ACBS indication for ONS prescription. ONS prescribing in substance misusers (alcohol and drug misuse) is an area of increasing concern, due to both the cost and the question of appropriateness.
Substance misusers may have a range of nutrition related problems such as poor appetite and weight loss; nutritionally inadequate diet; constipation (drug misusers in particular); dental decay (drug misusers in particular). There are various reasons for these nutrition related problems including:

- The drugs themselves which can often cause poor appetite, reduce pH of saliva leading to dental problems, constipation
- Alcohol can cause gastritis, vomiting, malabsorbtion and can provide a large proportion of a daily calorie requirement without other nutrients or micronutrients
- Chaotic lifestyles
- Lack of interest in food and eating
- Poor dental hygiene
- Poor access to food, poverty, lack of access to food preparation and storage, primacy of drug-seeking behaviour leading to use of available funds
- Infection with HIV or hepatitis B and C
- Eating disorders with co-existent substance misuse

Problems often created by prescribing ONS in substance misusers:

- Once started on ONS it is difficult to stop the individual taking them
- ONS taken instead of meals and therefore no benefit
- They may be given to other members of the family / friends
- Sometimes sold and used as a source of income
- Can be poor clinic attendees therefore making it difficult to weigh them and re-assess the need for ONS

ONS should NOT be prescribed in substance misusers unless they meet ACBS criteria and are malnourished or at risk of malnutrition according to NICE definitions.

If ONS is initiated it is suggested that:

- The patient should be assessed by a dietitian.
- Avoid adding ONS prescriptions to the repeat template
- If there is no change in weight after 3 months ONS should be reduced and stopped
- If weight gain occurs, continue until the treatment goals are met (e.g. usual or healthy weight is reached) and then reduce and stop prescriptions

If individuals wish to continue using supplements once prescribing has stopped recommend food first dietary advice. If patients wish to continue to use build-up drinks recommend OTC preparations.

Signpost to other means of support in the community – refer to appendix B.

Adapted from NHS Grampian guidelines.

Appendix D – Palliative Care and ONS Prescribing

Use of ONS in palliative care should be assessed on an individual basis. Appropriateness of ONS will be dependent upon the patient's health and their treatment plan. **Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.** Management of palliative patients has been divided into three stages here: early palliative care, late palliative care, and the last days of life. Care aims will change through these stages.

Loss of appetite is a complex phenomenon that affects both patients and carers. Health and social care professionals need to be aware of the potential tensions that may arise between patients and carers concerning a patient's loss of appetite. This is likely to become more significant through the palliative stages and patients and carers may require support with adjusting and coping.

The patient should always remain the focus of care. Carers should be supported in consideration of the environment, social setting, food portion size, smell and presentation and their impact on appetite.

Nutritional management in early palliative care

In early palliative care the patient is diagnosed with a terminal disease but death is not imminent. Patients may have months or years to live and maybe undergoing palliative treatment to improve quality of life.
Nutrition screening and assessment in this patient group is a priority and appropriate early intervention could improve the patient's response to treatment and potentially reduce complications.
However, if a patient is unlikely to consistently manage 2 servings of ONS per day, then they are unlikely to derive any significant benefit to well-being or nutritional status from the prescription.
Following the 6 steps in this guideline is appropriate for this group. Particular attention should be paid to Step 2- Assessment of Causes of Malnutrition.

Nutritional management in late palliative care (last weeks of life)

In late palliative care, the patient's condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.

The nutritional content of the meal is no longer of prime importance and patients should be encouraged to eat and drink the foods they enjoy. The main aim is to maximize quality of life including comfort, symptom relief and enjoyment of food. Aggressive feeding is unlikely to be appropriate especially as this can cause discomfort, as well as distress and anxiety to the patient, family and carers.
The goal of nutritional management should NOT be weight gain or reversal of malnutrition, but quality of life. Where patients have been having nutritional supplements and found these to be of benefit in improving quality of life, and they are not burdensome, then they should be continued.

Nutritional management in last days of life

Where patient is bed-bound, becomes very weak and drowsy with little desire for food or fluid, **the aim should be to provide comfort for the patient and offer mouth care and sips of fluid or mouthfuls of food as desired.** Nutrition screening, weighing and initiating prescribing of ONS at this stage is not recommended. Please avoid prescribing ONS for the sake of 'doing something' when other dietary advice has failed

Adapted from Macmillan Durham Cachexia Pack 2007

7.0 References

1. Baldwin C. and Weekes C.E., (2008) Dietary advice for illness-related malnutrition in adults. Cochrane Database of Systematic Reviews. Jan 23;(1)
2. National Institute for Health and Clinical Excellence (2006) Nutrition Support in Adults; oral nutrition support, enteral tube feeding and parenteral nutrition. Guideline32. Available from: https://www.nice.org.uk/guidance/cg32 [Accessed: 21/09/14]
3. British National Formulary (BNF) April 2015. Borderline Substances. Appendix 2.
4. Elia, M. (2003) MUST Report: Nutritional screening of adults: a multi-disciplinary approach. A report from the Advisory Group on Malnutrition. BAPEN
5. Stratton RJ and Elia M. (2007) A review of reviews: A new look at the evidence for oral nutritional supplements in clinical practice. Clinical Nutrition Supplements. 2 5-23
6. Norman K *et al* (2008) Three month intervention with protein and energy rich supplements improve muscle function and quality of life in malnourished patients with non-neoplastic gastrointestinal disease: a randomised controlled trial. Clinical Nutrition. 27(1):48-56.
7. Cawood AL *et al* (2012) Systematic review and meta-analysis of the effects of high-protein oral nutritional supplements. Ageing Research Reviews. 11 278– 296
8. Stratton RJ *et al* (2011) Systematic review and Meta-analysis of the effects of oral nutritional supplements on hospital admissions. Clinical Nutrition Supplements. 6(1):16
9. H Crawley and Hocking E (2011) Eating Well: Supporting Older People and Older People with Dementia. The Caroline Walker Trust (www.cwt.org.uk).Available from: http://www.cwt.org.uk/wp-content/uploads/2014/07/EW-Old-Dementia-Practical-Resource.pdf [Accessed: 21/09/14]