GUIDELINES FOR THE APPROPRIATE USE OF ORAL NUTRITIONAL SUPPLEMENTS (ONS) FOR ADULTS IN PRIMARY CARE

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INTRODUCTION

These guidelines advise on the appropriate prescribing of oral nutritional supplements (ONS) in adults in primary care, and supports national guidance from NICE and other health professional organisations.

PURPOSE OF THE GUIDELINES

The guidelines aim to assist GPs and other community prescribers on the use of ONS. Other members of the primary care team including community dietitians, community nurses and matrons, community geriatricians, Macmillan nurses and other specialist nurses, should also refer to this information in making recommendations or choices about which patients should be prescribed ONS and which ONS to prescribe.

The guidelines advise on:
- who is at risk of malnutrition (step 1)
- assessing underlying causes of malnutrition (step 2)
- setting a treatment goal (step 3)
- food first advice and over the counter products or homemade fortified drinks (step 4)
- initiating prescribing of ONS (step 5) – ensuring patients meet ACBS criteria, which products to prescribe, how much to prescribe
- reviewing and discontinuing prescriptions (step 6)

Advice is also offered on when prescribing is inappropriate, prescribing for palliative care, prescribing in those with substance misuse and when it is appropriate to refer to community dietetic services.

6 STEPS TO APPROPRIATE PRESCRIBING OF ONS IN ADULTS

A short version of this guideline is available. See page 3, 6 Steps to Appropriate Prescribing of Oral Nutritional Supplements (ONS) in Adults.

SystmOne TEMPLATE – PRESCRIBING ONS

For users of SystmOne, a template is available entitled ‘Prescribing ONS’ which can be installed to aid appropriate prescribing. A screen shot of this is shown on page 18, Prescribing ONS template for SystmOne. For help installing the template onto your system in a GP practice, please contact the SystmOne helpline on 0300 003 2122.

MUST – MALNUTRITION UNIVERSAL SCREENING TOOL

MUST is a validated screening tool for malnutrition and is used throughout the NHS in primary and secondary care. It was developed by a multi-disciplinary group of healthcare professionals. It includes appropriate care plans and so can influence clinical outcomes.

The SystmOne template includes a link to the MUST calculator online. Alternatively it can be accessed at www.bapen.org.uk/screening-for-malnutrition/must-calculator. An ‘app’ is also available for users of iPhones (search for ‘BAPEN MUST’) which provides a simple to use MUST calculator.

Training on how to use MUST is available for GPs and practice nurses on request from the Medicines Management Team and for other members of the primary healthcare team from the Community Dietitians.
6 Steps to Appropriate Prescribing of Oral Nutritional Supplements (ONS) In Adults

**Step 1: Identification of nutritional risk**

The following criteria identify those who are malnourished or at nutritional risk (NICE Guidelines (32) Nutritional Support in Adults):

- MUST score of 2 or more
- Body Mass Index (BMI) <18.5 kg/m²
- Unintentional weight loss >10% in the past 3-6 months
- BMI <20 kg/m² and an unintentional weight loss >5% in past 3-6 months
- Those who have eaten little or nothing for >5 days
- Those who have poor absorptive capacity or high nutrient losses

**Step 2: Nutritional Assessment**

Assess underlying causes of malnutrition and consider availability of adequate diet:

- Ability to chew and swallowing issues
- Impact of medication
- Physical symptoms (i.e. vomiting, pain, GI symptoms)
- Medical prognosis
- Environmental and social issues
- Psychological issues
- Substance/alcohol misuse

**Step 3: Set Goals**

Set and document realistic and measurable goals including aim of nutrition support treatment and timescale e.g.:

- Target weight or target weight gain or target BMI
- Wound healing
- Weight maintenance

**Step 4: Offer ‘Food First’ Advice**

Promote and encourage:

- High calorie, high protein dietary advice, homemade nourishing drinks

**Over the counter products:** Aymes®, Meritene Energis®, Complan®, Nurishment®

**Step 5: Prescribe ONS**

- If ‘food first’ has failed to improve nutritional intake or functional status after **one month**
- If patient meets ACBS prescribing criteria:
  - *Short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel, following total gastrectomy, dysphagia, bowel fistulas, disease-related malnutrition*
  - Prescribe first line community ONS **bd** specifying dosage, timing and length of treatment.

**First line product:** AYMES® Shake

**Step 6: Review and discontinue ONS**

- Review regularly to monitor, review against goals and assess continued need for ONS
- When goals of treatment are met discontinue ONS
- If patient no longer has clinical need or no longer meets ACBS criteria but wishes to continue ONS, recommend over the counter supplements or homemade fortified drinks as in Step 4

Adapted from *6 Steps to Appropriate Prescribing ONS, NHS Hertfordshire (June 2010)*
**STEP 1 - IDENTIFICATION OF NUTRITIONAL RISK**

NICE Clinical Guideline 32, Nutritional Support in Adults, suggests the following criteria are used to identify those who are malnourished or at nutritional risk:

- MUST score of 2 or more
- Body mass index (BMI) less than 18.5kg/m²
- Unintentional weight loss more than 10% in the past 3-6 months
- BMI less than 20kg/m² and an unintentional weight loss more than 5% in the past 3-6 months
- Those who have eaten little or nothing for more than 5 days
- Those who have poor absorptive capacity or high nutrient losses

**Referral to the dietetic service**

The following patients are at risk of developing re-feeding problems and should be referred to the dietetic service without delay:

- Patients with a body mass index (BMI) of 16kg/m² or less
- OR have had little or no nutritional intake for the last 10 days
- OR have lost more than 15% body weight within the last 3-6 months, except patients at the end of their lives (see page 8, Inappropriate Prescribing of ONS and page 16, Palliative Care and ONS Prescribing)

**Patients for whom supplements are a sole source of nutrition should also be referred to dietetic services without delay.**

Those with MUST score of 3 or more and BMI of less than 18.5kg/m² should be referred to the dietetic service, but can be offered food first advice as outlined in Step 4.

**STEP 2 - ASSESSMENT OF CAUSES OF MALNUTRITION**

Once nutritional risk has been established, the underlying cause and treatment options should be assessed and appropriate action taken. Consider:

- Ability to chew and swallowing issues
- Impact of medication
- Physical symptoms e.g. pain, vomiting, constipation, diarrhoea
- Medical prognosis
- Environmental and social issues
- Psychological issues
- Substance or alcohol misuse

Review the treatment plan in respect of these issues and if needed make appropriate referrals. See page 18, A Guide to Assessing Underlying Causes of Malnutrition and Treatment Options.
STEP 3 - SETTING A TREATMENT GOAL

Clear treatment goals and a care plan should be agreed with patients. Treatment goals should be documented on the patient record and should include the aim of the nutritional support, timescale, and be realistic and measurable. This could include:

- Target weight or target weight gain or target BMI over a period of time
- Wound healing if relevant
- Weight maintenance where weight gain is unrealistic or undesirable

STEP 4 - OFFERING ‘FOOD FIRST’ ADVICE

Oral nutritional supplements (ONS) should not be used as first line treatment. A ‘food first’ approach should be used initially. This means offering advice on food fortification to increase calories and protein in everyday foods. Additional snacks will be needed to meet requirements for those with a small appetite.

See the Resource Pack pages 21-29, Eating Well With a Small Appetite, and pages 25-26 Recipes for Fortified Drinks and Foods. These leaflets can be offered to patients (including those in care homes) and their carers or relatives.

- Care homes should be able to provide adequately fortified foods and snacks and prepare homemade milkshakes and smoothies, which should negate the need to prescribe ONS in the majority of cases.

In addition, for patients in care homes, food fortifying care plans can be inserted into the individual’s care plan to instruct staff regarding food fortification. See the Resource Pack pages 27-29, Food Fortifying Care Plan, Food Fortifying Care Plan for a Soft Diet, and High Protein Care Plan for Wound Healing.

If patients prefer, they can purchase over the counter products such as Aymes® milkshakes or soup, Complan® milkshakes or soups, Meritene Energis® milkshakes or soups, or Nurishment® milkshakes. Nutritional content and prices of these products are shown on page 10-11.

Patients who do not meet ACBS prescribing criteria can also be advised to purchase supplements over the counter or prepare homemade nourishing drinks.

Patients should be reviewed one month after being offered this advice to assess the progress with a ‘food first’ approach. If there is a positive change towards meeting goals, the changes should be encouraged and maintained and a further review arranged until goals are met.
### STEP 5 - PRESCRIBING ONS

If a ‘food first’ approach has failed to achieve a positive change towards meeting goals after one month, consider prescribing ONS **in addition** to the ‘food first’ changes which should be maintained.

Patients must meet at least one of the ACBS criteria below to be eligible for prescribed ONS:

- Short bowel syndrome
- Intractable malabsorption
- Pre-operative preparation of patients who are undernourished
- Proven inflammatory bowel disease
- Following total gastrectomy
- Dysphagia
- Bowel fistulae
- Disease related malnutrition

In addition, some supplements and food products are prescribable for those receiving continuous ambulatory dialysis (CAPD) and haemodialysis, or are specifically prescribable for individual conditions. These products would normally be requested by a dietitian and should not be routinely started in primary care.

### Starting prescriptions

- ✔️ To maximise their effectiveness and avoid spoiling appetite, patients should be advised to take ONS between or after meals and not before meals or as a meal replacement.

- ✔️ To be clinically effective it is recommended that ONS are prescribed bd (twice daily). This ensures that calorie and protein intake is sufficient to achieve weight gain.

- ✔ A one week prescription or starter pack should always be prescribed initially to avoid wastage in case products are not well tolerated. Avoid prescribing starter packs of powdered ONS except as an initial trial, as they often contain a shaker device which makes them more costly.

- ✔ Avoid adding prescriptions for ONS to the repeat template unless a short review date is included to ensure review against goals.

### First line ONS are AYMES® Shake.

This should be mixed as per manufacturers’ instructions with 200mls full fat milk. **Aymes® Shake** can also be mixed with 100mls full fat milk to make a ‘compact style’ ONS. Nutritional content and prices are shown on page 12.

### Second line liquid ONS can be considered if first line products are not suitable.

- **Aymes® Complete** where the patient cannot mix the shake or has lactose intolerance.
- **Ensure® Compact, Fortisip® Compact** or **Nutriplen®** where the patient requires a ‘compact style’ ONS but cannot tolerate lactose. **Fresubin® 2kcal** where the patient has lactose intolerance and requires a high protein ONS eg. for wound healing. Nutritional content and prices are shown on page 12.

### If first line and second line ONS are unacceptable because the patient dislikes milky drinks, prescribe one of the juice based ONS bd, Fresubin® Jucy or Ensure® Plus Juce.

Nutritional content and prices are shown on page 13.
STEP 6 - REVIEWING AND DISCONTINUING ONS

Patients on ONS should be reviewed regularly, ideally every 3 months, to assess progress towards goals and whether there is a continued need for ONS on prescription. The following parameters should be monitored:

- Weight/BMI/wound healing depending on goal set – if unable to weigh patient, record other measures to assess if weight has changed e.g. mid-upper arm circumference, clothes/rings/watch looser or tighter, visual assessment
- Changes in food intake
- Compliance with ONS and stock levels at home/care home

When conducting general medication reviews, ONS should be included as above.

### Discontinuing prescriptions

When treatment goals are met, discontinue prescriptions.

Ideally, review 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, suggest over the counter products e.g. Aymes®, Meritene Energis®, Complan® or Nurishment®. Nutritional content and prices are shown on page 10-11.
INAPPROPRIATE PRESCRIBING OF ONS

- Care homes should provide adequate quantities of good quality food so that the use of unnecessary nutrition support is avoided. ONS should not be used as a substitute for the provision of food. Suitable snacks, food fortification as well as homemade milkshakes and smoothies and over the counter products can be used to improve the nutritional intake of those at risk of malnutrition. See resource pack pages 21-29.

- Patients who are discharged from hospital on ONS with no ongoing 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 first assessing need in line with these 6 step guidelines. Where ONS are still required, a switch to first line community products is recommended.

- Avoid prescribing less than the clinically effective dose of 2 sachets/bottles daily which will provide 600-800kcal/day. Once daily prescribing provides amounts which can be met with food fortification alone and will delay resolution of the problem.

- Patients with complex nutritional needs e.g. renal disease, liver disease, swallowing problems, poorly controlled diabetes and gastrointestinal disorders may require specialist products and should be referred to local community dietetic services.

- Patients with swallowing problems will require assessment by a Speech and Language Therapist before ONS can be safely prescribed and before dietetic input.

- Patients with diabetes should not routinely be prescribed fruit juice based ONS i.e. Fresubin® Jucy, Ensure® Plus Juce. This is because these products have a higher glycaemic index, and blood glucose levels will need monitoring, with possible changes required to medication.

- It may be more appropriate to prescribe a multivitamin and mineral supplement eg. Forceval® capsules once daily, or to suggest over the counter multivitamin and mineral supplements eg. Centrum®, Sanatogen® A-Z instead of ONS, for patients with pressure ulcers who are eating well and not malnourished in order to encourage wound healing. Prescribing ONS may not always be appropriate.

- Patients in the final days or weeks of life are unlikely to benefit from ONS. Over the counter products can be recommended if required. See page 15, Palliative Care and ONS Prescribing.

- Patients who are substance misusers should not routinely be prescribed ONS. See guidance on page 16, Substance Misusers.

Do not prescribe ONS listed on pages 13-14, ONS Which Should Not Be Initiated In Primary Care, unless the product has been clinically justified by a dietitian and the patient is under dietetic review.
ONS care pathway

**STEP 1 - Patient identified as requiring oral nutritional support.**
Those with MUST score of 3 or more and BMI 18.5kg/m² or less should be referred to community dietetic services. Those at risk of re-feeding syndrome (see page 4) or who rely on ONS as their sole source of nutrition should be referred to community dietetic services without delay.

**STEP 2 - Assess underlying causes of malnutrition and availability of adequate diet**
Make changes to treatment plan and refer to other services as needed.

**STEP 3 – set a treatment goal**

**STEP 4 – offer food first advice**

**STEP 5 – review after one month**
Has there been progress towards goal set?

Yes, there is progress towards goal set:
- Reinforce advice
  - Reassess after 1-3 months

Continued progress or improvement:
- Reinforce advice
- Reassess after 1-3 months until goal met

No progress towards goal set:
- Reinforce ‘food first’ advice
- Reassess underlying problems and treat
- **Prescribe ONS** as per guideline (if meets ACBS criteria) in addition to fortified foods. If does not meet ACBS criteria recommend over the counter supplements
- Reassess after 1 week trial of first line ONS and prescribe preferred flavour bd for 1-3 months then review

**STEP 6- Treatment goal met**
- Discontinue ONS if prescribed
- Review after 3 months
- If problems reoccur – return to start of flow chart

No progress or improvement – refer to dietetic services
OVER THE COUNTER ONS

These products are available to buy at pharmacies and larger supermarkets. They are suitable for those who do not meet ACBS prescribing criteria and/or do not have the ability or do not wish to make homemade milkshakes. Prices given are examples of retail prices as of August 2015. These products are not suitable as sole source of nutrition and should not be used as tube feeds.

<table>
<thead>
<tr>
<th>Powdered Products</th>
<th>Presentation</th>
<th>Nutritional content per sachet mixed with milk</th>
<th>Cost per sachet</th>
</tr>
</thead>
</table>
| Complan®         | 1 box of 4 x 55g sachets of one flavour. Vanilla, banana, strawberry, chocolate and neutral flavours | 387kcal
15.6g protein mixed with 200mls full fat milk | 83p |
| Aymes®           | 1 box of 4 x 38g sachets of one flavour. Vanilla, strawberry, chocolate and banana flavours | 265kcal
15.1g protein mixed with 200mls full fat milk | 74p |
| Meritene Energis® | 15 x 30g sachets of one flavour Vanilla, strawberry and chocolate flavours | 200kcal
16g protein mixed with 200mls semi skimmed milk | 86p-£1.49 |

<table>
<thead>
<tr>
<th>Powdered Products</th>
<th>Presentation</th>
<th>Nutritional content per 100g powder</th>
<th>Cost per box/tub</th>
</tr>
</thead>
</table>
| Complan® Nutritional Drink | 1 box of 425g original flavour | 443kcal
15.4g protein | £4.30 - £4.50 |
| Meritene Energis® | 1 tub 270g of one flavour (9 servings) Vanilla, strawberry, and chocolate flavours | 355kcal
31g protein | £6.99 |

<table>
<thead>
<tr>
<th>Soups</th>
<th>Presentation</th>
<th>Nutritional content per sachet mixed with water</th>
<th>Cost per sachet</th>
</tr>
</thead>
</table>
| Meritene Energis® soup | 10 x50g sachets chicken or vegetable flavours. Mixed with 150mls water | 207kcal
7g protein depending on flavour | 99p-£1.50 |
| Complan® soup | 1 box of 4 x 55g sachets of chicken flavour. Mixed with 200mls water | 249kcal
9g protein | 83p |
| Aymes® | 1 box of 4 x 49g sachets of chicken flavour. Mixed with 150mls water | 207kcal
7.7g protein | 74p |
<table>
<thead>
<tr>
<th>Liquid Products</th>
<th>Presentation</th>
<th>Nutritional content per unit</th>
<th>Cost per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurishment® original</td>
<td>400g Vanilla, banana, strawberry, raspberry, cherry and chocolate flavours</td>
<td>428kcal, 21g protein</td>
<td>98p-£1.30</td>
</tr>
<tr>
<td>Nurishment® Extra</td>
<td>310ml bottle Vanilla, banana, strawberry and chocolate flavours</td>
<td>342kcal, 12.4g protein</td>
<td>£1.09</td>
</tr>
<tr>
<td>Nurishment® Active</td>
<td>500ml bottle Vanilla, strawberry and chocolate flavours</td>
<td>465kcal, 35g protein</td>
<td>£1.50-£2.16</td>
</tr>
<tr>
<td>Complan® Smoothie</td>
<td>250ml tetrapak Tropical and berry flavours</td>
<td>273kcal, 10g protein</td>
<td>£1.60-£2.29</td>
</tr>
<tr>
<td>Complan® Milkshake</td>
<td>250ml tetrapak Strawberry and chocolate flavours</td>
<td>215kcal, 9g protein</td>
<td>£1.60-£2.29</td>
</tr>
</tbody>
</table>
POWDERED ONS TO PRESCRIBE AS FIRST LINE

These products are not suitable as sole source of nutrition and should not be used as tube feeds.

<table>
<thead>
<tr>
<th>First line product</th>
<th>Presentation</th>
<th>Nutritional content per sachet mixed with 200mls full fat milk</th>
<th>Cost per sachet</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYMES® Shake</td>
<td>1 box of 7 x 57g sachets of one flavour. Vanilla, banana, strawberry, chocolate and neutral flavours</td>
<td>388kcals 15.7g protein</td>
<td>70p</td>
</tr>
<tr>
<td>AYMES® Shake starter pack</td>
<td>1 box of 5 x 57g sachets of mixed flavours with a shaker</td>
<td>388kcals 15.7g protein</td>
<td>96p To be used for initial trial only</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First line product</th>
<th>Presentation</th>
<th>Nutritional content per sachet mixed with 100mls full fat milk to make a ‘compact style’ ONS</th>
<th>Cost per sachet</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYMES® Shake</td>
<td>1 box of 7 x 57g sachets of one flavour. Vanilla, banana, strawberry, chocolate and neutral flavours</td>
<td>320kcals 12.4g protein</td>
<td>70p</td>
</tr>
</tbody>
</table>

LIQUID ONS TO PRESCRIBE AS SECOND LINE IF POWDERS NOT SUITABLE

<table>
<thead>
<tr>
<th>Second line products</th>
<th>Presentation</th>
<th>Nutritional content per unit</th>
<th>Cost per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aymes® Complete when patient is lactose intolerant or cannot make up a shake</td>
<td>200ml bottle Vanilla, strawberry, chocolate, banana, or neutral flavour</td>
<td>300kcals 12g protein</td>
<td>£1.26</td>
</tr>
<tr>
<td>Ensure Compact®, Fortisip® Compact or Nutriplen® when patient is lactose intolerant and requires small volume</td>
<td>4 x 125ml bottles <em>Ensure Compact</em> – strawberry, banana and vanilla flavours  <em>Fortisip Compact</em> - strawberry, vanilla, banana, mocha, apricot, forest fruit or chocolate flavours. <em>Nutriplen</em> - strawberry banana, vanilla and hazel chocolate flavours</td>
<td>300kcals 12g protein</td>
<td>£1.45</td>
</tr>
<tr>
<td>Fresubin® 2kcal when patient is lactose intolerant and has high protein requirements eg. for wound healing</td>
<td>200ml bottle Vanilla, toffee, apricot-peach, cappuccino, fruits of the forest and neutral flavours</td>
<td>400kcals 20g protein</td>
<td>£1.96</td>
</tr>
</tbody>
</table>
JUICE STYLE ONS TO PRESCRIBE AS THIRD LINE IF MILKSHAKE STYLE ONS ARE NOT SUITABLE

Juice style supplements are not usually suitable for patients with diabetes. They are not milk free and contain milk protein.

<table>
<thead>
<tr>
<th>Product</th>
<th>Presentation</th>
<th>Nutritional content per unit</th>
<th>Cost per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresubin® Jucy</td>
<td>200ml bottle Orange, apple, pineapple, cherry and blackcurrant flavours</td>
<td>300kcal 12g protein</td>
<td>£1.93</td>
</tr>
<tr>
<td>Ensure® Plus Juce</td>
<td>220ml bottle Orange, apple, lemon and lime, strawberry, peach and fruit punch flavours</td>
<td>330kcal 12g protein</td>
<td>£1.97</td>
</tr>
</tbody>
</table>

ONS WHICH SHOULD NOT ROUTINELY BE INITIATED IN PRIMARY CARE

The ONS listed below should not routinely be initiated in primary care. They will sometimes be used by dietitians either alone or in conjunction with other ONS where first line products are not sufficient to meet individual patients’ nutritional needs or are not suitable. However these patients should always be under review by the dietitians. The list includes:

- low calorie products i.e. 1kcal/ml since these are not cost effective.
- milkshake style ONS which are not first or second line products in primary care.
- modular supplements which do not provide a balance of nutrients.
- specialist products which may be required for particular patient groups e.g. renal patients, or those with bowel disorders, those with pressure ulcers, or those with dysphagia.
- puddings as it should usually be possible for suitable homemade products to be fortified.
- other ONS which are not cost effective.

It is not a fully comprehensive list. Please call the Medicines Management Team if you have queries about these or other supplements.

ONS WHICH SHOULD NOT ROUTINELY BE INITIATED IN PRIMARY CARE

<table>
<thead>
<tr>
<th>Product</th>
<th>Presentation</th>
<th>Description of product</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresubin® Original</td>
<td>200ml bottle</td>
<td>1kcal/ml ONS</td>
</tr>
<tr>
<td>Ensure®</td>
<td>250ml can</td>
<td>1kcal/ml ONS</td>
</tr>
<tr>
<td>Resource® Energy</td>
<td>200ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Fresubin® Energy</td>
<td>200ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Ensure® Plus milkshake style</td>
<td>220ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Fortisip® Bottle</td>
<td>200ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Fortisip® yogart style</td>
<td>200ml bottle</td>
<td>Yogurt style ONS</td>
</tr>
<tr>
<td>Ensure® Plus yogart style</td>
<td>220ml bottle</td>
<td>Yogurt style ONS</td>
</tr>
<tr>
<td>Ensure® Plus Savoury</td>
<td>220ml bottle</td>
<td>Soup style ONS</td>
</tr>
<tr>
<td>Ensure® Plus Advance</td>
<td>220ml bottle</td>
<td>Milkshake style ONS</td>
</tr>
<tr>
<td>Vitasavoury®</td>
<td>24 x 33g cups 10 x 50g sachets</td>
<td>Soup style ONS</td>
</tr>
<tr>
<td>Fresubin® Energy Fibre</td>
<td>200ml bottle</td>
<td>Milkshake style ONS with fibre</td>
</tr>
<tr>
<td>Product</td>
<td>200ml bottle</td>
<td>Milkshake style ONS with fibre</td>
</tr>
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</tr>
<tr>
<td>Fortisip® Multifibre</td>
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<tr>
<td>Fortisip® Compact Fibre</td>
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<tr>
<td>Ensure® Plus Fibre</td>
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<tr>
<td>Fortimel® Regular</td>
<td></td>
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<tr>
<td>Fortisip® Extra</td>
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</tr>
<tr>
<td>Ensure® Twocal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fortijuice®</td>
<td></td>
<td>Juice style ONS</td>
</tr>
<tr>
<td>Ensure® Plus Juice</td>
<td></td>
<td>Juice style ONS</td>
</tr>
<tr>
<td>Resource® Fruit</td>
<td></td>
<td>Juice style ONS</td>
</tr>
<tr>
<td>Calogen®</td>
<td></td>
<td>Modular supplement</td>
</tr>
<tr>
<td>Calogen® Extra</td>
<td></td>
<td>Modular supplement</td>
</tr>
<tr>
<td>Fresubin® 5kcal shot drink</td>
<td>4 x 120ml bottle</td>
<td>Modular supplement</td>
</tr>
<tr>
<td>Pro-Cal® shot, singles and powder</td>
<td>6 x 250ml bottle, 60 x 30ml shots, 510g tin</td>
<td>Modular supplement</td>
</tr>
<tr>
<td>Fresubin® Powder Extra</td>
<td></td>
<td>Powdered supplement</td>
</tr>
<tr>
<td>Complan® Shake</td>
<td></td>
<td>Powdered supplement</td>
</tr>
<tr>
<td>Calshake®</td>
<td></td>
<td>Modular supplement</td>
</tr>
<tr>
<td>Scandishake® Mix</td>
<td></td>
<td>Modular supplement</td>
</tr>
<tr>
<td>Enhake®</td>
<td></td>
<td>Modular supplement</td>
</tr>
<tr>
<td>Ensure® Plus Creme</td>
<td></td>
<td>Dessert</td>
</tr>
<tr>
<td>Forticreme® Complete</td>
<td></td>
<td>Dessert</td>
</tr>
<tr>
<td>Fresubin® Creme</td>
<td></td>
<td>Dessert</td>
</tr>
<tr>
<td>Fresubin® YoCreme</td>
<td></td>
<td>Dessert</td>
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<tr>
<td>Resource® Dessert Energy</td>
<td></td>
<td>Dessert</td>
</tr>
<tr>
<td>Resource® Dessert Fruit</td>
<td></td>
<td>Dessert</td>
</tr>
<tr>
<td>Fresubin® Thickened Stage 1</td>
<td>4 x 200ml bottles</td>
<td>Pre-thickened ONS</td>
</tr>
<tr>
<td>Fresubin® Thickened Stage 2</td>
<td>4 x 200ml bottles</td>
<td>Pre-thickened ONS</td>
</tr>
<tr>
<td>Nutilis® Complete Stage 1</td>
<td>4 x 125ml bottles</td>
<td>Pre-thickened ONS</td>
</tr>
<tr>
<td>Nutilis® Complete Stage 2</td>
<td>4 x 125ml bottles</td>
<td>Pre-thickened ONS</td>
</tr>
<tr>
<td>Vital® 1.5kcal</td>
<td></td>
<td>Specialist product for bowel disorders</td>
</tr>
<tr>
<td>Modulen® IBD</td>
<td>400g tin</td>
<td>Specialist product for renal disease</td>
</tr>
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**COMPARATIVE COSTS OF FORMULARY ADULT ONS – JAN 2016 MIMS PRICES**

<table>
<thead>
<tr>
<th>POWDERED ONS TO PRESCRIBE AS FIRST LINE</th>
<th>Cost per unit</th>
<th>Cost per 100kcals</th>
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<tbody>
<tr>
<td>AYMES® Shake</td>
<td>70p</td>
<td>18p</td>
</tr>
<tr>
<td>AYMES® Shake starter pack</td>
<td>96p</td>
<td>24p</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>LIQUID ONS TO PRESCRIBE AS SECOND LINE</th>
<th>Cost per unit</th>
<th>Cost per 100kcals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aymes® Complete</td>
<td>£1.26</td>
<td>42p</td>
</tr>
<tr>
<td>Ensure® Compact, Fortisip® Compact or Nutriplen®</td>
<td>£1.45</td>
<td>48p</td>
</tr>
<tr>
<td>Fresubin® 2kcal</td>
<td>£1.96</td>
<td>49p</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JUICE STYLE ONS TO PRESCRIBE AS THIRD LINE</th>
<th>Cost per unit</th>
<th>Cost per 100kcals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure® Plus Juce</td>
<td>£1.97</td>
<td>60p</td>
</tr>
<tr>
<td>Fresubin® Jucy</td>
<td>£1.93</td>
<td>64p</td>
</tr>
</tbody>
</table>
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.** See page 4.

### Nutritional management in late palliative care

- 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. **Nutrition screening, weighing and initiating prescribing of ONS at this stage is not recommended.** Avoid prescribing ONS for the sake of ‘doing something’ when other dietary advice has failed.

### Nutritional management in the last days of life

- In the last days of life, the patient is likely to be bed-bound, 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.**

*Adapted from the Macmillan Durham Cachexia Pack 2007 and NHS Lothian guidance.*
SUBSTANCE MISUSERS

Substance misuse (drug and alcohol misuse) is not a specified ACBS indication for ONS prescription. It is an area of concern both due to the cost and appropriateness of prescribing.

<table>
<thead>
<tr>
<th>Substance misusers may have a range of nutrition related problems including:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor appetite and weight loss</td>
<td>Nutritionally inadequate diet</td>
</tr>
<tr>
<td>Constipation (drug misusers in particular)</td>
<td>Dental decay (drug misusers in particular)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons for nutrition related problems can include:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs themselves can cause poor appetite, reduction of saliva pH leading to dental problems, constipation, craving sweet foods (drug misusers in particular)</td>
<td>Poor dental hygiene (drug misusers in particular)</td>
</tr>
<tr>
<td>Lack of interest in food and eating</td>
<td>Chaotic lifestyles and irregular eating habits</td>
</tr>
<tr>
<td>Poor memory</td>
<td>Poor nutritional knowledge and skills</td>
</tr>
<tr>
<td>Low income, intensified by increased spending on drugs and alcohol</td>
<td>Homelessness or poor living accommodation</td>
</tr>
<tr>
<td>Poor access to food</td>
<td>Infection with HIV or hepatitis B and C</td>
</tr>
<tr>
<td>Eating disorders with co-existent substance misuse</td>
<td></td>
</tr>
</tbody>
</table>

Problems can be created by prescribing ONS in substance misusers:

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Once started on ONS it can be difficult to stop prescriptions</td>
<td>ONS can be used instead of meals and therefore provide no benefit</td>
</tr>
<tr>
<td>They may be given to other members of the family/friends</td>
<td>They can be sold and used as a source of income</td>
</tr>
<tr>
<td>It can be hard to monitor nutritional status and assess ongoing need for ONS due to poor attendance at appointments</td>
<td></td>
</tr>
</tbody>
</table>

ONS should therefore not routinely be prescribed in substance misusers unless ALL OF the following criteria are met:

| BMI less than 18.5kg/m² | |
| AND there is evidence of significant weight loss (greater than 10%) | |
| AND there is a co-existing medical condition which could affect weight or food intake and meets ACBS criteria | |
| AND once food fortification advice has been offered and tried for 4 weeks | |
| AND the patient is in a rehabilitation programme e.g. methadone or alcohol programme or is on the waiting list to enter a programme | |

If ONS are initiated it is suggested that:

- The person should be assessed by a dietitian.
- Normal Trust Access Policy guidelines should apply regarding discharge from the dietetic service for non-attendance.
- The same guidelines for starting prescriptions should be followed as for other patients - see page 6, Prescribing ONS, Starting Prescriptions.
- Avoid adding ONS prescriptions to the repeat template.
- Prescriptions should be for a limited time period (e.g. 1-3 months).
- 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 OTC preparations or homemade fortified drinks.

Adapted from NHS Grampian guidelines
PRESCRIBING ONS TEMPLATE FOR SYSTMONE

Below is a screen shot of the SystmOne template designed to help prescribers follow the 6 steps to appropriate prescribing of ONS. For help installing this in GP practices please call the SystmOne helpline on 0300 003 2122.
A GUIDE TO ASSESSING UNDERLYING CAUSES OF MALNUTRITION AND TREATMENT OPTIONS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Possible solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical conditions causing poor appetite, nausea etc e.g. cancer, COPD, diarrhoea constipation</td>
<td>GP and/or Community Matron and/or District Nursing management, appropriate medication</td>
</tr>
<tr>
<td>Poor emotional or mental health e.g. depression, isolation, bereavement</td>
<td>GP management, counselling, social clubs, day centres, Community Psychiatric Nursing Management</td>
</tr>
<tr>
<td>Poor dentition</td>
<td>Refer to dentist and advise patient on appropriate /soft diet</td>
</tr>
<tr>
<td>Difficulties with swallowing or unable to swallow</td>
<td>Refer to Speech and Language Therapy services</td>
</tr>
<tr>
<td>Unable to do own shopping, and/or cook and/or feed self</td>
<td>Suggest home delivery of food, Meals on Wheels, help from relatives/friends, refer to Social Services and /or Community Therapy Team</td>
</tr>
<tr>
<td>Experiencing financial difficulties</td>
<td>Refer to Social Services benefits/allowances review</td>
</tr>
<tr>
<td>Alcohol or other substance misuse</td>
<td>Refer to Community Drug and Alcohol Services</td>
</tr>
</tbody>
</table>

FURTHER READING AND RESOURCES

British National Formulary.  www.bnf.org.uk


Malnutrition Universal Screening Tool (MUST). www.bapen.org.uk

Managing Adult Malnutrition in the Community (including a pathway for the appropriate use of oral nutritional supplements (ONS) . Produced by a multi-professional consensus panel including the RCGP, RCN, BDA, BAPEN, PCPA. (2012) www.malnutritionpathway.co.uk


MIMS monthly prescribing guide. www.mims.co.uk


Prescribing Toolkit provided by NHS Prescription Services. Information provided by the Information Centre for Health and Social Care, October 2011


Royal College of General Practitioners (2006). ‘Prescribing in Primary Care’ Accessed online: www.rcgp.org.uk

Acknowledgements

The following dietitians have contributed to the development of this document:

Judith Harding, Prescribing Support Dietitian, Medicines Management Team, Thurrock CCG and Basildon and Brentwood CCG.

Josephine Robinson, Prescribing Support Dietitian, Medicines Management Team, Southend Clinical Commissioning Group and Castle Point and Rochford Clinical Commissioning Group

The dietitians of NHS North East London Foundation Trust

The dietitians of Basildon and Thurrock University Hospital Foundation Trust
Resource pack

Information on the following pages may be useful when working with those requiring nutrition support. These leaflets are available electronically from the Medicines Management Team and can be photocopied and given to individual patients, their families or carers. The care plans are for use in residential care homes or nursing homes.

<table>
<thead>
<tr>
<th>Useful contacts for queries</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Judith Harding</td>
<td>Thurrock CCG, Civic Offices, 2nd Floor, New Road, Grays RM17 6SL</td>
</tr>
<tr>
<td>Prescribing Support Dietitian</td>
<td></td>
</tr>
<tr>
<td>Medicines Management Team</td>
<td></td>
</tr>
<tr>
<td>Community Dietetic Team</td>
<td>Billericay Health Centre, Stock Road, Billericay SS12 0BJ</td>
</tr>
<tr>
<td>Brentwood Community Dietetic Team</td>
<td>Brentwood Community Hospital, Crescent Drive, Brentwood, CM15 8DR</td>
</tr>
<tr>
<td>Basildon Hospital Dietetic Team</td>
<td>Block F, Basildon Hospital, Nethermayne, Basildon SS16 5NL</td>
</tr>
<tr>
<td></td>
<td>01375 365811</td>
</tr>
<tr>
<td></td>
<td>01277 314579</td>
</tr>
<tr>
<td></td>
<td>01277 695044</td>
</tr>
<tr>
<td></td>
<td>01268 593957</td>
</tr>
</tbody>
</table>
Eating well with a small appetite

A guide to help improve your appetite and prevent weight loss

Introduction

If we do not eat enough food we lack the essential nutrients our body needs.

We need:

Energy Protein Fats Vitamins Minerals

Energy and protein are the building blocks that our body requires. Vitamins and minerals are also involved in all our body functions, to help maintain health and prevent illness.

A reduced daily dietary intake of important nutrients can lead to weight loss causing weakness, deterioration of health and a longer recovery from illness.

This leaflet aims to help you improve your dietary intake if your appetite is poor or you are concerned about your weight.

This booklet can be used if you have lost weight due to a medical condition or just do not feel like eating much.

Tips to help improve your eating

- Eat small frequent meals - try to eat little and often.
- Small snacks between meals can help to increase your daily dietary intake.
- Try to aim for 3 small meals and 2-3 snacks per day
- A milky drink or high calorie shake can be a beneficial snack or drink between meals.
- Avoid low fat or low calorie products.
- Drinking just before a meal can sometimes fill you up. Try to sip drinks slowly during a meal or after.
- If you smoke, try not to smoke before a meal. This can affect your appetite.
- Getting some fresh air before eating can stimulate your appetite.
- A small amount of alcohol before a meal may help improve your appetite. Always check with your doctor if it is safe to have alcohol.
Ideas for enriching your food

Take fortified/enriched milk:
To make, add three to four tablespoons of milk powder to one pint of full fat milk.

Breakfast cereal
Try adding:
- dried fruit
- honey
- jam
- sugar
- syrup
- evaporated milk
- enriched milk

Potatoes, rice and vegetables
Try adding:
- cream
- olive oil
- margarine
- butter
- mayonnaise
- salad cream
- grated cheese
- cream cheese

Soup
Try adding:
- milk powder
- cream
- beans
- pasta
- dumplings
- grated cheese

Sandwiches
Try adding:
- pickle
- relish
- salad dressing
- butter
- avocado
- mayonnaise
- peanut butter

Puddings
Try adding:
- cream or custard
- ice cream
- honey syrup or jam

High energy meal ideas

Many meals can be bought from a local supermarket. These can be quick and convenient to use. Some examples are given below. Avoid low fat or healthy eating varieties.

Ready made meals
- lasagne
- spaghetti bolognese
- mild curry, for example, korma
- shepherds pie
- stew and dumplings
- cauliflower cheese
- dahl

Light meals
- fish in sauce (boil in the bag)
- macaroni cheese
- cauliflower cheese
- fish fingers
- quiche or pie
- omelette
- egg, baked beans or pilchards on toast

Sandwiches or baked potato
Sandwich fillers such as:
- egg mayonnaise
- grated cheese
- baked beans
- tinned fish
- pate

Puddings
- thick and creamy yoghurts
- sponge cake and custard
- ice cream and jelly
- milk puddings
- mousse or trifle pots
- cheese and cracker biscuits

Puddings can also make a useful snack, if you cannot manage a pudding as part of your meal, save it for later.
High energy meal idea
Vitamins and minerals

Vitamins and minerals are an important part of our diet whether we are healthy or unwell. They help our body to function correctly.

Vitamins and minerals are found in a wide variety of foods. Here are some ways to help you increase the amount in your diet:

- Drink a small glass of fruit juice with one of your meals.
- Try a fortified cereal for breakfast or as a snack.
- Try adding tinned vegetables or a handful of frozen vegetables to a stew or casserole.
- Use tinned or stewed fruit as a snack or as a pudding with ice cream, cream or custard.
- Add some tomato or a small amount of salad to a sandwich.

Please remember when your appetite is poor or you are trying to prevent weight loss, vegetables should only take up a small portion

Points to remember

- Lots of chewing can be tiring. Therefore soft food may be better for you. Adding sauces and/or gravy to a meal can also be beneficial.
- A small amount at each meal is of more benefit than nothing at all.
- Some supplement drinks such as build up shakes can be useful to increase your calorie and protein intake. These can be bought from your local chemist and some supermarkets. They come in different flavours.

If you are continuing to have problems with your eating or are concerned about your weight please ask your GP, community nurse or dietitian for further help.

Would you like this information in a different format?
For copies of this information in a different language, or a different format such as braille, audio or larger print, please contact our patient experience team on 0800 783 8519.

- Dept of Nutrition and Dietetics

01277 314579

All dietitians employed by South West Essex Community Services are state registered with the Health Professionals Council.

Production date: September 2010

Ref: 201009.24
RECIPES FOR FORTIFIED DRINKS AND FOODS

Only full fat milk and thick and creamy yogurts should be used for those needing fortified foods.

Fortified milk – use 1 pint daily for drinks, cereals etc

1 pint full fat milk
4 tablespoons milk powder (eg Marvel)

Whisk together with a fork or whisk. 400 kcals, 25.3g protein per pint

Fortified milk shake/ hot chocolate /malted drink (1 portion)

150mls full fat milk
1 tablespoon milk powder
2 tablespoons double cream
3 tsps hot chocolate powder or malted drink powder or milk shake powder or milkshake syrup

Whisk together with a fork or whisk. 374 kcals, 9.5g protein per portion

Fruit smoothie (1 portion)

150mls orange or apple juice
1 mashed banana
3-4 tablespoons tinned peaches
2 tsps honey

Blend with an electric blender. 264 kcals, 2.2g protein per portion

Fortified instant dessert (4 portions)

1 packet instant dessert
4 tablespoons milk powder
150mls (¼ pint) double cream
150mls (¼ pint) full cream milk

Whisk together with a fork or whisk. 400 kcals. 10g protein per portion
Fortified porridge, custard, rice pudding, soup (1 portion)

1 ladle porridge, custard, rice pudding, soup
1 tablespoon milk powder
2 tablespoons double cream (30mls)

Whisk together with a fork. Additional 180kcals, 3g protein per portion
Grated cheese could also be added to soups if liked – 60kcals, 4g protein per tablespoon

Fortified mashed potato

1 scoop mashed potato (already mashed in the kitchen with full fat milk, double cream and butter/margarine)
Add - 2 tsps (10g) butter/margarine
And 1 tablespoon grated cheese

Mash together with a fork. Additional 135kcals, 4g protein per scoop

Vegetables

Add an extra 2 tsps butter/margarine to vegetables on the plate. Additional 74kcals

Fruit and jellies

Add 2 tablespoons double cream, or fortified custard/rice pudding or ice cream or thick and creamy yogurt to fruit and jellies.
Food Fortifying Care Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room number</td>
<td>Food record charts required? Yes/No</td>
</tr>
<tr>
<td>Frequency of weighing</td>
<td>Frequency of repeating MUST</td>
</tr>
</tbody>
</table>

This care plan should be used for patients who have medium and high MUST scores, i.e. 1 or more. It aims to promote weight gain and achieve adequate oral intake.

Please follow the 3/2/1 advice below:

Aim for 3 fortified meals a day i.e. breakfast, lunch, and evening meal. These meals should be fortified as follows:

- Add 30mls of double cream to porridge/puddings/soup
- Add 1 tablespoon of grated cheese to mash potatoes/casseroles/soup
- Add 10g/2 teaspoons of butter to potatoes and vegetables

Provide at least 2 high energy snacks a day

- 1-2 high calorie biscuits (60kcal +) e.g. chocolate covered biscuits, flapjack, shortbread
- Toast with butter and jam/peanut butter/chocolate spread/cheese/full fat cheese spread
- Scone or bun or teacake with butter and jam
- Sandwich with butter and meat/fish/cheese/peanut butter filling
- Cheese and crackers with butter
- Full fat yoghurt

Use 1 pint of fortified milk daily

- Add 4 heaped tablespoons of dried skimmed milk powder to 1 pint of whole (full fat) milk stir well or whisk to dissolve. Use as follows:
  - On cereal
  - In tea/coffee
  - In milky drinks e.g. hot chocolate, malted drinks, milk coffee

Doctor’s name:
Doctors signature:
Contact tel no:
Food Fortifying Care Plan for a Soft Diet

This care plan should be used for patients who have medium and high MUST scores, i.e. 1 or more. It aims to promote weight gain and achieve adequate oral intake for those on a soft diet.

Please follow the 3/2/1 advice below:

Aim for 3 fortified meals a day i.e. breakfast, lunch, and evening meal. These meals should be fortified as follows:
- Add 30mls of double cream to porridge/puddings/soup
- Add 1 tablespoon of grated cheese to mash potatoes/casseroles/soup
- Add 10g/2 teaspoons of butter to potatoes and soft vegetables or a cheese sauce to soft vegetables/fish

Provide at least 2 high energy snacks a day eg.
- Full fat ‘thick and creamy’ yoghurt
- Milk jelly made with fortified milk
- Ice cream or mousse
- Soft pudding eg custard or rice pudding with jam or soft tinned fruit and double cream
- Fruit smoothie
- Cake softened with double cream
- Home made milk shake or prescribed supplement drink where this has been prescribed

Use 1 pint of fortified milk daily
- Add 4 heaped tablespoons of dried skimmed milk powder to 1 pint of whole (full fat) milk stir well or whisk to dissolve. Use as follows:
  - On cereal
  - In tea/coffee
  - In milky drinks e.g. hot chocolate, malted drinks, milk coffee

Doctor's name:
Doctors signature:
Contact tel no:
High Protein Diet Care Plan for Wound Healing

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Food record charts required?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room number</td>
<td></td>
<td>Frequency of repeating</td>
<td>MUST</td>
</tr>
</tbody>
</table>

This care plan aims to prevent weight loss, achieve adequate dietary intake, and support wound healing with increased protein intake.

Please follow the 3/2/1 advice below:

Aim for 3 fortified meals a day i.e. breakfast, lunch, and evening meal. These meals should be fortified as follows:
- Add 30mls of double cream to porridge/puddings/soup
- Add 1 tablespoon of grated cheese to mash potatoes/casseroles/soup
- Add 1 tablespoon dried skimmed milk powder to soup
- Add 10g/2 teaspoons of butter to potatoes or vegetables
- Add custard to hot sweet puddings

Provide at least 2 high energy high protein snacks a day
- Toast with butter and peanut butter/chocolate spread/cheese/full fat cheese spread
- Sandwich with butter and meat/fish/cheese/peanut butter filling
- Cheese and crackers with butter
- Full fat yoghurt
- Milky pudding e.g. rice pudding, semolina, tapioca

Use 1 pint of fortified milk daily
- Add 4 heaped tablespoons of dried skimmed milk powder to 1 pint of whole (full fat) milk, stir well or whisk to dissolve. Use as follows:
  - On cereal
  - In tea/coffee
  - In milky drinks e.g. hot chocolate, malted drinks, milk coffee

Consider prescribing a multivitamin/multimineral tablet to support wound healing e.g. Forceval® capsule

Doctor's name:

Doctors signature:

Contact tel no: