

# Managing Adult Malnutrition in the Community

## Local Primary Care Guideline Additions

### Key Messages:

- Take a Food First approach.
- All patients receiving Oral Nutritional Supplements (ONS) need a treatment plan with aims and regular nutritional screening using MUST
- Powdered ONS are usually a cost effective first line choice.
- Avoid products containing <1.5Kcal/ml
- Prescribe 1 ONS twice daily to be taken between meals

### Prescribing Sip Feeds

#### 1. Assess:

- Fortifying food and dietary advice should always be tried first. Refer to PAD for high energy recipes and food fortification advice
- Only consider the use of oral nutrition supplements (ONS) in the community when first-line dietary measures have failed to improve nutritional intake or status after 4 weeks.
- Check that the patient's condition falls into one of the ACBS approved categories or the patient is at risk of malnutrition as defined in NICE guidance <https://www.nice.org.uk/guidance/cg32>.
- Regular MUST scores, treatment plan and aims need to be documented for all patients on ONS. For some weight gain or a healthy BMI will not be an achievable goal and aim should be a stable weight.

#### ONS suitability:

- Can the patient or a carer reconstitute a powdered ONS? If no, choose liquid ONS
- Does the patient have CKD stages 4/5? Advice should be sought from a dietitian
- Does the patient have a milk allergy or lactose intolerance? Check product suitability
- Does the patient have diabetes? Consider seeking advice from a dietitian
- Does the patient have dysphagia requiring a modified consistency diet/fluids? Consider suitability of ONS in consultation with their speech and language therapist
- Semi-solid ONS products are usually not suitable for first line treatment of malnutrition

## 2. Treatment:

- **Offer a powdered ONS product first.** Advise that it should be made up with full fat milk. Ensure that the patient or carer can reconstitute the powder correctly and that the patient can consume a volume of 200mls twice a day. If powdered ONS are not suitable, offer a liquid ONS product containing a minimum of 1.5kcal/ml (see local product choice).
- **Make the initial prescription for one week's supply marked 'mixed flavours'** (endorsed ACBS) or prescribe a starter pack (NB. starter packs are generally more expensive and should not be continued once preferred flavours are established). This approach will avoid wastage resulting from prescriptions for products that the patient will not take.
- **On-going prescribing:**
  - Once the patient is established on a product, prescriptions should be for maximum of 1 month's supply (**2 sachets or bottles per day taken in addition to meals should be sufficient**).
  - Prescribe on an **acute prescription**, this will highlight the need for constant review.
  - Remove starter pack and any disliked flavours from the prescription.

## 3. Monitor:

- Monitor patients receiving ONS using weight/BMI on a minimum monthly basis. Assess whether the aims of the treatment are being met. For long term patients, malnutrition screening (MUST) should be completed every 3 months.
- Refer to dietitian if any of the below apply:
  - there is no improvement of nutritional status after two months
  - patients with three consecutive high-risk MUST scores
  - patients with a very low BMI (<16)
  - ONS are the sole source of nutrition.Do not delay any treatment whilst waiting for referral.
- When the agreed target weight or aim of treatment is achieved, ONS should be gradually reduced then stopped. Monitoring should continue for at least 3 months after stopping.

## 4. Additional information:

Compliance with ONS can be improved by:

- Taking the ONS just after a meal or between meals - not just before
- Serving ONS chilled and in a glass, with a straw if required. (NB. straws should not be recommended if the patient has swallowing difficulties)
- Varying the flavours and type of ONS to help combat 'flavour fatigue'
- Explaining the need for, and importance of, taking the recommended 'dose'
- If a patient does not consume all of an open bottle/reconstituted sachet most can be covered, refrigerated and consumed within 24 hours, see individual product information.

### Post hospital discharge:

- Hospital dietitians requesting that a patient continues on supplements post-discharge will identify aims of treatment and target weight where appropriate and give details of planned follow-up.
- **In the absence of any written correspondence from the hospital dietitians patients should not be given ONS post-discharge until they have been reassessed using the MUST SCREENING TOOL.**