

Guidelines for Clinicians on Prescribing Nutritional Supplements



NHS Stockport applies strict criteria for allowing sip feeds on prescription to ensure patients are supported and monitored, also to ensure that they are only prescribed for clearly defined ACBS indications.

***NHS Stockport Clinical Commissioning Group*** will allow

people to access health services that empower them to

 live healthier, longer and more independent lives.

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Version 2.0 Approved by STAMP June 2015 and by CPC July 2015

Updated Oct 2015 to 2.1 after pricing review

Review date July 2018 unless there is a significant change in clinical practice, contracts or pricing arrangements

# INTRODUCTION

Malnutrition is estimated to affect at least three million adults in the UK and cost £13 billion per annum. It may occur as a result of illness or from a variety of physiological and social co-factors. Adverse effects in more severe cases include:

* Impaired immune responses – increasing risk of infection.
* Reduced muscle strength and fatigue.
* Reduced respiratory muscle function - increasing the risk of chest infection and respiratory failure.
* Impaired thermoregulation - predisposition to hypothermia.
* Impaired wound healing and delayed recovery from illness.
* Apathy, depression and self-neglect.
* Increased risk of admission to hospital and length of stay.
* Poor libido, fertility, pregnancy outcome and mother child interactions

This guidance is provided to ensure appropriate prescription of dietary supplements across the health economy. The criteria for allowing nutritional supplements on FP10 are laid down by the Department of Health to ensure they are only prescribed for a limited range of medical conditions.

Please note that the guidelines **do not** apply to patients with a naso-gastric, gastrostomy or jejunostomy feeding regimen or for patients who on dietetic advice require intensive pre-operative preparation.

**Identification and management of malnutrition**

**Stage 1**: **Identification of people at risk**

Clinicians in general practice, District nurses and staff working in a wide range of community settings will use a screening tool to identify people who may be at risk of malnutrition and who could require more vigilance in their care. The first line nutritional assessment tool may be used (Appendix 1).

The underlying causes of malnutrition should be identified and addressed. Consideration should be given to:

* Medical conditions causing poor appetite or increased nutritional requirements e.g.

COPD, tremor, cancers, pain

* Medication side effects e.g. nausea, constipation, diarrhoea, sedation
* Poor emotional or mental health e.g. depression, bereavement, isolation
* Poor dentition
* Swallowing difficulties-refer patients for assessment by a Speech and Language

Therapist

* Difficulty preparing food or difficulty manipulating cutlery
* Financial difficulties

High risk patients will then require a period of dietary enrichment for a minimum of 1 month. Please give advice on dietary enrichment, see leaflet “Getting a lot out of a little” and record BMI for high risk patients. Dietary enrichment must be continued alongside any supplements to maximise the benefit of supplementation throughout treatment. Recipe’s for homemade supplements are available and their use should be encouraged before initiating supplements,

**Stage 2**: **Assessment & qualification for oral nutritional supplements (ONS)**

If there is no weight gain after this 1 month period, those who have one of the specific ACBS indications (see below), which make them eligible for prescribed supplements, should have a MUST assessment. If the MUST score is 2 or more, enter this on the GP patient record along with the ACBS condition and goal for treatment.

Only patients with an approved ACBS conditions AND a MUST score of 2 or more should be prescribed nutritional supplements on FP10. Their care plan should capture the need for dietary enrichment and the goals of nutritional supplementation

**Approved ACBS indication conditions are:**

* Total gastrectomy
* Intractable malabsorption
* Proven inflammatory bowel disease
* Short bowel syndrome
* Bowel fistulae
* Dysphagia related to:
* Stroke (under the care of SALT or on dietetic advice )
* Neurological conditions e.g. MND
* Head, neck and oesophageal tumours
* Disease related malnutrition
* Severe COPD – FEV1<30%
* Renal failure on CAPD or haemodialysis

Patients at high risk of malnutrition but without any ACBS indication or patients with ACBS

condition and a MUST score of less than 2 should be encouraged to continue to fortify their food and use homemade supplements. If a patient who chooses not to fortify their diet they may choose to buy a supplement such as Build Up®, Complan®, Food Link®, Nutrimen® or Nurishment®.

**These should not be prescribed at this stage. The patient should be monitored monthly for improvement.**

If there is no improvement after a total of 3 months of dietary enrichment/ purchased supplements, then the patient should be referred to dietician.

**Prescribing SIP feeds**

Prescribe a 7 day supply of one of the first choice formulary feeds as an acute item to establish the patient preference (See formulary options). After establishing patient tolerability and preference, prescribe a maximum of 28 day’s supply of the preferred feed. The usual requirement is 1 feed twice daily. Feeds should be taken in between meals and not as a meal replacement. Avoid lower calorie products.

**First line Treatment**

***Issue an initial acute prescription for a dry powder supplement***

Some manufacturer’s offer a starter pack or a prescription can be issued for mixed flavours. Each sachet should be made up with full **fat, (whole) milk following the manufacturer’s directions**. If, after the initial supply, the patient is compliant with dietary enrichment and is drinking the full sachet twice daily, then issue a monthly acute prescription for 2 sachets daily of the patients preferred flavours.

***Alternative - Consider prescribing a 2kCal ready to drink (RTD) preparation (twice a day- bd)***

***Only*** *if the patient is likely to have difficulties preparing the dry powder, has lactose intolerance, or is unable to tolerate twice daily ONS because the volume is too great and wastage is occurring*. Use of an RTD preparation will provide similar calories and protein in a smaller volume. Sample packs are available from Fresenius our preferred supply on the basis of overall value to the CCG. Support information has been issued to practices by the local Fresenius representatives,

Alternatively Issue a prescription for a starter pack or mixed flavours of preferred. If after the starter pack or first week’s supply the patient is compliant with dietary enrichment and a twice daily ready to drink preparation, issue a monthly acute prescription for 2 drinks daily of the patients preferred flavours.

***If both a dry powder mix and a ready to drink preparation are unacceptable, prescribe one of the alternatives*** depending on suitability. Small quantities of any item should be given and the preferred products re-tried at intervals as the patients appetite improves.

Continually reinforce the need for dietary enrichment to continue and that the dietary needs of the undernourished are different to that of the healthy population, it is acceptable that they should eat foods they might perceive to be unhealthy e.g. full fat dairy products.

**Patients with diabetes needing ONS**

Patients with diabetes can be given milk based or savoury supplements. Patients should be advised to sip the supplement slowly over 20-30 minutes. Blood glucose levels will need careful monitoring and medication may need to be adjusted accordingly. Fruit juice based supplements should be avoided due to their high sugar content/glycaemic load. In some instances patients may not be able to tolerate milk and require a supplement and therefore juice maybe the only alternative, patients should therefore be advised to monitor their blood sugars regularly.

**Prescribing for substance misusers**

Care should be taken when prescribing supplements in substance misusers, who meet the ACBS criteria, as once started, ONS can be very difficult to stop. Supplements are often used to replace meals and therefore can be of negligible clinical benefit. Clear goals should be set for patients who meet prescribing criteria and prescribing should only continue where dietary enrichment is being used continuously and the goals of treatment are being achieved.

**Patients with pressure ulcers**

Patients with Grade 3 or 4 pressure sores that require high protein supplementation to support wound healing where they have been identified with a nutritional deficit (MUST score is 2 or greater as described above) or where it is evident that patients cannot meet their nutritional requirements via oral food high protein dietary advice . These patients must be recommended by community or acute dieticians/ nutritional nurse specialist and should have first been provided with the following leaflets;

i) Eating well with Pressure sores or leg ulcers

ii) Nutritional Advice for Pressure sores or Leg Ulcers

**Stage 3: Monitoring of patients on sip feeds**

Once on a supplement, the patient’s progress should be assessed at least monthly to ensure that the treatment is effective and that their BMI is increasing. At each review check their weight, or arm circumference if unable to weigh the patient, and record this in the clinical record. It is also recommended that compliance with the supplements is checked and current stock levels of the ONS reviewed.

If there is no improvement after 2 months of supplementation, then refer to dietician using the Nutrition and dietetic referral form. [Available here](http://stockportccg.org/wp-content/uploads/2012/08/Referral-form-to-dietetics-2012.doc)

Continue with a fortified diet in all patients at risk of malnutrition whether or not they are prescribed supplements. Patients under the care of the dieticians should have regular reviews. Practices may wish to put systems in place to ensure this takes place and to capture the information provided in review letters.

 **Discontinuing Prescriptions**

At every review the need to continue should be reconsidered and ONS discontinued when the patient’s treatment goals are achieved, though dietary enrichment may need to continue to maintain a healthy weight.

At least one review is required, ideally one month after discontinuation of ONS, to ensure that there is no recurrence of the precipitating problem.

If patients wish to continue with a supplement once the prescription has ceased, purchased products should be suggested e.g. Build Up®, Complan®, Food Link® , Nutriment® or Nurishment®.

**Patients with supply of supplements on discharge from hospital or referred by Dietician**

The appearance of a sip feed on a discharge prescription does **not** mean that the patient has necessarily seen a dietician or that the patient has a MUST score of 2 or more. Unless there is an accompanying letter, please follow the standard assessment process outlined earlier before prescribing any supplements.

An accompanying/discharge letter from the hospital should detail the baseline weight or BMI, the ACBS indication for prescribing, the expected duration of treatment and the goal of treatment. If this information is not supplied please contact the ward/ hospital dieticians.

Post discharge the patient’s weight, BMI and progress should be monitored monthly to ensure appropriate improvement as per the discharge care plan.

**Patients assessed by the dietetic service**

The Community Health Stockport dieticians follow this guidance but may request more intensive therapies as clinically appropriate. They will provide clear guidance on the products to be supplied, the frequency of their review and the goals of therapy to be achieved by letter. There should also be guidance on actions to take if the goals are not achieved:

* Following a dietetic referral and assessment
* Enter the indication for prescribing, read code, MUST score and BMI in patient notes if not already recorded.
* Reassess need every month or as detailed by the dietician.
* Continue to prescribe until the patient has achieved the target weight or the reason for prescribing is no longer present e.g. recovery is complete.

**Examples of patient groups for whom supplements may no longer be appropriate**

Frail older people (including those in Care Homes)

Individuals without an ACBS specified condition should not normally require supplements, just dietary advice on food fortification; however they may need Social Services’ help or Meals on Wheels and continued monitoring or investigation if they deteriorate. Residents in care homes may require extra help with feeding at meal times, extra snacks, homemade supplements and milky drinks. See leaflets “Getting a lot out of a little” and Home Made Supplements for possible support for this group and review progress monthly.

If care home staff has concerns about an individual’s weight they may wish to purchase supplements to use alongside dietary enrichment. ONS **should not** be prescribed without and ACBS indication outside of the framework outlined in this guidance for this patient group.

Alcoholic liver disease

Patients discharged following detoxification may be discharged on sip feeds. Do not continue to prescribe sip feeds for this group.

Cancer patients undergoing therapy

Supplements may be required if the individual is at high risk or malnutrition during the treatment phase or post-surgery, for example if undergoing head and neck treatment. These patients should be seen by the Palliative Care Dietician for assessment of requirements and advice will be provided. Once therapy is completed the supplements should be reviewed with a view to discontinuation.

Advanced Progressive Illness

These will be patients who are probably in the advanced stages of their disease and will include those with advanced cancer as well as advanced dementia, COPD or heart failure and they should be managed according to the End of Life Care Strategy. The Malnutrition Universal Screening Tool is **not** suitable for use on these patients. Referral for patients with cancer or motor Neurone disease should be made to the Palliative Care Dietician or for those with COPD or heart failure to the Community Dieticians. These services have access to advice from other members of the multidisciplinary team if required. At this stage it may be useful to document in the medical notes any specific patient requests for the terminal stages regarding the use of artificial feeding if not already done.

Patients in care homes with advanced dementia may need input from the Speech and Language Team if there are any swallowing difficulties or feeding problems as a range of strategies may be needed to improve dietary intake.

Patients in last weeks or days of life

 This group includes all patients who are in the final weeks or days of life. In the dying phase, a patient’s desire for food and drink lessens and the disease process itself is likely to limit any benefit of increased calorie intake. Good mouth care may become the more appropriate intervention. The GP should empathetically discuss with carers when it’s not clinically appropriate to prescribe ONS.

**References**

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National Minimum Standards for Care Homes for Older People. Dept of Health (2003). Accessed online: www.dh.gov.uk.

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 **Flow chart - Identification and management of malnutrition**





**Initial Assessment**

Improvement

DN notification of patient with MUST ≥2 but no ACBS indication

Commence 1 month dietary enrichment and Food First supplement (see leaflet) / **BMI**

Record BMI

Maintain





No Improvement

Maintain with dietary enrichment

Monitor monthly

If no improvement after 2 more months refer to a dietitian

Does the patient meet the ACBS indications for dietary supplementation?



DN referral with a MUST score =2 & ACBS indication or dietitian recommendation with management goals

Yes

 MUST score = 0 or 1

Complete MUST assessment\*

**Specified ACBS indication**

1. Total gastrectomy

2. Intractable malabsorption

3. Proven inflammatory bowel disease

4. Short bowel syndrome

5. Bowel fistulae

6. Dysphagia related to:

i) Stroke (under the care of SALT or on dietetic advice)

ii) Neurological conditions e.g. MND

iii) Head, neck and oesophageal tumours

7. Disease related malnutrition

i) severe COPD – FEV1<30%

ii) Renal failure on haemodialysis or CAPD

READ CODE for MUST score 687C.

\* MUST assessment here is using BMI. Alternative measurements are possible if unable to stand on scales.

See MUST tool at

[www.bapen.org.uk/must\_tool.html](http://www.bapen.org.uk/must_tool.html)

MUST score = 2 or more

**Food First & Prescribe SIP Feeds**

**Prescribe cost effective ONS**

* Powder supplements are first line
* Enter MUST score, weight & BMI or arm circumference on GP computer record
* Record goals for therapy
* Give 7 day acute script for a powdered supplement as starter packs or mixed favours to establish preference
* Prescribe 28 days supply of preferred flavours
* Consider milk based liquid feeds if unable to make up powders.
* Agree monthly monitoring in order to continue prescribing

Re-assess after 1 month

Improvement

No improvement

Maintain sip feed prescription until MUST score is below 2 or goal is attained. Monitor monthly. Only once long term need is identified should feed go on repeat prescription

Maintain feed for a further 2 months and if no improvement, refer to dietitian (prescribe until assessed by dietitian)

Appendix 1

Name………………………… D o B ………………Assessment Date ……………

FIRST LINE NUTRITION ASSESSMENT TOOL

**FIRST LINE NUTRITION ASSESSMENT TOOL**

**Q1 Have you lost weight without trying to in the last 3 months?**

If unable to weigh, indicators of weight loss may be:-

* Loose fitting dentures/sore mouth
* Loose clothing
* Loose jewelry

Score = 1

 No weight loss Score = 0

 Less than 3kg (< ½ stone) Score = 1

 3 – 6 kg (½ - 1 stone) Score = 2

 More than 6 kg (> 1 stone) Score = 3

**Q2 Has your appetite decreased recently?**

 No Score = 0

 Yes Score = 1

**Q3 Have you had any reduction in your intake of food or drink?**

 No Score = 0

 Yes Score = 1

|  |
| --- |
| **Nutrition Screening Tool** |
| Unintentional weight loss in last 3 months | Reduced appetite | Reduced Intake |
| Okg = 0 | No = 0 | No = 0 |
| <3kg (<½ stone) = 1 | Yes = 1 | Yes = 1 |
| 3-6kg (½-1 stone) = 2 |  |  |
| > 6kg (>1 stone) = 3 |  **Total Score** |  |

Total Score

Score = 1-2

Score = 0

Score = >3

**High Risk**

MUST carry out nutritional assessment/ Refer to DN

**Medium Risk**

Encourage patients to have 3 meals with between-meal snacks and give out

High Energy Nutrition Leaflet

**Low Risk**

No dietary advice needed

Full MUST tool available at

**Treatment options (cost as of July 2015)**

**First line**

|  |  |  |
| --- | --- | --- |
| **Products**  | **Presentation**  | **£ /100kCal**  |
| **Shakes**  | **Make with Full fat Milk** |  |
| Aymes® Shake | Sachets in packs of 7 in neutral, chocolate, vanilla & banana (starter pack: 4 sachets 1 of each flavour) | 20p  |
| Fresubin® Extra | Sachets in neutral vanilla strawberry & chocolate (Packs of 7) | 21p  |
| Ensure® Shake | Sachets in banana, vanilla strawberry & chocolate (Packs of 7) | 21p  |
| Complan® Shake  | Sachets in banana, chocolate, vanilla & strawberry (packs of 4) | 21p  |

**Alternatives**

|  |  |  |
| --- | --- | --- |
| **Products**  | **Presentation (milkshake type)** | **£ /100kcal**  |
| Fresubin® 2kCal | 200ml Apricot-peach, cappuccino, neutral, toffee, vanilla, & fruits of the forest. ( Sample Service available) | 49p |
| Nutriplen 2kCal | 125ml Hazel chocolate, strawberry, vanilla, banana. | 49p |
| Ensure® 2kCal | 200ml neutral, strawberry, vanilla, banana | 55p |
| Fortisip® Compact (2.4kCal/ml)  | 125ml neutral, strawberry, vanilla, banana mocha, apricot, chocolate & forest fruits  | 68p  |
| Ensure® Compact (2.4kCal/ml) | 125ml vanilla, strawberry & banana | 49p |
|   | **Or if patients cannot tolerate milk based feeds** (1.5kCal/ml) |  |
| Fresubin® Jucy | 200ml in cherry, pineapple, apple orange, & blackcurrant,  | 64p |
| Ensure Plus® Juice | 220ml in orange, apple, lemon & lime, peach, strawberry & fruit punch | 57p |
| Fortijuice® | 200ml Apple, lemon& lime, strawberry, tropical fruit, orange,& blackcurrant | 67p |
| Fresubin Extra soya |  |  |

**On dietetic advice**

|  |  |  |
| --- | --- | --- |
| **Products**  | **Presentation**  | **£ /100kcal**  |
| Fresubin® Energy 1.5 kCal/ml | 200ml in neutral vanilla, chocolate, strawberry, blackcurrant, cappuccino tropical, lemon, & banana | 49p |
| Ensure Plus® 1.5 kCal/ml  | Strawberry, raspberry, forest fruit, coffee, chocolate, banana, vanilla, peach, neutral, chicken | 43p |
| Fortisip® 1.5 kCal/ml | 200ml neutral, vanilla, caramel, chocolate, banana, orange, strawberry & tropical fruit | 69p |
| Nutricreme | 125g strawberry, vanilla or chocolate orange | 62p |
| Fresubin® Crème | 125g apricot-peach, chocolate, cappuccino, caramel, praline, vanilla, strawberry | 77p |
| Fortisip Crème Complete | 125g Chocolate vanilla banana neutral | £1.05 |
| Ensure Plus Crème | 125g neutral, banana, chocolate or vanilla | £1.06 |
| Yogurt desserts |  |  |
| Fresubin® Yo-creme | Apricot –peach, biscuit, lemon, raspberry | £1.05 |









**Patient / Carer Information Food First Homemade Supplements**

**Fortified Milkshake**

Makes 1 portion

Makes 1 portion

Makes 1 portion

**Most nutritionally complete choice**

|  |  |
| --- | --- |
| **Ingredients*** 180ml full fat milk
* 30g skimmed milk powder
* 20g vitamin fortified milkshake powder

(e.g. Nesquik or Tesco Milkshake Mix) | **Directions**Mix milk powder and milkshake powder together in a glassGradually mix in milk and stir well**Serve 2 portions per day**  |

|  |  |  |
| --- | --- | --- |
| **1 portion = 220ml** | **1 portion contains:** | **1 portion costs:** |
| **Over the counter cost comparison:**1 sachet Complan + 200ml full fat milk (230ml) £0.961 sachet Build-Up + 200ml full fat milk (230ml) £1.07 | * 305 calories
* 17g protein
* 44g carbohydrate
* 7.5g fat
 | **£0.33** |

**Fortified Fruit Juice**

Makes 1 portion

**Suitable for those who do not like milky drinks**

|  |  |
| --- | --- |
| **Ingredients*** 180ml fruit juice (*flavour ideas below*)
* 40ml undiluted high juice squash or cordial (**not** sugar free/ diet/ no added sugar)

1 x 8g sachet egg white powder\* | **Directions**Mix undiluted cordial or squash into egg white powder (do not whisk).Gradually mix in fruit juice.**Serve 2 portions per day** |

\*this can be found in the home-baking section of most supermarkets

|  |  |  |
| --- | --- | --- |
| **1 portion = 220ml** | **1 portion contains:** | **1 portion costs:** |
| * High juice blackcurrant squash + cranberry juice
 | 189 kcal6.5g protein, 0g fat42.4g carbohydrate | **£0.51** |
| * High juice orange squash + pineapple juice
 | 193kcal 6.5g protein, 0g fat38g carbohydrate | **£0.49** |
| * Elderflower cordial (e.g. *Belvoir* or *Bottlegreen*)

+ apple juice | 226/238kcal6.5g protein, 0g fat46.6/52g carbohydrate  | **£0.60/ £0.62** |
| * High juice cranberry squash + orange juice
 | **170kcal** 7.5g protein, 0g fat34.2g carbohydrate | **£0.45** |

**Fortified Lemon Cream**

Makes 3 portions

**Suitable for those with very small appetites who would not manage 2 x 220ml supplements per day**

|  |  |
| --- | --- |
| **Ingredients*** 300ml double cream
* 70g caster sugar
* Juice of 1 – 1½ lemons
* 30g skimmed milk powder
 | **Directions*** Put cream and milk powder in a small saucepan.
* Gently heat until milk powder has dissolved.
* Add sugar.
* Bring to the boil and boil for 3 minutes. Thoroughly mix in lemon juice to taste. Pour into 3 small dessert bowls and chill.

**Serve 1 portion per day only**Will keep (covered) in the fridge for 3 days |

|  |  |  |
| --- | --- | --- |
| **1 portion = 100ml** | **1 portion contains:** | **1 portion costs:** |
| PngMedium-Lemon-Lime-5488[1] | * **618kcal**
* **5g protein**
* 31.6g carbohydrate
* 53g fat
 | * **£0.53 – 0.58**
 |

**Fortified Chocolate Caramel Cream**

Makes 3 portions

**Suitable for those with very small appetites who would not manage 2 x 220ml supplements per day**

|  |  |
| --- | --- |
| **Ingredients*** 150 Double cream
* 30g skimmed milk powder
* 30ml full fat milk
* 2 x 58g Mars Bars or similar nougat- caramel chocolate bars
 | **Directions*** Put cream, milk and milk powder in a small saucepan.
* Gently heat until milk powder has dissolved.
* Add finely chopped Mars Bars.
* Heat gently, stirring all the time, until Mars Bars have completely melted.
* Pour into 3 small dessert bowls and chill.

**Serve 1 portion per day only**Will keep (covered) in the fridge for 3 days |

|  |  |  |
| --- | --- | --- |
| **1 portion = 80ml** | **1 portion contains:** | **1 portion costs:** |
|  | * 509kcal
* 6.5gprotein
* 43.5g carbohydrate
* 35.5g fat
 | * **£0.51**
 |

Additional ideas and recipes for nutritional supplementation can be found on the CCG website

All costs calculated from major supermarket prices on 09/6/15

|  |  |
| --- | --- |
| **Developed by** | Liz Bailey with support from Alison Smith, Aylesbury Vale & Chiltern CCGs |
| **Date ratified** | June 2015 STAMP : July 2015 CPC |