

This guidance is designed to aid clinical decision making, it is not intended to outweigh clinical judgement exercised in the interests of the patient. For the avoidance of doubt, the clinician retains the absolute discretion to prescribe whatever ONS the clinician believes best meets the needs and interests of the patient.

STEP 1: Prior to INITIATION or RENEWAL of an ONS prescription consider the following:

Confirm an indication for prescribing ONS i.e. (a), (b), or (c) below

(a) Malnourished

A Body Mass Index (BMI) $\leq 18.5\text{kg/m}^2$

Unintentional weight loss of $> 10\%$ in the past 3-6 months

BMI of $< 20\text{kg/m}^2$ and unintentional weight loss of $> 5\%$ in the past 3-6 months

(b) At risk of Malnutrition

Those who have eaten little or nothing for 5 consecutive days and/or are likely to eat nothing for a further 5 days or longer.

Those who have a poor absorptive capacity and/or high nutrient losses and/or increased nutritional requirements e.g. those undergoing anti-cancer therapy.

OR

Identified using a validated nutritional screening tool e.g. 'MUST' or 'MNA' *.

(c) Palliative Care

Early stages of Palliative Care

This pathway can be followed in the early stages of palliative care where ONS may be beneficial.

Late stages of Palliative Care

The goal of nutrition therapy should be comfort not weight gain or reversal of malnutrition.

Patients in the final days or weeks of life are unlikely to benefit from ONS.

TIP: Guidance for prescribing ONS in late stages of Palliative Care is available at www.hse.ie/nutritionsupports.

Considerations for renewal

- Prescriptions **should not be adjusted** without consultation with the relevant healthcare professional for the following patients:
 - those under the current care of a community dietitian or acute hospital dietitian/medical team
 - those using ONS via enteral feeding tubes e.g. naso-gastric, naso-jejunal, gastrostomy or jejunostomy tubes.
- Disease-specific ONS e.g. renal- and diabetes-specific sip feeds should ideally only be prescribed to patients under the supervision of a dietitian.

STEP 2: Refer patient to a dietetic service

- While awaiting a dietetic appointment or in the absence of a dietetic service, progress to steps 3-6.
- High-risk patients or those with complex nutritional needs (e.g. renal disease, diabetes) should always be referred to a dietitian.

TIP: Contact details for HSE Community Dietetic services are available at www.hse.ie/nutritionsupports.

STEP 3: Assess for and address underlying causes of malnutrition

e.g. gastrointestinal symptoms, swallowing difficulties, social or psychological issues.

- Consider referral to an appropriate allied healthcare professional for symptom management measures.
- Consider whether the patient is being given adequate assistance, support and supervision if required at mealtimes.

STEP 4: Set goals of nutritional treatment

- Typical treatment goals include improvement or maintenance in: weight and/or muscle mass, nutritional intake, functional status and quality of life.

STEP 5: Provide basic high protein, high energy dietary advice in conjunction with step 6

Promote and encourage the inclusion of:

- 3 meals and 3 snacks per day
- High protein foods at each meal e.g. meat, chicken, fish, eggs, milk, cheese and nuts
- Use full fat dairy products e.g. milk, butter, cheese and yogurts

TIP: Dietary advice resources 'Making the most of every bite' are available to view or order free of charge at www.hse.ie/nutritionsupports.

STEP 6: Choose a standard ONS to prescribe (see below summary). Refer to Prescribing List overleaf for more detailed information

Clinical benefits of standard ONS are typically seen with 300-900kcal/day in the community within 2-3 months (dependant on compliance).

Consider if the patient (or carer) has the functional ability to mix a powder with milk AND has access to milk

YES

First Choice

- Foodlink Complete®
 - Foodlink Complete® with Fibre
- Reconstituted with 200mls full fat milk

Typical dose 1-2 sachets per day
(provides approx. 386-840kcal & 18-39g protein)

NO

Second Choice

- Altraplen® Compact
- Ensure® Compact
- Fortisip® Compact
- Fortisip® Compact Fibre
- Fresubin® 2kcal Mini Drink
- Fresubin® 2kcal Fibre Mini Drink

Typical dose 2 x 125mls per day
(provides approx. 500-600kcal and 24- 26g protein)

Record the dosage and estimated length of treatment.

STEP 7: Review and discontinue ONS prescriptions

Review: Patients should be reviewed on a regular basis (within 3 months) to ensure compliance with ONS and to monitor progress in goals of treatment and dietary intake. Prescriptions should not be renewed without checking compliance. Amend the type/flavour to maximise compliance if necessary.

Discontinue when treatment goals are met and/or when the patient is established on adequate oral intake from food.

- Consider reducing the quantity of ONS prescribed gradually to ensure progress is maintained.
- Continue to monitor for recurrence of risk of malnutrition.



Standard Oral Nutritional Supplements (ONS) Prescribing List for Adults Living in the Community



This guidance should be used in conjunction with the 'Prescribing Pathway for the Initiation and Renewal of Standard ONS for Adults Living in the Community' (overleaf).

- This guidance is designed to aid clinical decision making where a patient has an indication for prescribing ONS. It is not intended to outweigh clinical judgement exercised in the interests of the patient. For the avoidance of doubt, the clinician retains the absolute discretion to prescribe whatever ONS the clinician believes best meets the needs and interests of the patient.
- This guidance refers to standard ONS for Adults. It does not include information on disease-specific ONS (e.g. renal- and diabetes-specific ONS) which should ideally only be prescribed to patients under the supervision of a dietitian.
- First, second and third choice ONS options were chosen with consideration for both clinical evidence and cost.
- This guidance is not suitable for patients who require ONS as a sole source of nutrition.

Tips when prescribing ONS

- Best practice indicates that patients who require nutrition support should always be given dietary advice in conjunction with an ONS prescription.
- ONS should be regarded as 'supplementary' to normal food, not meal 'replacements' or as a sole source of nutrition unless under the supervision or by recommendation of a dietitian.
- Advise patients that, where possible, ONS should be taken between or after meals or before bedtime to ensure maximum intake of normal foods.
- Patient taste preference should always be taken into account to help improve compliance. Flavours can be switched regularly to avoid taste fatigue.
- If a patient struggles with compliance due to volume, consider dividing the total dose of ONS into smaller volumes taken over the course of the day.
- Where a patient has a swallowing difficulty (dysphagia) they require referral to a speech and language therapist before ONS can be safely prescribed. See below **Considerations for prescribing pre-thickened and semi-solid style ONS** for more information.

First choice: Powdered ONS (~2 kcal/ml)*

If the patient (or a carer) has the functional ability to mix a powder with milk AND has access to fresh milk:

Products	Size	Nutritional content*	Reimbursed price
Foodlink Complete®	57g sachet	386 kcal, 18.3g protein†	€0.74
Foodlink Complete® with Fibre	63g sachet	420 kcal, 19.5g protein 4.5g fibre†	€0.82
† strawberry flavour		Available as 1 box of 7 x 57g/63g sachets of one flavour. Can be made with/without shaker; shakers available free of charge from pharmacy.	
*reconstituted with 200mls full fat milk			

Typical dose:
1-2 sachets per day
(200-400mls/day)
Provides 386-840 kcal*
& 18-39g protein*

Variety of flavours available

If first choice is not suitable or if taste fatigue occurs, refer below for second and third choice product options.

Second choice: Compact & mini drink sip feeds (2-2.4 kcal/ml)

If the patient is unable to tolerate a 200ml volume OR mix a powder with milk:

Products	Size	Nutritional content	Reimbursed price
Altraplen® Compact	125ml	300 kcal, 12g protein	€1.38
Ensure® Compact		300 kcal, 12.8g protein	
Fortisip® Compact		300 kcal, 12g protein	
Fortisip® Compact Fibre		300 kcal, 12g protein, 4.5g fibre	
Fresubin® 2kcal Mini Drink		250 kcal, 12.5g protein	
Fresubin® 2kcal Fibre Mini Drink		250 kcal, 12.5g protein, 2g fibre	

Typical dose:
2 x 125mls per day
Provides 500-600 kcal
& 24-26g protein

Variety of flavours available

Third choice: Juice-style sip feeds (1.5 kcal/ml)

If the patient does not like milk tasting drinks:

Products	Size	Nutritional content	Reimbursed price
Ensure® Plus Juice	220mls	330 kcal, 10.6g protein	€1.80
Fortijuice®	200mls	300 kcal, 8g protein	
Fresubin® Jucy	200mls	300 kcal, 8g protein	
Products are NOT milk free (contains milk protein)			

Typical dose:
2 x 200/220mls per day
Provides 600-660 kcal
& 16-21g protein

Variety of flavours available

Considerations for prescribing pre-thickened and semi-solid style ONS

- Where a patient does not have a diagnosed swallowing difficulty, first, second or third choice products (above) are recommended, on the basis of clinical evidence and cost.
- Pre-thickened and semi-solid style ONS (listed below) should ideally only be prescribed under the guidance and recommendation of both a speech and language therapist and a dietitian.

Semi-solid style ONS: Ensure Plus® Crème, Forticreme Complete®, Fresubin® 2kcal Crème, Nutilis® Fruit Stage 3, Nutricrem®.

Pre-thickened ONS: Fresubin® thickened Stage 1 & Stage 2, Nutilis® Complete Stage 1.