

Good Practice Guidance: Administration and recording of Oral Nutritional Supplements (ONS) in Care Homes

Introduction

Residents must have their nutritional needs assessed and food must be provided to meet their nutritional needs. This includes where people are prescribed nutritional supplements.

Preferences, religious and cultural backgrounds must be considered when providing food and drink (CQC Regulation 14: Meeting nutritional and hydration needs).

How to identify malnutrition

The Malnutrition Universal Screening Tool (**MUST**) is used to help identify patients at high risk of malnutrition.

To calculate MUST, use the BAPEN 'MUST' calculator, <https://www.bapen.org.uk/screening-and-must/must-calculator>

- All residents should be screened using MUST on admission and then at least monthly. This will involve monthly weighing and ensuring you have an accurate height recorded for them. A MUST score ≥ 2 indicates the resident may be at high risk of malnutrition.
- When unable to weigh the resident, measuring mid upper arm circumference (**MUAC**) should be considered. MUAC, in combination with subjective measures, helps assess residents as low, medium or high risk. MUAC ≤ 23.9 cm plus subjective measures such as dentures, jewellery or clothes becoming looser, indicates the resident is likely to be underweight and at high risk of malnutrition.

How to treat malnutrition

Frimley CCG MOCH team guidance stresses the importance of a '**food first**' approach for the treatment of malnutrition. Food intake should be optimised by enriching/fortifying meals and by offering additional snacks and nourishing drinks. Resources to support this are available from your local dietitian team and on the Frimley CCG website [[Nutrition and blood \(frimleyccg.nhs.uk\)](https://www.frimleyccg.nhs.uk/nutrition-and-blood)].

- Contact the GP if you have ongoing concerns regarding a resident with MUST ≥ 2 or estimated to be at high risk of malnutrition despite following a food first approach.
Consider referral to local dietetic service (dependent on local policy and service provision).

Oral Nutritional Supplements (ONS)

ONS may be used when a 'food first' approach and dietary advice has failed to improve nutritional status (except for specific medical conditions such as malabsorptive disorders or severe dysphagia where they may be needed as first-line treatment – the resident's GP and/or community dietitian will advise if this is the case).

ONS may be prescribed:

- when a patient meets the Advisory Committee on Borderline Substances (**ACBS**) prescribing criteria for that product, **AND**
- they have been accurately screened using MUST and assessed to be at high risk of malnutrition

ACBS prescribing criteria

▪ Disease related malnutrition	▪ Following total gastrectomy
▪ Dysphagia	▪ Proven inflammatory bowel disease
▪ Intractable malabsorption	▪ Pre-op preparation of malnourished patients
▪ Short bowel syndrome	▪ Continuous Ambulatory Peritoneal Dialysis or Haemodialysis

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- ONS should be chosen from the local Formulary.
- Powdered Shakes are the first line.
- ONS should be reconstituted according to the instructions on the pack or as advised by the dietitian.
- For most residents, **ONS should not be used to replace meals or snacks**; they should be taken in addition to food intake, including any 'food first' approaches.
They are best given between meals and at least an hour before a main meal is served.
- Most ONS will taste better chilled.
- ONS must only be used for the resident they have been prescribed for, not shared between residents, and stored separately to the resident's other medicines.

Residents admitted on ONS:

Residents who are already prescribed ONS on discharge from hospital or admission from their own home should be screened/reviewed in the usual way. If MUST ≤ 2 consider stopping the ONS and using a 'food first' approach. If MUST ≥ 2 consider referral to the dietitian.

Starting ONS:

- The dietitian/GP may order a variety of ONS for the resident to try. Record the preferred supplement and flavour and inform the dietitian/GP.
- When a resident is prescribed ONS, the **care plan** must include the reasons for prescribing (aim of treatment), how much to give, when to give and how often to monitor the resident's progress.
- Quantities ordered should be appropriate for the resident's prescription.
- A **record** must be made to demonstrate the resident is having the ONS as prescribed.
 - This may be on the MAR chart or on a separate record sheet and kept with other information about the resident's treatment and care such as monthly weight checks or fluid intake charts.
 - The record must show the amount and time that the ONS is given.
- A **regular review** of an ONS prescription should be requested.
The proposed date of review should be documented in the care plan.

Storing ONS:

- Record which ONS products have been received for a named resident.
- Store unopened ONS in a cool, dry, locked room at temperatures between 5°C - 25°C.
- Once opened/reconstituted: if not drunk straight away, the ONS should be labelled with the resident's name, date opened/reconstituted, and stored in the refrigerator between 2°C - 8°C.
Check packaging details for how long the ONS can remain open; write the expiry time on the ONS label. If it is not drunk within that time, discard appropriately.

Stopping ONS:

Contact the dietitian/GP to review ongoing need for ONS if:

- the resident's MUST score improves
- the resident is unable or unwilling to take ONS in a therapeutic dose
- treatment goals have been met
- the resident is managing to eat their normal diet and gaining weight, OR
- weight has been stable for ≥ 6 months.

ONS should be stopped when no further nutritional intervention would be appropriate, e.g. in the last days of life.

In the last days of life the aim should be to provide comfort for the resident, offer mouthcare, sips of fluid and mouthfuls of food as desired.

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Resources and References

- BAPEN 'MUST' calculator
<https://www.bapen.org.uk/screening-and-must/must-calculator>
- Frimley CCG website
 - Care Homes folder: [Care Homes \(frimleyccg.nhs.uk\)](https://www.frimleyccg.nhs.uk/care-homes)
 - Place Nutrition Guidelines: [Nutrition and blood \(frimleyccg.nhs.uk\)](https://www.frimleyccg.nhs.uk/place-nutrition-guidelines)
- Care Home Nutrition Training Videos (developed by Berkshire Healthcare Foundation Trust Dietitians)
<https://www.berkshirehealthcare.nhs.uk/care-home-nutrition-resources>
- NICE CG32: Nutritional support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition
www.nice.org.uk/guidance/cg32
- NICE QS24: Nutrition support in adults
www.nice.org.uk/guidance/qs24
- CQC Regulation 12: Safe care and treatment:
[Regulation 12: Safe care and treatment | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/regulation/12)
- CQC Regulation 14: Meeting nutritional and hydration needs:
[Regulation 14: Meeting nutritional and hydration needs | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/regulation/14)

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