

What this includes:

Sip Feeds cost per 1000 patients: Ensuring that sip feeds are appropriately prescribed and reviewed.

Preferred powdered ONS as a % of all sip feeds: When ONS is indicated, use preferred powdered ONS first-line.

Identifying the problem:

- A care bundle to support this update is available on the NECS medicines optimisation website:
<https://medicines.necsu.nhs.uk/download/sip-feeds-care-bundle/>
- Identify patients who are malnourished or at risk of suffering from malnutrition using a suitable screening tool such as the MUST (Malnutrition Universal Screening Tool):
http://www.bapen.org.uk/pdfs/must/must_full.pdf

Suggested actions:

Patients newly identified as having, or being at risk of malnutrition

- Check for any underlying causes of malnutrition and address these, e.g. chewing or swallowing problems, environmental or social situation, other medical conditions such as GI problems, etc.
- Agree and document goals such as maintaining current weight or a target weight gain.
- Encourage the use of food fortification to improve calorie intake. Make sure patient information leaflets are available which describe simple ways of increasing calorie intake. Over the counter products can be purchased by the patient such as Complan®, Nurishment®, Meritene® (formerly Build-Up). Assess if food fortification has made a difference after one month.
- If food fortification does not achieve agreed goals after one month, refer to the dietetic team (depending on local service provision) or if the patient meets ACBS (Advisory Council of Borderline Substances) criteria, consider prescribing a sip feed. ACBS criteria include short-bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel disease, following total gastrectomy, dysphagia, bowel fistulae and disease related malnutrition.
- Use powdered sip feed first line if the patient can mix with full fat milk.
- To avoid waste, prescribe either a starter pack or one week's supply, to ensure tolerability and establish flavour preferences. Prescriptions should specify dosage and timing e.g. take the contents of one sachet mixed with 200mls full-fat milk twice a day in between meals.

Suggested actions:

Patients currently being prescribed a sip feed:

- Check that the ongoing need for sip feeds is regularly reviewed, either by the dietetic team if prescribing was recommended by them or the GP if prescribing was GP initiated. Review should be every three to six months or more frequently if there is clinical need.
- Make sure patients understand that sip feeds should be taken in between meals, not before meals or as a meal replacement. This should be in addition to food fortification.
- Make sure that sip feeds are labelled with a dosage and timing e.g. Take the contents of one bottle twice a day in between meals. It is recommended that sip feeds be prescribed twice daily to ensure that calorie and protein intake is sufficient to meet clinical need (unless otherwise specified by a dietitian).
- When goals of treatment are met or if the patient no longer meets ACBS criteria, the sip feed should be discontinued and the patient reviewed after one month. If the patient wishes to continue despite goal being met (or no longer meeting ACBS criteria) the patient can purchase over the counter products such as Complan®, Nurishment®, Meritene® (formerly Build-Up).

Resources:

- North Cumbria CCG. Guidelines for managing unintentional weight loss in adults and the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care. <https://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/>
- PrescQipp NHS. Bulletin 68. June 2014.2.0 Guidelines for the appropriate prescribing of oral nutrition (ONS) for adults in primary care. <https://www.prescquipp.info/headline-areas/nutrition#bulletin-68-prescribing-ons>

References:

- National Institute for Health and Care Excellence (NICE) Clinical Guideline 32. Nutrition Support in Adults: oral nutrition support, enteral tube feeding and enteral nutrition February 2006

<https://www.nice.org.uk/guidance/cg32>