

Gateshead guidelines for prescribing oral nutritional supplements in adults

Implementation date: August 2013

Review date: August 2015

Updated: May 2015

This guideline has been prepared and approved for used within Gateshead in consultation with Gateshead CCG and Secondary Care Trusts.

Approved by:

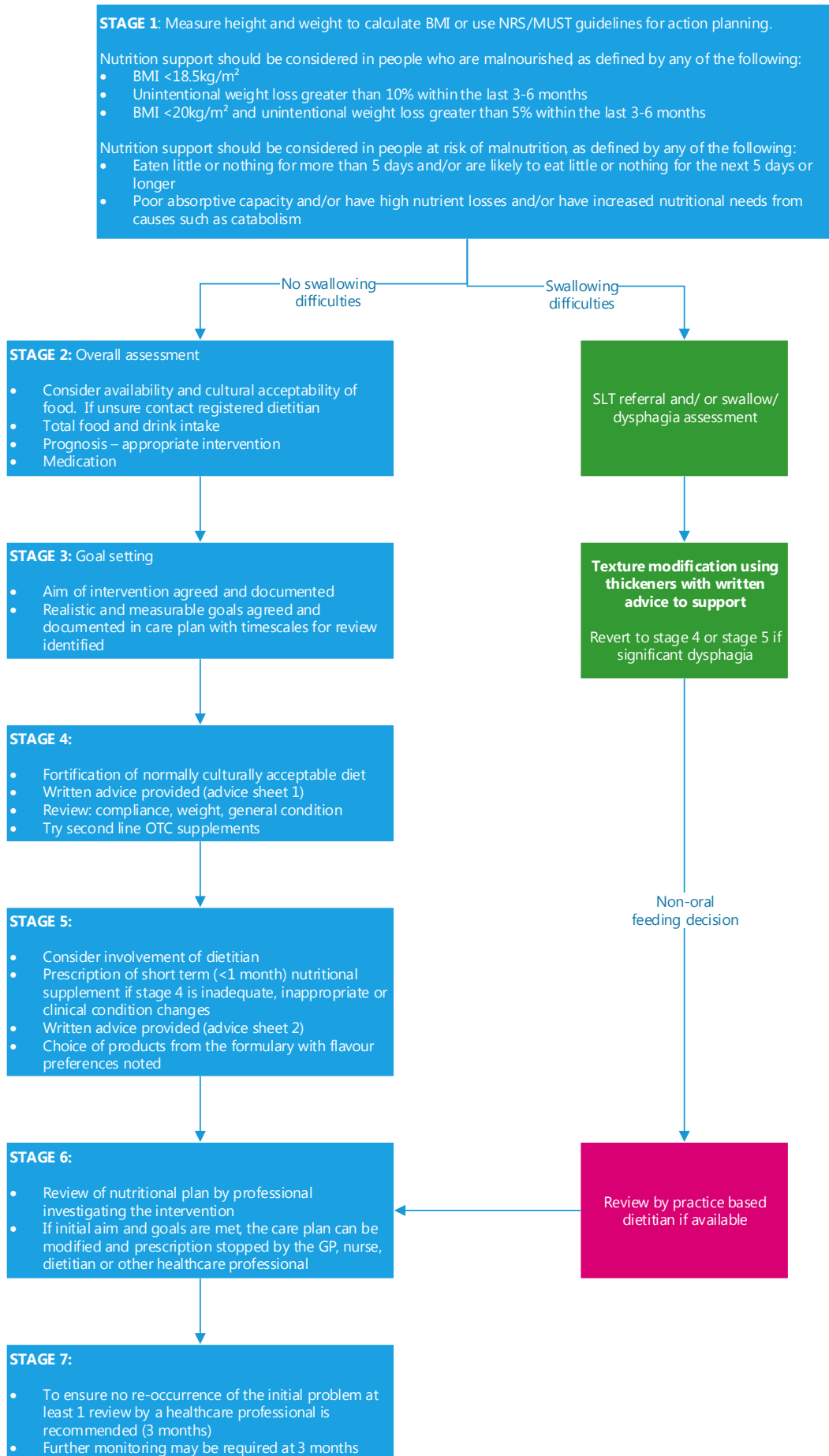
Committee	Date
Gateshead Medicines Management Committee	14 th August 2013
Newcastle Gateshead CCG Medicines and Pathways Committee	4 th June 2015

This guideline is not exhaustive and does not override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Full details of contra-indications and cautions for individual drugs are available in the BNF or in the Summary of Product Characteristics (available in the Electronic Medicines Compendium)

www.emc.medicines.org.uk

Oral Nutritional Support Guidelines for Adults in Gateshead



Training and Nutrition Assessment Tools

- Training on nutritional screening and food fortification is available (contact QE Hospital Nutrition and Dietetic Service).
- [Nutrition Risk Score \(NRS\)](#) is the preferred screening tool for Gateshead Health NHS Foundation Trust, however [MUST](#) (Malnutrition Universal Screening Tool), developed by [BAPEN](#) is sometimes used in care homes.

Nutritional Support for Adults

Key Recommendations

- Clinicians are advised to follow National guidance on nutritional assessment (included within this document).
- If patients are able to take oral diet it is important to encourage high calorie/ protein food first before starting supplements.
 - These guidelines include appropriate advice to fortify ordinary foods, which are culturally acceptable and the use of over the counter supplements.
- Prescription of short-term (up to 1 month) oral supplements should only be initiated if food fortification or non-prescribable supplements are inappropriate or have failed despite adequate duration or on the request of a dietitian.
- If supplements are required, mixed flavours should be requested until taste preferences have been established.
 - Starter packs could be used if starting someone new to allow the patients to decide their preference.
- Where prescribed, supplements should be issued via acute rather than repeat prescriptions.
- There may be patients who have their oral supplements supplied by a company. If the company requests retrospective prescriptions this is not in line with the CCG prescribing policy and a letter explaining this should be sent to the company.
- GHFT do not routinely prescription supplements on discharge. A letter will be faxed separate to the discharge letter by the Nutrition and Dietetic Service if supplements are required.
 - If a patient has been discharged home on supplements, practices should receive a letter providing detail on the length of time for supplements to be used or a weight target for the patient.

- It is possible that some patients may have been prescribed supplements on hospital discharge with no apparent dietetic involvement. If a specific letter is not received from the Nutrition and Dietetic Service, follow the guidelines and consider dietetic intervention for support if needed.
- If a request for nutritional supplements is received from a care home it is expected that patients will have been assessed as per this guidance. Practices should not prescribe for patients simply on request and should ensure the patient is assessed as per the guidelines by a GP or dietitian.
- If a practice does not receive specific set goals with regards to the initiation or continuation of nutritional supplements from the hospital/ Nutrition and Dietetic Service, they are within their rights to not issue the prescription or to issue for 4 weeks and then stop.

Indications for Oral Nutritional Supplement Prescribing

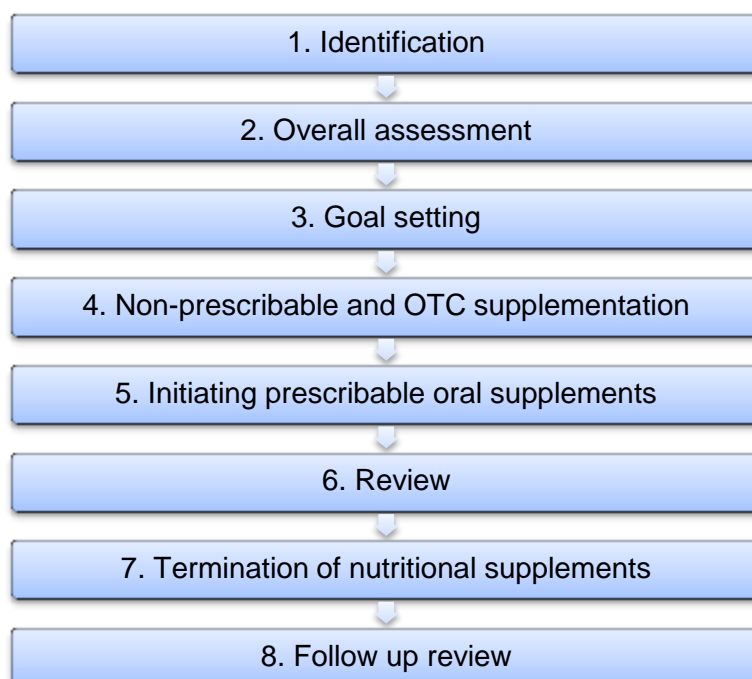
- Oral nutritional supplements are only prescribable for the management of the following conditions as recommended by the Advisory Committee on Borderline Substances (ACBS).

Product	ACBS conditions indicated to be used for
Calogen	For use in the dietary management of disease-related malnutrition, malabsorption states, or other conditions requiring fortification with a high fat supplement, with or without fluid and electrolyte restrictions.
Calogen Extra	For enteral use only for the dietary management of disease related malnutrition, malabsorption states or other conditions requiring fortification with a high fat supplement with or without fluid restriction.
Calogen Extra Shots	Disease related malnutrition, malabsorption states or other conditions requiring fortification with a high fat supplement with or without fluid restrictions.
Duocal® Super Soluble	Disease related malnutrition, malabsorption states or other conditions requiring fortification with a fat/carbohydrate supplement.
Fortisip® Bottle	Approved for enteral use only, as a necessary nutritional supplement for: Short bowel syndrome, intractable malabsorption, pre-operative preparation of undernourished patients, inflammatory bowel disease, total gastrectomy, dysphagia, bowel fistulae, disease related malnutrition. Not for intravenous use. Not suitable for children under 3 years of age. Not suitable for patients with galactosaemia.
Fortisip® Compact	Approved for enteral use only for: Short bowel syndrome, intractable malabsorption, pre-operative preparation of undernourished patients, inflammatory bowel disease, total gastrectomy, dysphagia, bowel fistulae, and disease-related malnutrition.
Fortisip® Compact Fibre	Approved for short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, proven inflammatory bowel disease, following total gastrectomy, bowel fistulae, disease-related malnutrition and dysphagia.

Product	ACBS conditions indicated to be used for
Fortisip® Compact Protein	Indication: short bowel syndrome; intractable malabsorption; pre-operative preparation of undernourished patients; inflammatory bowel disease; total gastrectomy; dysphagia; bowel fistulae; disease-related malnutrition.
Fortisip® Yoghurt Style	For use as the sole source of nutrition or as a necessary nutritional supplement prescribed on medical grounds for: Short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, patients with proven inflammatory bowel disease, following total gastrectomy, dysphagia, bowel fistulae, and disease-related malnutrition. Not to be prescribed for any child under one year; use with caution for young children up to five years of age.
Fortisip® range starter pack	As a necessary nutritional supplement prescribed on medical grounds for: Short bowel syndrome, intractable malabsorption, and pre-operative preparation of patients who are undernourished, patients with proven inflammatory bowel disease, following total gastrectomy, dysphagia, bowel fistulae, and disease-related malnutrition. Not to be prescribed for any child under one year; use with caution for young children up to five years of age.
Fortijuice®	As a necessary nutritional supplement prescribed on medical grounds for: Short bowel syndrome, intractable malabsorption, and pre-operative preparation of patients who are undernourished, patients with proven inflammatory bowel disease, following total gastrectomy, dysphagia, bowel fistulae, and disease-related malnutrition. Not to be prescribed for any child under one year; use with caution for young children up to five years of age.
Nutlis® Complete Stage 2	Approved for dysphagia, short bowel syndrome, intractable malabsorption, pre-operative preparation of undernourished patients, inflammatory bowel disease, total gastrectomy, bowel fistulae, disease-related malnutrition
Nutlis® Fruit Stage 3	Approved for short bowel syndrome, intractable malabsorption, pre-operative preparation of patients who are undernourished, patients with proven inflammatory bowel disease, following total gastrectomy, dysphagia, disease-related malnutrition, continuous ambulatory peritoneal dialysis (CAPD), and haemodialysis.
Scandishake® Mix	Disease related malnutrition, malabsorption states or other conditions requiring fortification with a fat/carbohydrate supplement.

Reviewing the Need for Nutritional Supplementation

For any individual patient, the following stages should apply. Nutritional supplements should only be initiated after stages 1 – 4 have been completed and the nutritional intake is still inadequate. Dietetic input may be appropriate from stage 5 onwards.



Specialist Dietetic Input

Dietetic intervention **may be** appropriate in any of the following circumstances:

- To advise on nutritional supplementation strategies and the appropriateness or otherwise of initiating oral nutritional supplements.
- To assist in appropriate planning and goal setting for nutritional support for individual patients taking into account cultural diversity.
- Deterioration in nutritional status despite supplementation after excluding other contributory pathology.
- Apparent requirement for supplementation longer than three months.
- Cultural, social or religious influences affecting dietary intake.
- The presence of co-existing medical conditions such as diabetes, renal failure, coeliac disease or high cardiovascular risk.
- Where swallowing difficulties or other indications for modified food texture exist.
- Unexplained weight loss and/or wound healing issues¹.

¹ <http://www.nice.org.uk/nicemedia/live/10978/29981/29981.pdf> (page 54, table 8)

Stage 1: Identification

Measure height and weight to calculate BMI. Patients may qualify for supplements if:

- BMI is $<18.5\text{kg/m}^2$ or
- BMI is $<20\text{kg/m}^2$ with unintentional weight loss of $>5\%$ in the last 3 – 6 months
- BMI is $<10\%$ with unintentional weight loss of $>10\%$ in the last 3 – 6 months

If BMI is healthy or overweight, the Nutrition and Dietetic Service will provide clarification on why supplements are required.

Alternatively complete the screening tool (NRS, MUST or equivalent) or other appropriate tool to establish the risk of malnutrition, the need for intervention and guidance on counselling.

In cases such as dementia patients, patients in their own homes etc. where there are no recent measurements of weight and height or no facilities to obtain these, estimated BMIs can be used (see estimating BMI, appendix 5).

Treat underlying medical conditions e.g. nausea, pain, and recognise the additional increase in nutritional need e.g. cancer, pressure sores.

Stage 2: Overall assessment

Consider extra factors such as:

- Availability and cultural acceptability of food
- Total food and drink intake
- Medication – consider any that may suppress appetite
- Medical prognosis (appropriate intervention)
- Consider Speech and Language Therapy referral if problems with chewing/swallowing

Stage 3: Goal setting

Realistic and measurable goals should be established and documented for each patient in order to identify the end point of treatment. Suitable goals could include:

- Managing 3 meals a day with snacks in between which are nourishing
- Attaining a target BMI within the healthy range
- Completion of wound healing
- Weight stabilising

Stage 4: Non-prescribable and OTC supplementation

This can be achieved by fortification of normal diet and/or addition of over the counter (OTC) nutritional supplements. Written information should be provided to reinforce the advice (appendix 2: advice sheet 1).

First line

- Increase frequency of intake (little and often) with snacks in between meals
- Add or increase amounts of high-energy foods such as full cream milk, cheese, butter, cream etc.
- Plenty of nutritious fluids such as milky drinks
- Home made milk based smoothies (for recipes see appendix 6)

After implementing this stage, the patient should be reviewed in 4 weeks to check compliance and evaluate success of implemented support. Weight should be checked and general condition. If the patient's condition has improved then see stage 6. If there is no improvement, see stage 5 after tried second line.

Second line – OTC oral nutritional supplements

- Patients who have unplanned weight loss should be encouraged to increase their food intake by having regular meals and extra snacks as per “Little and Often”, however if there is no improvement the use of products such as Build-up® and Complan® may be considered.
- In the short term **Build-up®** or **Complan®** are useful to replace occasional missed meal and can also be added to puddings, cereal and soups. **THESE PRODUCTS CANNOT BE PRESCRIBED.**

The patient should be reviewed in 4 weeks to check compliance and evaluate success of implemented support.

Build-up® and Complan® can be used providing they are not contraindicated by diabetes, renal disease, milk allergy or vegan diet. Patients with these conditions should be referred to a dietitian.

Stage 5: Initiating prescribing oral supplements

Prescription of short-term (up to 1 month) oral supplements should only be initiated if non-prescribable or OTC supplements are inappropriate or have failed despite adequate duration and if the criteria set out in the NICE guidance is met (<http://www.nice.org.uk/CG032>).

The prescribing of oral nutritional supplements should NOT be considered for first line advice except when the patient is at high risk of malnutrition as defined by screening. Such circumstances may include severe dysphagia or swallowing difficulties, malabsorption disorders, and jaw wiring.

Oral nutritional supplements are often poorly tolerated. It is helpful to give an initial short-term prescription of mixed flavours or starter packs until taste preferences have been established. Repeat prescriptions should not be issued. It is recommended that all oral nutritional supplements be prescribed using 'acute' prescriptions as this has been demonstrated to reduce waste. If supplements are to be prescribed provide the patient with advice sheet 2 (appendix 3).

Choice of product should usually be made from the formulary. For prescribing requests originating from other hospitals please liaise with QE Nutrition and Dietetic Service. A list of the recommended formulary oral nutritional supplements and flavours is provided in appendix 1. Patients who are referred to a Dietitian are provided with samples so flavours can be established before the prescription is issued to prevent wastage.

Dietitians will advise on nutritional support strategies and the appropriateness or otherwise of initiating oral nutritional supplements. A patient should be referred to a Dietitian if a prescription is considered to be necessary for more than 1 month.

The patient should be reviewed in 4 weeks to check compliance and weight and recalculate the NRS score. If there is an improvement see stage 6. If there is no improvement, refer to Nutrition and Dietetics for tailored, specialist advice.

Stage 6: Review

Any patient receiving prescribed oral nutritional supplements or who has been given advice on food fortification should be reviewed regularly. It is the responsibility of the prescriber to ensure that there is a designated Health Professional who will undertake appropriate monitoring, in accordance with set goals. The local Nutrition and Dietetic Service will review patients every 3 months. Patients should ideally be reviewed on a 6 weekly basis by their GP (review in between dietetics) and NRS recalculated, until the set goals have been achieved. It is a goal of this guidance to ensure that all patients receive a regular primary care review of the achievement of their set goals / targets.

Prescribing of oral nutritional supplements should remain on acute prescriptions even if long-term.

Stage 7: Termination of nutritional supplement prescription

Providing that an effective plan has been prepared at the outset, and then it should be possible to readily identify the point at which the prescription of supplements can be stopped, e.g. BMI within healthy range, patient has re-established a normal dietary intake (regular meals and snacks). The prescribing GP should end the prescription in accordance with any professional involved with the goal setting.

Stage 8: Follow up review

Review in 3 months to ensure no reoccurrence of the initial problem. Further monitoring may be required at 3 monthly intervals.

Use of Oral nutritional supplements in Alcoholics and Substance Misusers

The use of oral nutritional supplements in these patients needs to be carefully considered as these patients could be receiving oral nutritional supplements to free up money for drugs and/or alcohol.

Substance misuse/ drug and alcohol teams should liaise with Dietetics before prescribing nutritional supplements for these patients, and Dietetics should ensure substance misuse teams are aware of any recommendations made. This will require clinical judgement to ensure the patient is engaged with dietetic input as prescribing alone is unlikely to be effective.

Appendix 1

Dietetics products – list of oral nutritional supplements and flavours

It is expected that clinicians will have a choice of the following product types when prescribing oral nutritional supplements:

- Milkshake style drink
- Juice drink
- Semi-solid style feed
- Fat emulsion
- Skimmed milk powder based drink

Current dietetic choice

Product	Description	Available flavours
Calogen / Calogen Extra / Calogen Extra shots	High energy, long chain triglyceride fat emulsion.	Neutral, banana, strawberry NB shots not available in banana
Duocal® Super Soluble	4.92kcal/g, powder for food fortification	
Fortisip® Bottle	1.5kcal/ml, ready to drink, milkshake style nutritional supplement	Neutral, vanilla, chocolate, toffee, banana, orange, strawberry and tropical fruits
Fortisip® Compact	2.4kcal/ml, ready to drink, milkshake style nutritional supplement.	Apricot, banana, chocolate, forest fruits, mocha, strawberry, vanilla NB must be prescribed as 4x125ml or multiples of
Fortisip® Compact Fibre	2.4kcal/ml, ready to drink, milkshake style nutritional supplement.	Mocha, strawberry, vanilla NB must be prescribed as 4x125ml or multiples of
Fortisip® Compact Protein	2.4kcal/ml, ready to drink, milkshake style nutritional supplement.	Banana, mocha, strawberry, vanilla NB must be prescribed as 4x125ml or multiples of
Fortisip® Yoghurt Style	1.5kcal/ml drinking yoghurt style, ready to drink nutritional supplement	Raspberry, peach and orange, vanilla and lemon.
Fortisip® range starter pack	See above for nutritional information. Starter pack contains: 4 x Fortisip® Bottle, 4 x Fortijuice®, 2 x Fortisip® Yoghurt Style	
Fortijuice®	1.5kcal/ml, ready to drink, juice tasting nutritional supplement, for those who do not like, or tire of milk based supplements.	Lemon, apple, orange, strawberry, tropical, forest fruits and blackcurrant
Nutlis® Complete Stage 2	1.6kcal/ml, ready to eat, semi-solid nutritional supplement.	Banana, forest fruits, vanilla, chocolate
Nutlis® Fruit Stage 3	(Previously known as Fortisip® Fruit Dessert) 1.33kcal/g, ready to eat, dessert style semi-solid nutritional supplement.	Apple, strawberry
Scandishake® Mix	High energy supplement based on skimmed milk powder, carbohydrate and fat. Can be made up with whole milk or added to foods as a fortifier.	Strawberry, caramel, banana, vanilla, chocolate, unflavoured

Appendix 2

Advice sheet 1: food advice

Ways to Increase Your Calorie Intake

Following your appointment it has been agreed that you need to increase your calorie intake from what you are managing on your current diet. This sheet provides some simple tips on how to do that.

- Try to eat 3 small regular meals and 3 snacks each day
- Have something to eat and drink at each meal time, no matter how small
- Try to have at least 3 servings of starchy foods (bread, potatoes, rice, pasta or cereal) each day
- Try to have a least 2 servings of meat, chicken, fish, eggs, cheese, nuts, beans or lentils every day
- Have regular drinks during the day; try to have milky drinks rather than pop or squash, as they are more nutritious.
- Aim to have 1 pint of full fat milk each day
- Add plenty of butter (or full fat margarine), cream, cheese, condensed milk or evaporated milk to food and drinks where possible
- Try to eat some fruit or fruit juice and vegetables everyday

Savoury foods:

- Cheese and cream crackers or crisp breads, with butter or full fat margarine
- Bag of Crisps
- Sausage roll
- Slice of pizza
- Mini pork pie
- Cooked cocktail sausages
- Packet of nuts
- Dips with crisp breads, breadsticks or crackers

Sweet foods:

- Pot of custard, rice pudding, individual trifle, thick and creamy yogurt or chocolate mousse
- Jam or ring doughnut
- Teacake, malt loaf, hot cross bun, crumpet, muffin, toast or bread with butter or full fat margarine and jam
- Cream filled biscuits (custard creams, bourbon, etc)
- Chocolate coated biscuits
- Custard or jam tart
- Scone with jam and cream
- Fruit cake or tea breads
- Sponge Cake with cream and jam
- Cream cake

Appendix 2

- Flapjacks
- Cereal bars
- Handful of dried fruit

Drinks:

- Milk shakes, flavoured milk, milky coffee, malted milk drinks
- Fizzy pop (not diet)
- Fruit juice

The advice on this sheet may not agree with healthy eating advice you have had in the past, but for the moment, it is more important that we help you to gain weight.

Appendix 3

Advice sheet 2: using a oral nutritional supplement

Oral nutritional supplements are prescribable drinks that provide extra nourishment in an easy to take form. The following information contains ideas on how to make the most of them.

Patient's name:

Oral nutritional supplement:

Number to take per day:

Add extra nourishment to your food

- Sip feeds should not replace ordinary food – try to eat meals and snacks as well as drink your sip feeds.
- Sip feeds are most effective if you take them every day as prescribed
- Take sip feeds at a time when they don't put you off eating your meals.
- If you cannot manage the sip feeds or think that you no longer require them, then please contact the person who recommended them for more advice.
- Sip through a straw from the carton/bottle or pour into a glass. Many sip feeds taste better chilled. You can also freeze some to make ice cream for a change.
- Sip feeds can be warmed but remember not to boil them. Try warmed chocolate or coffee flavours.
- If you are a new patient your need for Sip feeds will be reviewed every 2 weeks for the first few months.

You will be provided with a fortnightly prescription. After this period, contact your relevant health professional for a review.

Storing your sip feeds

- Some pharmacies will deliver your sip feeds. Remember to ask when you hand in your prescription. Remember to tell them of your preferred flavours.
- Store your sip feeds in a cool place. Do not store them next to radiators or other sources of heat. **Check that products have not exceeded their use by date.**
- If you want chilled sip feeds, keep those you need for the next few days in the fridge. Once opened store in the fridge for up to 24 hours and then discard.
- Please return any unwanted and unopened sip feeds to the Pharmacist.

Appendix 4

Company Alert Letter

Practices may wish to use the following letter template if companies request retrospective prescriptions for oral nutritional supplements.

Practice Letterhead

Date

Dear

Request for xxxxxx prescription

I am writing to inform you that your request for a sip feed prescription will **NOT** be processed for:

Patient name:	
Date of birth:	
Address:	

Gateshead CCG policy confirms that:

1. Requests for prescriptions for sip feeds must be made by the patient or their carer.
2. Requests by third party manufacturers such as sip feed manufacturers are not acceptable as the patient is not involved in the prescription request process to the GP practice. This can lead to **avoidable wastage** in some cases.
3. As with any requests for NHS prescriptions, they must be requested and a prescription authorised by a prescriber **before** supply to the patient. We therefore **cannot** supply prescriptions for sip feeds which have already been delivered to the patient.

We would like to work with your and our patients to ensure patients received the correct products they require in a timely fashion in the future. This should be done by the patient or patient's representative requesting the prescription in advance of delivery and we will post the prescription direct to the supplying provider.

Many thanks,

Appendix 5

Estimating Body Mass Index

If neither height nor weight can be measured or obtained, BMI can be estimated using the midupper arm circumference (MUAC)

Measuring mid upper arm circumference (MUAC)

- The subject should be standing or sitting.
- Use left arm if possible and ask subject to remove clothing so arm is bare.
- Locate the top of the shoulder (acromion) and the point of the elbow (olecranon process).
- Measure the distance between the 2 points, identify the mid point and mark on the arm.
- Ask subject to let arm hang loose, with tape measure measure circumference of arm at the mid point.
- Do not pull the tape measure tight – it should just fit comfortably round the arm.

Weight change over time

- MUAC can also be used to estimate weight change over a period of time and can be useful in subjects in long term care.
- MUAC needs to be measured repeatedly over a period of time, preferable taking 2 measurements on each occasion and using the average of 2 figures.

If MUAC is less than 23.5cm, BMI is likely to be less than 20kg/m² i.e., subject is likely to be underweight.

If MUAC is more than 32.0cm, BMI is likely to be more than 30kg/m² i.e., subject is likely to be obese.

If MUAC changes by at least 10% then it is likely that weight and BMI have changed by approximately 10% or more.

Appendix 6

Nourishing drinks

Fortified Milk

- ½ pint full fat milk
- 2 tablespoons dried milk powder

Stir the ingredients together. This can be used as a drink, added to tea or coffee or added to cereals.

Milky Coffee

- 150mls Full Cream Milk
- 1 tablespoon milk powder
- 2 tablespoons of cream
- 1 teaspoon coffee powder

Heat milk until simmering. Mix milk powder and coffee powder together, add hot milk and cream.

Milky Hot Chocolate

- 150mls Full Cream Milk
- 1 tablespoon milk powder
- 2 tablespoons of cream

Heat milk until simmering. Mix milk powder and how chocolate powder together, add hot milk and then cream.

Malted Drinks

- 150mls Full Cream Milk
- 1 tablespoon milk powder
- 2 tablespoons of cream
- 3 teaspoons of malted drink powder

Heat milk until simmering. Mix milk powder and malted drink powder together, add hot milk and then cream.

Milkshakes:

- 200mls Full Cream Milk
- 2 tablespoon milk powder
- Milkshake syrup/powder to taste
- 1 scoop ice cream

Whisk the milk and milk powder and ice cream together. Add flavouring to taste. Serve chilled

Appendix 6

Fruit Smoothies:

- 200mls Full Cream Milk
- 1 tablespoon milk powder
- 1 pot thick and creamy yoghurt
- 1 ripe banana or fruit of choice
- 1 scoop of ice cream

Liquidise all ingredients together and serve chilled.

Build Up drinks or Complan can also be bought from chemists or supermarkets:

- There are sweet, savoury and neutral flavours
- They are best taken between meal