

Guidelines for Food Fortification and Use of Oral Nutritional Supplements in Adults

Produced by: TAG Nutrition Sub Committee with special thanks to the dietitian members of this committee from all local Trusts for their expert input

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STANDARDS TO FOLLOW

CQC Outcome 5 - Meeting nutritional needs

[http://www.cqc.org.uk/sites/default/files/media/documents/gac - dec 2011 update.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf)

Where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of the provision of:

- a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service user's needs;
- food and hydration that meet any reasonable requirements arising from a service user's religious or cultural background; and
- support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs.

For the purposes of this regulation, "food and hydration" includes, where applicable, parenteral nutrition and the administration of dietary supplements where prescribed.

Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

NICE Quality Standard for Nutrition Support in Adults

<http://www.nice.org.uk/media/4C8/88/NutritionSupportInAdultsFinalConsultation.pdf>

Describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for people requiring nutritional support in the following ways:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

ACBS Guidelines

Explains when prescribing nutritional supplements on NHS FP10 prescription is appropriate

http://www.ppa.org.uk/edt/April_2013/mindex.htm

The ACBS indications for ONS are:

- pre-operative preparation of malnourished patients
- proven inflammatory bowel diseases
- short bowel syndrome
- intractable malabsorption
- post-total gastrectomy
- dysphagia
- bowel fistulae
- disease related malnutrition.

GUIDING PRINCIPLES FOR IMPROVING THE SYSTEMS AND PROCESSES FOR ONS USE

National Prescribing Centre 2012 (endorsed by NICE QS)

1. Local health economies should understand their local clinical need for adult oral nutrition support and map this against local work force expertise
2. Local health economies should understand their local procurement arrangements for adult ONS in primary, secondary and social care.
3. Commissioners should review prescribing arrangements for adult ONS.
4. Local health economies should ensure that a validated screening tool such as the Malnutrition Universal Screening Tool ('MUST') is embedded into everyday care so that the results of screening are linked to a care plan.
5. Local health economies should develop standard templates for care plans to be used with 'at risk' adult patients across primary, secondary and social care.
6. Goals should be set and the care plan monitored and reviewed so that oral nutritional supplements are used appropriately.
7. Local health economies should work with care home commissioners and providers to ensure high standards of nutritional screening, education and assessment for oral nutritional support is embedded in the care home environment.
8. Local health economies should assess local training needs for all health and social care staff for the identification and treatment of adult under-nutrition and implement an education programme for all appropriate front line staff, carers and patients.
9. Competencies for basic skills should be developed.
10. Local health economies should develop measurements for assessing the quality of the provision of adult ONS.
11. Commissioners should consider incentives to improve adult oral nutrition support and prescribing practice.
12. Local health economies should consider setting up local forums to oversee nutrition issues in primary, secondary and social care with an emphasis on the interface.

AIM OF THIS GUIDELINE

- That adult patients receive appropriate nutritional advice and treatment in accordance with NICE CG 32 and NICE Quality Standard
- To meet the requirements of Outcome 5 of the CQC Standards 'Meeting Nutritional Needs'
- Cost effective, evidence based, ACBS prescribing of oral nutritional supplements (ONS)

Recommendations (from NICE Quality Standard)

- People in all care settings are screened for malnutrition and the risk of malnutrition using a validated screening tool
- All people who are screened for malnutrition or the risk of malnutrition have their screening results and nutritional support goals (where applicable), documented in their care plan at key stages of their care
- People who need nutrition support are offered treatment that, in combination with any dietary intake, provides their complete nutritional requirements
- People (and/or the carers of people) managing their own artificial nutrition support are trained to recognise and respond to adverse changes in their wellbeing and in the management of their nutritional delivery system
- People receiving nutritional support are offered a review of the indications, route, risks, benefits and goals of nutritional support at planned intervals by a healthcare professional
- People access nutritional care that is overseen by a nutrition steering group

NICE has produced an eLearning tool to assist in MUST training:

<http://www.nice.org.uk/usingguidance/education/ElearningResourceMUSTNutritionalScreeningTool.jsp>

The direct link to the MUST tool is:

http://www.bapen.org.uk/pdfs/must/must_full.pdf

NICE NUTRITION GUIDELINE CG 32 RECOMMENDATIONS FOR TREATMENT

<http://publications.nice.org.uk/nutrition-support-in-adults-cg32/guidance#indications-for-nutrition-support-in-hospital-and-the-community>

Nutrition support should be considered in people who are malnourished, as defined by any of the following:

- a BMI of less than 18.5 kg/m²
- unintentional weight loss greater than 10% within the last 3–6 months
- a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3–6 months.

Nutrition support should be considered in people at risk of malnutrition who, as defined by any of the following:

- have eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for the next 5 days or longer
- have a poor absorptive capacity, and/or have high nutrient losses and/or have increased nutritional needs from causes such as catabolism.

Healthcare professionals should consider using oral, enteral or parenteral nutrition support, alone or in combination, for people who are either malnourished or at risk of malnutrition, as defined above. Potential swallowing problems should be taken into account.

Healthcare professionals involved in starting or stopping nutrition support should:

- obtain consent from the patient if he or she is competent
- act in the patient's best interest if he or she is not competent to give consent
- be aware that the provision of nutrition support is not always appropriate. Decisions on withholding or withdrawing of nutrition support require a consideration of both ethical and legal principles (both at common law and statute including the Human Rights Act 1998). When such decisions are being made guidance issued by the General Medical Council¹ and the Department of Health² should be followed

Healthcare professionals should ensure that people having nutrition support, and their carers, are kept fully informed about their treatment. They should also have access to appropriate information and be given the opportunity to discuss diagnosis and treatment options

References:

1 http://publications.nice.org.uk/nutrition-support-in-adults-cg32/guidance#ftn.footnote_5

2 http://publications.nice.org.uk/nutrition-support-in-adults-cg32/guidance#ftn.footnote_6

CARE: THESE GUIDELINES MAY NOT BE APPROPRIATE FOR:

People with dysphagia

If the patient has dysphagia, and is not already under the care of Speech and Language Therapy (SLT), please ensure that a referral is made to SLT before, or concurrent with, referral to a Dietitian.

Community SLTs in Norfolk will only accept referrals from Medical Practitioners. SLTs working in the learning disability service will also accept referrals from primary care staff. Referrals should be sent directly to the relevant community learning disability team.

Adults with a learning disability

These patients should be referred to the specialist learning disabilities Dietitian. Also, adults with a learning disability and dysphagia should be referred to a Dietitian and SLT via the learning disability service.

Patients with complex needs or multiple morbidity

These will normally include conditions that require dietary modification as part of treatment. For example:

- Gastroenterology conditions such as Coeliac Disease
- Inflammatory bowel disease, irritable bowel syndrome
- Diabetes
- Renal impairment – requiring restrictions to potassium and other nutrients
- Allergies/intolerances
- Enteral feeding

All these patients should be referred to a Dietitian.

All referral forms are available on Knowledge Anglia at:

<http://nww.knowledgeanglia.nhs.uk/forms/index.htm>

Adults in late palliative care

Late palliative care is defined as: the patient's condition is generally deteriorating, they are experiencing increasing fatigue and reduced appetite. Other symptoms, such as nausea and pain may have worsened. Emphasis should be placed on the enjoyment of food and drink.

SUMMARY OF LOCAL RECOMMENDATIONS

1. Follow NICE guidance and use the MUST Tool to assess risk of malnutrition. [See Step 1 below.](#)
2. If a patient is identified as at risk of malnutrition the health care professional screening the patient should record baseline measurements and normally give initial advice of food fortification i.e. a 'Food First' approach. [See Step 2 below](#)
3. If a patient is at high risk of malnutrition (e.g. 'MUST' score 2 or more), over the counter (OTC) nutritional supplements (e.g. Buildup, Complian), should be recommended before prescription of oral nutritional supplements (ONS) is considered. Record baseline measures. [See Step 3 below.](#)
4. If 'Food First' and OTC supplements do not result in improved nutritional intake and/or increased, or stabilised, weight within two to four weeks based on change in baseline measures, the patient should be referred to a Dietitian. [See Step 4 below.](#)
5. The Dietitian's assessment may indicate the need for a prescribable ONS according to the specific Advisory Committee on Borderline Substances (ACBS) conditions laid out in the NHS Drug Tariff. [See Step 5 below.](#)
6. If prescribed, a maximum of 7 days supply should be issued in the first instance to assess product acceptance and compliance. [See Step 5 below.](#)
7. Two supplements per day should be recommended (as supplements between usual food) unless otherwise requested by the Dietitian.
8. The Dietitian or prescriber should review the patient, as appropriate, and amend advice as required, e.g. stopping ONS.
9. Monthly repeat of measurements is required to monitor progress.
10. Dietitians will provide appropriate feedback and documentation to referrers regarding the assessment and treatment plan.
11. ONS should not be put on repeat as regular review is required.

USING THE GUIDELINES: Steps 1- 5

Step 1 - Nutrition screening for malnutrition

Use MUST http://www.bapen.org.uk/pdfs/must/must_full.pdf

Screen the patient for risk of malnutrition and initiate nutrition support as advised below. Take baseline measures of height and weight to calculate BMI. If not possible to measure height and weight follow guidance in MUST.

Do not refer the patient at this stage.

1a: If using 'MUST'

MUST SCORE	RISK CATEGORY	ACTION
0	Low	If taking ONS review need
1	Medium	Give Food First Advice
2	High	Give Food First Advice & recommend OTC supplements

1b: If not using 'MUST'

MUST is recommended by NICE, but if not using MUST, the screening tool used should identify risk of malnutrition using the following factors:

1. BMI below 18.5kg/m²
2. BMI below 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months
3. Unintentional weight loss of 10% or more in the last 3 – 6 months

Actions:

1. If there is 1 risk factor – give Food First advice ([see step 2 below](#))
2. If there are 2 or more risk factors – give Food First advice – ([see step 2 below](#)) and recommend OTC supplements – ([see step 3 below](#))

If you have any queries or require training on the use of 'MUST' and nutrition support, please contact your local Dietitians.

NNUH: MUST.help@nnuh.nhs.uk

West Norfolk CCG: contact Department of Nutrition and Dietetics, Queen Elizabeth Hospital on 01553 613507

GYW CCG: contact Community Dietetic Department, Locality Offices, Lowestoft Hospital on 01502 527521

Step 2 - Food first

“Food First” means adding calories and protein to the diet by food fortification.

- Low-fat/reduced calorie foods should be avoided and full fat and high sugar products used wherever possible.
- Eating small, frequent meals and snacks may be easier than 3 larger meals per day.
- High protein/high calorie meals, snacks and drinks should be encouraged
- Fortified milk should be recommended. Fortified milk is made by the addition of 4 tablespoons of skimmed milk powder to each ½ litre (500ml) or pint of whole milk.
- Butter/margarine, cheese, cream should be added to appropriate foods.
- Sugar, honey, syrup and jams may also be added if the patient does not have diabetes.

Recommended leaflets and booklets with recipes are available from your local Trust dietitians and at the following links:

<http://www.knowledgeanglia.nhs.uk/nutrition.htm>

<http://www.prescqipp.info/nutrition-toolkit/viewcategory/88> (Nutrition Toolkit)(registration required -note some PresQIPP documents are readily available on Knowledge Anglia)

Many patients with dementia may have changes to their eating habits and ability to eat. A range of problems may be present, e.g. malnutrition, excessive weight gain, swallowing difficulties or the need to have foods presented in a different form, e.g. finger foods.

If Step 2 (Food First) has not resulted in improved nutritional intake and/or increased or stabilised weight within 2 – 4 weeks proceed to Step 3.

Step 3 - Over the counter supplements not for FP10 prescriptions

These can be purchased in most chemists and supermarkets. The most common ones are listed below and typically less than £1 per sachet.

Supplement	Volume per serving when made up	Calories per serving when made up
Build-up soup (made with water)	150ml	200kcal
Build-up (made with full fat milk)	200ml	260kcal
Build-up (made with fortified milk)*	200ml	330kcal
Complan (made with water)	200ml	250kcal
Complan (made with semi-skimmed milk)	200ml	320kcal
Complan (made with full fat milk)	200ml	380kcal
Complan (made with fortified milk)*	200ml	450kcal

* Fortified milk is made by whisking 4 tablespoons of skimmed milk powder into ½ litre (500ml) or one pint of whole milk.

If Step 2 and 3 together have not resulted in improved nutritional intake and/or increased or stabilised weight within 2 – 4 weeks proceed to Step 4.

Step 4 - Referring a patient to a Dietitian

4a: Referral

Prior to referring to a Dietitian you must have followed Steps 1 – 3 to ensure appropriate use of NHS resources.

A Dietitian will accept a referral from any Health Practitioner. Residents in Care Homes should be referred by their GP.

The referral forms for each Dietetic Department are available on Knowledge Anglia at:

<http://nww.knowledgeanglia.nhs.uk/forms/index.htm>

Additional information, e.g. copies of reports, can be attached to the referral form.

4b: Role of the Dietitian

- S/he will triage the patient using information contained in the referral.
- Following triage, the patient will be assessed by a Dietitian or an appropriately qualified Assistant Practitioner (AP).
- From the assessment, recommendations will be made for appropriate dietary intervention which may include prescription of ONS for a seven day trial. Alternatively, the Dietitian or AP may provide samples of ONS for a trial period.
- When palatability has been established, a recommendation may be made for prescription of ONS for up to three months before next review. [See Step 5](#)
- Recommendations will be documented and provided to the relevant stakeholders (e.g. the patient, the referrer, GP, carer)

4c: Dietetic documentation

Will normally include:

- Anthropometric data
- 'MUST' score
- Rationale for choice of ONS and recommended dose
- ACBS indication
- Anticipated outcome
- Plan for monitoring/review of progress
- Discharge plan

4d: Interim Prescribing

In the interim, based on findings from the MUST assessment, if ONS is thought necessary and ACBS conditions are met, prescribe a maximum of two supplements per day for up to one month, following the guidance in [Step 5 below](#).

Step 5 - Prescription of oral nutritional supplements (ONS)

The Dietitian's assessment may indicate the need for a prescribable ONS according to the specific ACBS conditions laid out in the NHS Drug Tariff.

Before prescribing, the following should be considered:

- People with diabetes may need their blood glucose to be monitored
- Sachets need to be mixed before use so are only suitable for patients with carer support or who can make it up themselves.
- If the patient has dysphagia please see guidelines above for referral to SLT
- If the patient already has a SLT careplan is additional advice from SLT needed on thickening their supplements?
- The patient's religious, ethnic and cultural requirements
- The patient's beliefs that guide their nutrition e.g. vegetarian. *These patients should be referred to a Dietitian.*
- Flavour preferences
- Flavour fatigue (i.e. assorted flavours may be preferable)

It is recommended that if a prescription of ONS is made prior to a dietetic referral it should be for a maximum of two weeks (i.e. if prescription is arranged at the same time as the referral to a Dietitian).

Ideally the first prescription for ONS should be for no longer than 7 days, to avoid waste that may be caused by non-compliance due to, e.g. palatability of supplement.

The usual quantity to prescribe in the absence of dietetic advice is one supplement twice a day between usual meals.

Some products which may be of use in the interim between referral and dietetic assessment are listed below. Other products should not normally be prescribed without advice from a Dietitian.

The Dietitian or prescriber should review the patient, as appropriate, and amend advice as required (e.g. stopping ONS).

Care Homes should provide adequate quantities of good quality food in accordance with the CQC Standards outlined above.

ONS should not be prescribed to residents in Care Homes as a substitute for the provision of food, ACBS guidelines should be followed.

Suitable snacks, food fortification as well as OTC products can be used to improve the nutritional intake of those at risk of malnutrition.

Where indicated according to ACBS, sachets requiring reconstitution with whole or fortified milk may be a suitable choice prior to review by the Dietitian.

The following prescribable products may be of use for the interim period between referral and dietetic assessment in accordance with the ACBS rules given on [page 2](#)

Milk style supplements (1.5 – 2 kcal per ml)

Dose - 2 servings daily

Product	Comments	Flavours	Volume per serving	Calories per serving
Powder shakes e.g. Complan, Fresubin Powder Extra	Mixed with 200ml whole milk Contains lactose	Various	200ml when mixed	387kcal
	Mixed with 200ml fortified milk Contains lactose			450kcal
Sip Feed Ensure Plus	Strawberry, fruits of the forest and raspberry not suitable for vegetarians. Lactose and gluten free.	Various	220ml	330kcal
Sip Feed Fortisip Bottle	Strawberry and tropical fruits not suitable for vegetarians. Lactose and gluten free.	Various	200ml	300kcal
Sip Feed Fresubin Energy	Not suitable for vegetarians. Lactose and gluten free.	Various	200ml	300kcal
Sip Feed Resource Energy	Minimum pack size 4 x 200ml	Various	200ml	300kcal

- Can also get similar products with added fibre
- Opened, or reconstituted, ONS should be discarded after 24 hours.
- The supplements can be warmed if this is preferred

COST: Significant differences may exist in terms of cost per treatment per day. . Please contact your [prescribing adviser](#) for costs for your CCG.

Juice-style supplements (1.5kcal per ml)

Not suitable for diabetics. Contains c.30% less protein than milk based

Can be diluted, e.g. with lemonade

Dose – 2 servings daily

Product	Comments	Flavours	Volume per serving	Calories per serving
Ensure Plus Juice (Abbott)	Strawberry and fruit punch not suitable for vegetarians. Lactose and gluten free Fat free	Various	220ml	330kcal
Fortijuice (Nutricia)	Strawberry and forest fruits not suitable for vegetarians. Lactose and gluten free Fat free	Various	200ml	300kcal
Fresubin Jucy (Fresenius-Kabi)	Lactose and gluten free Fat free Minimum pack size 4x200ml	Various	200ml	300kcal
Resource Fruit	Minimum pack size 4x200ml	Various	200ml	250kcal

COST: Significant differences may exist in terms of cost per treatment per day. Please contact your [prescribing adviser](#) for costs for your CCG.

Milk shake style supplements (approx 2kcal per ml)

Dose – 1 serving a day

Product	Comments	Flavours	Volume per serving	Calories per serving
Calshake (made with whole milk)	Gluten free. Contains lactose	Banana, neutral, strawberry, vanilla	300ml	598
Enshake (made with whole milk)	Contains lactose	Banana, chocolate, strawberry, vanilla	300ml	600
Scandishake (made with whole milk)	Gluten free. Contains lactose	Banana, caramel, chocolate, strawberry, vanilla, unflavoured.	300ml	588

COST: Significant differences may exist in terms of cost per treatment per day. . Please contact your [prescribing adviser](#) for costs for your CCG.

APPENDICES

[MUST Screening Tool](#)

Prescribing Adviser Contact Information

CCG Area	Prescribing Adviser	Contact Details:
West Norfolk	Debbie Craven	debbie.craven@nhs.net 01553 666986 / 07983 345717
North Norfolk	Christine Walton	christine.walton@nhs.net 01603 257019 / 07798 925316
Norwich	Ian Small	ian.small@nhs.net 01603 257049 / 07747 865723
South Norfolk	John Reuben	john.reuben@nhs.net 01603 257075 / 07795 832368
Gt Yarmouth & Waveney	Michael Dennis	Michael.dennis@nhs.net 01502 719511 / 07789 510126