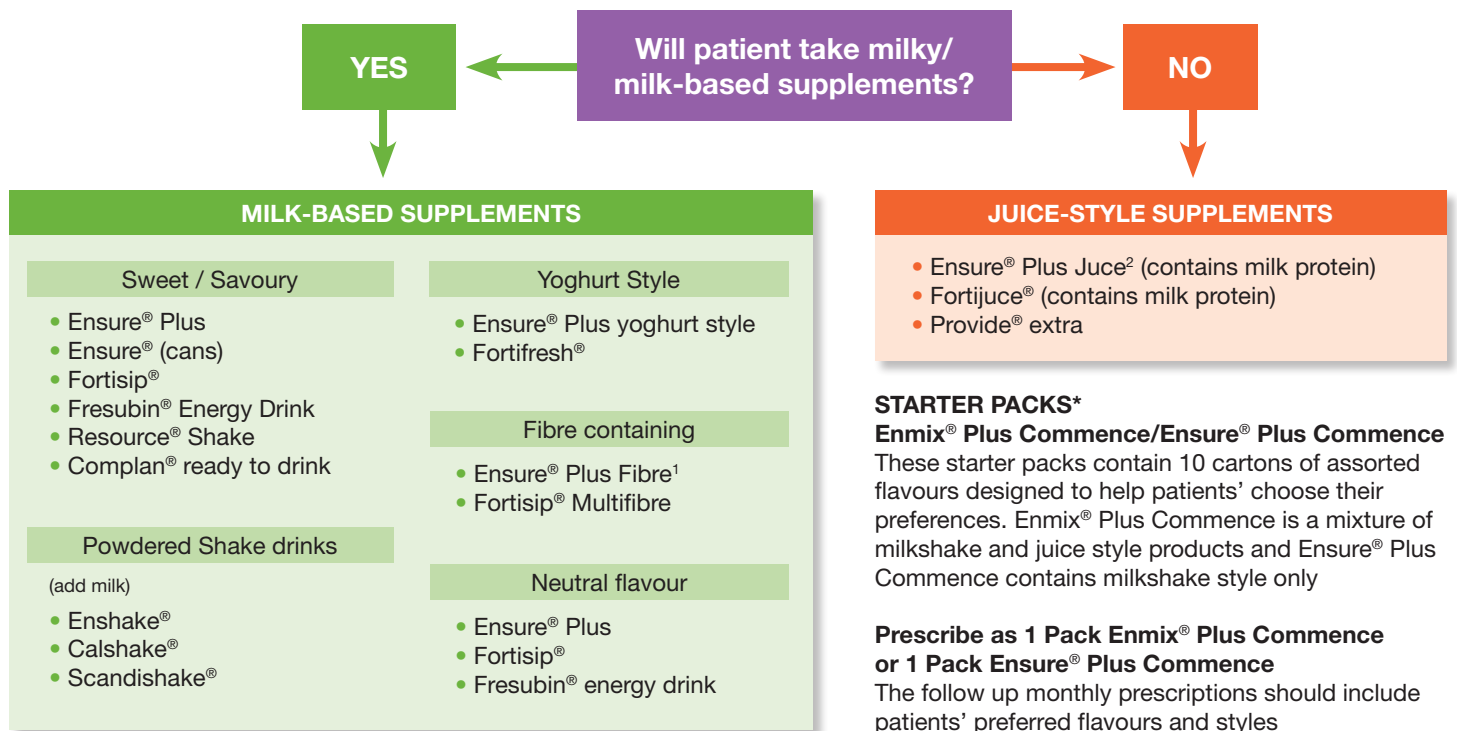


Guidelines for clinically effective prescribing of Oral Nutritional Supplements

Oral Nutritional Supplements should only be considered when first line dietary advice or “Food First” leaflet have failed to improve weight or food intake, within a maximum of 4 weeks

- Check the patient’s condition is within the ACBS approved categories for prescribing supplements (see BNF/MIMS)
- Ascertain patient preferences for the type of supplement (see below)



1. formerly known as Enrich[®] Plus
 2. formerly known as Enlive[®] Plus

Check latest BNF/MIMS for current details of cost and range of flavours

- *Consider prescribing a mixed starter pack for an initial prescription to establish preferences and prevent waste and then ask patient to inform the practice of their preferred choice of flavours and styles
- Agree and document treatment goals/aims, e.g. prevent further weight loss, until pressure sores healed, achieve adequate nutritional intake
- Inform patient that their prescription will be reviewed at least every 12 weeks
- Prescriptions must indicate the specific dose to be taken daily (2 cartons per day are generally sufficient in addition to fortified diet); further prescriptions should generally be given for 4 weeks at a time
- Patients receiving supplements should be reviewed after 4 weeks to assess the effectiveness of treatment. The following should be checked and documented:
 - Weight/BMI where possible
 - Changes in food intake ... is patient/resident having extra snacks, fortifying foods?
 - Skin condition, wound healing, etc
 - Compliance and acceptability of supplements

For detailed information see

- NICE Guideline 32 *Nutrition Support in Adults*
- BAPEN Malnutrition Advisory Group *The MUST Explanatory Booklet*

Care Pathway for adults 'at risk' of under nutrition

A malnutrition screening tool such as 'MUST' may be used for this. Below is a guide on the route to follow.

