

Guidance for the use of Oral Nutritional Supplements for Adults in General Practice

This guidance is based on NICE Guideline 32, "Nutrition Support in Adults" published in 2006.

Aim

To promote the appropriate, rational and cost-effective prescribing of Oral Nutritional Supplements by primary care in South Staffordshire.

Rationale

Oral nutritional supplements are nutritional supplements that are used in patients who have been identified as being nutritionally compromised.

Use of oral nutritional supplements requires regular monitoring of the patients progress.

Alternative methods can be used to supplement dietary input without recourse to Oral Nutritional Supplements.

Oral Nutritional Supplements are relatively expensive for the NHS. The cost of Sip Feeds, the most commonly prescribed form of oral nutritional supplements, in SSPCT for 20007/8 was £682,000 and the PCT is keen to encourage a "food first" strategy and reserve the use of oral nutritional supplements for patients who have not responded to dietary measures alone.

Audits have shown that oral supplements are often initiated inappropriately or continued unnecessarily or without adequate review.

Objectives

To ensure that alternative non-prescribable nutritional support methods have been considered and given an adequate trial prior to prescription of supplements.

To promote the use of explicit targets and review criteria for patients receiving oral nutritional supplements.

To provide audit criteria based on the above targets, by which adoption of this guidance can be evaluated.

Process

For any individual patient the following steps should apply. Oral nutritional supplements should only be introduced after steps 1-4 have been completed and the nutritional intake is still inadequate.

Step 1: Identification

All patients should be assessed by MUST tool (Malnutrition Universal Screening Tool) as a minimum requirement. www.bapen.org.uk/musttoolkit.html

People **with** disease related malnutrition are defined by NICE as:

- BMI < 18.5
- Unplanned weight loss >10% in past 3-6 months or
- BMI <20 and unplanned weight loss > 5% in past 3-6 months.

Nutritional support should be considered in people **at risk** of malnutrition who are defined by the following criteria.

- 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 poor absorptive capacity and/or have high nutrient losses and/or have increased nutritional needs from causes such as catabolism.

Step 2: Global nutritional assessment

Consider availability of adequate diet and patient's ability to feed using appropriate utensils.

Identify any problems with

- Food intake including chewing (consider dental assessment) and swallowing (consider speech therapy assessment) appropriate food texture and temperature. Patient's with dysphagia may require a modified consistency diet and are likely to require supplements for longer periods.
- Medication – consider any that may suppress appetite.
- Physical symptoms e.g. pain, sore mouth, vomiting.

Medical prognosis (excessive input may be inappropriate in terminal illness)

Step 3: Goal setting

Realistic and measurable goals should be established and documented for each patient in order to identify the end-point of treatment and a review period agreed (usually monthly).

Suitable goals might consist of attaining a target BMI or preventing further weight loss, completion of wound healing, or end of risk period (e.g. recovery from precipitating illness).

Step 4: First Line Dietary Advice (Non-prescribable supplementation)

This can be by fortification of normal diet, and/or addition of 'over the counter' nutritional supplements. Written information should be provided to reinforce the advice.

- Dietary fortification: suggest increasing frequency of intake (little and often) with snacks between meals. Add or increase amounts of high-energy foods such as full fat milk, butter, cream etc.
- Enriched drinks such as Build Up and Complan can be used in addition to meals.

Step 5: Prescribing Oral Nutritional Supplements

Prescription of oral nutritional supplements should only be initiated if first line dietary measures have failed despite adequate duration (around 4 weeks). Prescribing of oral nutritional supplements should only be undertaken where there are clinical benefits to be realised and clear nutritional goals to work towards. Repeat prescriptions should only be issued if there is an explicit plan for continuation (step 3). Goals should be regularly reviewed and prescribing should cease when goals are achieved (step 6). Supplements should only be prescribed for the conditions specified under ACBS. These conditions are:

- Short bowel syndrome
- Intractable malabsorption
- Pre-op preparation of undernourished patients
- Proven inflammatory bowel disease
- Following total gastrectomy
- Bowel fistulae
- Disease related malnutrition
- Dysphagia.

Prescriptions should be clearly marked "ACBS" and give clear directions for use (e.g. One to be taken twice daily between meals). "As directed" should not be used.

To avoid wastage, unless supplement has already been tried and the patient's preference established, the initial prescription should be no more than 1 - 2 weeks supply and marked "Mixed Flavours". Patient should then inform the practice of their preferred flavour choices. Sip feed prescriptions should be issued as monthly acute prescriptions for the first 3 months.

Monthly patient monitoring should take place during this period to assess progress toward treatment goals. Monitoring information should be shared with the prescriber when the next prescription is requested. Practices should have a system of ensuring that all homes report patient's weight change when requesting further supplies of Oral Nutritional Supplements.

Hospital dieticians requesting continuation of supplements post discharge should identify the aims of treatment and patient's target weight on the discharge

summary to enable continued prescribing and appropriate monitoring in primary care.

Retrospective prescriptions should not be issued at the request of home delivery companies.

Patients stabilised on nutritional supplements should be assessed every 3 -6 months. Refer to the British National Formulary for the most up to date information on available formulations.

Step 6: Review by designated health professional

Any patient receiving oral nutritional supplements should be reviewed regularly. It is the responsibility of the prescriber to ensure that patients are adequately monitored in accordance with nutritional goals and review periods (stage 3). Effective inter-professional communication is essential to providing appropriate continuing nutritional support.

Step 7: Termination of Oral Nutritional Supplements and Follow Up

Providing that an effective plan has been prepared at the outset it should be possible to readily identify the point at which prescribed supplements can be stopped. Oral nutritional supplements should be gradually reduced and patients should continue to be monitored for 3 months after supplements have been discontinued.

Referral for specialist dietetic input (Steps 4-7)

Dietetic referral **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
- Deterioration in nutritional status despite supplementation after excluding other contributory pathology.
- Apparent requirement for supplementation longer than three months.
- The presence of co-existing medical conditions such as diabetes, renal failure, celiac disease or high cardiovascular risk.
- Where swallowing difficulties or other indications for modified food texture exist.

Audit Criteria

1. Is there documented assessment of patient's needs (MUST Tool) recorded in the medical records?

2. Is there a record of the condition for which oral nutritional supplement prescribed?
3. Has the oral nutritional supplement been prescribed for an approved condition? (ACBS categories)
4. Is there an explicit nutritional goal identified in the medical records?
5. Is there a specified review interval?
6. Is there evidence that review has been undertaken in relation to set goals?
7. Have first line dietary measures been tried for 4 weeks prior to prescribing oral nutritional supplements?
8. Do prescriptions contain clear instructions about the dose and quantity to be used?

Further Information

The MUST screening tool can be downloaded from www.bapen.org.uk

References

National Prescribing Centre 1998 Oral nutrition support part 1, MeReC Bulletin 9(7)
National Prescribing Centre 1998 Oral nutrition support part 2, MeReC Bulletin 9(9)
NICE Clinical Guideline 32, Nutritional Support in Adults, February 2006.