Northern Lincolnshire
Area Prescribing Committee

GUIDELINES FOR THE APPROPRIATE USE OF ORAL NUTRITIONAL SUPPLEMENTS (ONS) FOR ADULTS IN PRIMARY CARE

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Based on guidelines kindly shared by Thurrock CCG Medicines Optimisation Team.

INTRODUCTION

These guidelines advise on the appropriate prescribing of oral nutritional supplements (ONS) for weight loss in adults in primary care, and supports national guidance from NICE and other health professional organisations. The guideline does not cover ONS use in those with an eating disorder, such as anorexia nervosa.

PURPOSE OF THE GUIDELINES

The guideline aims to assist GPs and other community prescribers on the use of ONS. Other members of the primary care team including community nurses and matrons, community geriatricians, Macmillan nurses and other specialist nurses, should also refer to this information in making recommendations or choices about which patients should be prescribed ONS and which ONS to prescribe.

The guidelines advise on:

- who is at risk of malnutrition (step 1)
- assessing underlying causes of malnutrition (step 2)
- setting a treatment goal (step 3)
- food first advice and over the counter products or homemade fortified drinks (step 4)
- initiating prescribing of ONS (step 5) – ensuring patients meet ACBS criteria, which products to prescribe, how much to prescribe
- reviewing and discontinuing prescriptions (step 6)

Advice is also offered on when prescribing is inappropriate, prescribing for palliative care, prescribing in those with substance misuse and when it is appropriate to refer to community dietetic services.

Prices stated in the guideline were correct at the time of writing but may have since changed. Updated prices may change prescribing decisions and clinicians may need to clarify the correct prices.

MUST – MALNUTRITION UNIVERSAL SCREENING TOOL

MUST is a validated screening tool for malnutrition and is used throughout the NHS in primary and secondary care. It was developed by a multi-disciplinary group of healthcare professionals. It includes appropriate care plans and so can influence clinical outcomes.

The SystmOne template includes a link to the MUST calculator online. Alternatively it can be accessed at www.bapen.org.uk/screening-for-malnutrition/must-calculator.

STEP 1 - IDENTIFICATION OF NUTRITIONAL RISK

NICE Clinical Guideline 32, Nutritional Support in Adults, suggests the following criteria are used to identify those who are malnourished or at nutritional risk:

- MUST score of 2 or more indicated by the following criteria;
- Body mass index (BMI) less than 18.5kg/m^2
- Unintentional weight loss more than 10% in the past 3-6 months
- BMI less than 20kg/m^2 and an unintentional weight loss more than 5% in the past 3-6 months

Referral to the dietetic service

The following patients are at risk of developing re-feeding problems and should be referred to the dietetic service without delay:

- Patients with a body mass index (BMI) of 16kg/m^2 or less
- OR have had little or no nutritional intake for the last 10 days
- OR have lost more than 15% body weight within the last 3-6 months, except patients at the end of their lives (see Inappropriate Prescribing of ONS and Palliative Care and ONS Prescribing)

Patients for whom supplements are a sole source of nutrition should also be referred to dietetic services without delay.

Those with MUST score of 2 or more and BMI of less than 18.5kg/m^2 should be referred to the dietetic service, but can be offered food first advice as outlined in Step 4.

STEP 2 - ASSESSMENT OF CAUSES OF MALNUTRITION

Once nutritional risk has been established, the underlying cause and treatment options should be assessed and appropriate action taken. Consider:

- Ability to chew and swallowing issues
- Impact of medication
- Physical symptoms e.g. pain, vomiting, constipation, diarrhoea
- Medical prognosis
- Environmental and social issues
- Psychological issues
- Substance or alcohol misuse

Review the treatment plan in respect of these issues and if needed make appropriate referrals. See page 18, A Guide to Assessing Underlying Causes of Malnutrition and Treatment Options.

STEP 3 - SETTING A TREATMENT GOAL

Clear treatment goals and a care plan should be agreed with patients. Treatment goals should be documented on the patient record and should include the aim of the nutritional support, timescale, and be realistic and measurable. This could include:

- Target weight or target weight gain or target BMI over a period of time
- Wound healing if relevant
- Weight maintenance where weight gain is unrealistic or undesirable

STEP 4 - OFFERING 'FOOD FIRST' ADVICE

Oral nutritional supplements (ONS) should not be used as first line treatment. A 'food first' approach should be used initially. This means offering advice on food fortification to increase calories and protein in everyday foods. Additional snacks will be needed to meet requirements for those with a small appetite.

See the Resource Pack -Eating Well With a Small Appetite and Recipes for Fortified Drinks and Foods. These leaflets can be offered to patients (including those in care homes) and their carers or relatives.

Care homes are able to provide adequately fortified foods and snacks and prepare homemade milkshakes and smoothies for their residents. With this in mind, it has been agreed that ONS in care homes is ONLY INITIATED BY DIETITIANS

In addition, for patients in care homes, food fortifying care plans can be inserted into the individual's care plan to instruct staff regarding food fortification. See the Resource Pack pages 27-29, Food Fortifying Care Plan, Food Fortifying Care Plan for a Soft Diet, and High Protein Care Plan for Wound Healing.

- BAPEN – "Your guide to making the most of your food" http://www.malnutritionselfscreening.org/pdfs/advice-sheet.pdf
- BDA Food Fact Sheet. Malnutrition. https://www.bda.uk.com/foodfacts/MalnutritionFactSheet.pdf

If patients prefer, they can purchase over the counter products such as Aymes® milkshakes or soup, Complan® milkshakes or soups, Meritene Energis® milkshakes or soups, or Nurishment® milkshakes.
Patients who do not meet ACBS prescribing criteria can also be advised to purchase supplements over the counter or prepare homemade nourishing drinks.

Patients should be reviewed one month after being offered this advice to assess the progress with a 'food first' approach. If there is a positive change towards meeting goals, the changes should be encouraged and maintained and a further review arranged until goals are met.

STEP 5 - PRESCRIBING ONS

If a 'food first' approach has failed to achieve a positive change towards meeting goals after one month, consider prescribing ONS **in addition** to the 'food first' changes which should be maintained.

Patients **must** meet at least one of the ACBS criteria below to be eligible for prescribed ONS:

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

In addition, some supplements and food products are prescribable for those receiving continuous ambulatory dialysis (CAPD) and haemodialysis, or are specifically prescribable for individual conditions. These products would normally be requested by a dietitian and should not be routinely started in primary care.

Starting prescriptions

- ✓ To maximise their effectiveness and avoid spoiling appetite, patients should be advised to take ONS between or after meals and not before meals or as a meal replacement.
- ✓ To be clinically effective it is recommended that ONS are prescribed bd (twice daily). This ensures that calorie and protein intake is sufficient to achieve weight gain.
- ✓ A one week prescription or starter pack should always be prescribed initially to avoid wastage in case products are not well tolerated. Avoid prescribing starter packs of powdered ONS except as an initial trial, as they often contain a shaker device which makes them more costly.
- ✓ Avoid adding prescriptions for ONS to the repeat template unless a short review date is included to ensure review against goals.

STEP 6 - REVIEWING AND DISCONTINUING ONS

Patients on ONS should be reviewed regularly, ideally every 3 months, to assess progress towards goals and whether there is a continued need for ONS on prescription. The following parameters should be monitored:

- Weight/BMI/wound healing depending on goal set – if unable to weigh patient, record other measures to assess if weight has changed e.g. mid-upper arm circumference, clothes/rings/watch looser or tighter, visual assessment
- Changes in food intake
- Compliance with ONS and stock levels at home/care home

When conducting general medication reviews, ONS should be included as above.

Discontinuing prescriptions

When treatment goals are met, discontinue prescriptions for ONS and continue with the food first approach, if needed. ONS should not be prescribed long term.

When to stop ONS prescription:

- Goals of intervention have been met and patient is no longer at risk of malnutrition
- Patient is back to their normal eating and drinking pattern
- If no further clinical input would be appropriate

How to stop ONS:

- Encourage oral intake and dietary advice
- Consider reducing by 1 ONS per day for 2 weeks and then reduce again if appropriate.
- Intake of supplements should be reduced gradually as oral diet intake increases.
- Maximise nutritional intake. 'Food First' advice continues

Ideally, review one month after discontinuation of ONS to ensure that there is no recurrence of the precipitating problem.

If the patient no longer meets ACBS criteria, or goals are met, but still wishes to take ONS, suggest over the counter products e.g. Aymes®, Meritene Energis®, Complan® or Nurishment®.

ONS PRODUCTS FOR INITIATION IN PRIMARY CARE AT MUST 2 OR ABOVE

First line products.
Shakes are an excellent, cost effective means of providing nutritional support.These should be mixed as per manufacturers' instructions, with 200mls full fat milk.

Foodlink Complete pack 7x 57g sachets **49 pence per shake**
28 dose tub (1596g)
Vanilla, Chocolate, Banana, Strawberry and Natural flavours

Complan Shake pack 4X57g sachets **49 pence per shake**
Vanilla, Chocolate, Banana, Strawberry and Milk flavours

Compact Powders

These provide a cost-effective alternative to the *compact* ready to drink supplements. These should be mixed as per the manufacturers' instructions, with 100mls full fat milk. Suitable for those who cannot tolerate a 200ml supplement.

Foodlink Complete Compact 7 x 75g sachets 49 pence per sachet
Available in Strawberry, Chocolate, Banana, Natural and Vanilla Flavours

Aymes Shake Compact 7 x 57g sachets 49 pence per sachet
Available in Banana, Strawberry, Vanilla, Chocolate, Ginger and Neutral Flavours

Second line products.
200ml ready to drink supplements are suitable when the patient cannot mix the powder shakes due to dexterity issues or where powder ONS is contraindicated.

Altraplen Energy 200ml carton **89 pence per shake**
Vanilla, Chocolate, Banana and Strawberry flavours.

Fortisip Bottle 200ml bottle **£1.12 per shake**
Banana, Caramel, Chocolate, Orange, Strawberry, Tropical, Vanilla and Neutral flavours

Third Line Products
125ml ready to drink supplements are suitable for those who are fluid restricted or cannot tolerate a 200ml supplement.

Altraplen Compact 4x125ml bottle **£1.33 per shake**
Banana, Hazel Chocolate, Strawberry and Vanilla flavours

Fortisip Compact 4x125ml bottle **£1.33 per shake**
Apricot, Banana, Chocolate, Forest Fruit, Mocha, Strawberry, Vanilla and Neutral flavours

Juice Style ONS for those who dislike milky drinks
200ml ready to drink bottles of fat free juice style drinks. Please note these are not suitable for diabetics.

Altrajuice 200ml bottle **£1.70 per bottle**
Apple, Blackcurrant, Orange and Strawberry

Fortijuce 200ml bottle **£2.02 per bottle**
Apple, Blackcurrant, Forest Fruits, Lemon, Orange, Strawberry and Tropical flavours

ONS WHICH SHOULD NOT ROUTINELY BE INITIATED IN PRIMARY CARE

All other ONS products should not routinely be initiated in primary care. They will sometimes be used by dietitians either alone or in conjunction with other ONS where first line products are not sufficient to meet individual patients' nutritional needs or are not suitable. **However these patients should always be under review by the dietitians.** The products include:

- low calorie products i.e. 1kcal/ml since these are not cost effective.
- milkshake style ONS which are not first or second line products in primary care.
- modular supplements which do not provide a balance of nutrients.
- specialist products which may be required for particular patient groups e.g. renal patients, or those with bowel disorders, those with pressure ulcers, or those with dysphagia.
- puddings as it should usually be possible for suitable homemade products to be fortified.
- other ONS which are not cost effective.

INAPPROPRIATE PRESCRIBING OF ONS

- Care homes should provide adequate quantities of good quality food so that the use of unnecessary nutrition support is avoided. Practical guidance and nutritional guidelines for care homes is available from The Caroline Walker Trust : 'Eating well: Supporting older people and older people with dementia - Practical guide' (http://www.cwt.org.uk/wp-content/uploads/2014/07/EW-Old-Dementia-Practical-Resource.pdf) and provides simple guidance on what eating well really means, and to offer help and advice where there may be particular difficulties around eating, drinking or accessing food.

- ONS should not be used as a substitute for the provision of food. Suitable snacks, food fortification as well as homemade milkshakes and smoothies and over the counter products can be used to improve the nutritional intake of those at risk of malnutrition. Care home residents should be prescribed shakes as they represent the most cost effective option.

- Patients who are discharged from hospital on ONS will not automatically require ONS on prescription once home. **Not all patients commenced on ONS during their inpatient episode will have been referred for dietetic assessment**. They may have required ONS whilst acutely unwell or recovering from surgery, but once home and eating normally the need is negated. Therefore it is recommended that ONS are not prescribed following hospital discharge without first assessing need in line with these 6 step guidelines. Where ONS are still required, a switch to first line community products is recommended.

- Avoid prescribing less than the clinically effective dose of 2 sachets/bottles daily which will provide 600-800kcals/day. Once daily prescribing provides amounts which can be met with food fortification alone and will delay resolution of the problem.

- Patients with complex nutritional needs e.g. renal/liver disease, swallowing problems, poorly controlled diabetes and gastrointestinal disorders may require specialist products and should be referred to local community dietetic services.

- Patients with swallowing problems will require assessment by a Speech and Language Therapist before ONS can be safely prescribed and before dietetic input.

- It may be more appropriate to suggest over the counter a multivitamin and mineral supplement eg. Centrum®, Sanatogen® A-Z instead of ONS, for patients with pressure ulcers who are eating well and not malnourished in order to encourage wound healing. Prescribing ONS may not always be appropriate.

- Patients in the final days or weeks of life are unlikely to benefit from ONS. Over the counter products can be recommended if required. See Palliative Care and ONS Prescribing.

- Patients who are substance misusers should not routinely be prescribed ONS.

ONS care pathway

STEP 1 - Patient identified as requiring oral nutritional support.
Those with **MUST score of 2** or more and BMI 18.5kg/m² or less should be referred to community dietetic services. Those at risk of re-feeding syndrome or who rely on ONS as their sole source of nutrition should be referred to community dietetic services without delay.

STEP 2 - Assess underlying causes of malnutrition and availability of adequate diet
Make changes to treatment plan and refer to other services as needed.

STEP 3 – set a treatment goal

STEP 4 – offer food first advice

STEP 5 – review after one month
Has there been progress towards goal set?

Yes, there is progress towards goal set:
Reinforce advice
- Reassess after 1-3 months

Continued progress or improvement:
- Reinforce advice
- Reassess after 1-3 months until goal met

STEP 6- Treatment goal met
- Discontinue ONS if prescribed
- Review after 3 months
- If problems reoccur – return to start of flow chart

No progress towards goal set- MUST 2 or higher:
- Reinforce 'food first' advice
- Reassess underlying problems and treat
- **Prescribe SHAKE SACHETS** as per guideline (or second / third choice if appropriate- must meet ACBS criteria) in addition to fortified foods**. If does not meet ACBS criteria recommend over the counter supplements**
- Reassess after 1 week trial of first line ONS and prescribe preferred flavour bd for 1-3 months then review

No progress or improvement – refer to dietetic services if referral criteria are met

PALLIATIVE CARE AND ONS PRESCRIBING

Use of ONS in palliative care should be assessed on an individual basis. Appropriateness of ONS will be dependent upon the patient's health and their treatment plan. **Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.** Management of palliative patients has been divided into three stages here: early palliative care, late palliative care, and the last days of life. Care aims will change through these stages.

Loss of appetite is a complex phenomenon that affects both patients and carers. Health and social care professionals need to be aware of the potential tensions that may arise between patients and carers concerning a patient's loss of appetite. This is likely to become more significant through the palliative stages and patients and carers may require support with adjusting and coping.

The patient should always remain the focus of care. Carers should be supported in consideration of the environment, social setting, food portion size, smell and presentation and their impact on appetite.

Nutritional management in early palliative care
• In early palliative care the patient is diagnosed with a terminal disease but death is not imminent. Patients may have months or years to live and maybe undergoing palliative treatment to improve quality of life. • Nutrition screening and assessment in this patient group is a priority and appropriate early intervention could improve the patient's response to treatment and potentially reduce complications. • However, if a patient is unlikely to consistently manage 2 servings of ONS per day, then they are unlikely to derive any significant benefit to well-being or nutritional status from the prescription. • **Following the 6 steps in this guideline is appropriate for this group. Particular attention should be paid to Step 2- Assessment of Causes of Malnutrition.**
Nutritional management in late palliative care
• In late palliative care, the patient's condition is deteriorating and they may be experiencing increased symptoms such as pain, nausea and reduced appetite. • The nutritional content of the meal is no longer of prime importance and patients should be encouraged to eat and drink the foods they enjoy. The main aim is to maximize quality of life including comfort, symptom relief and enjoyment of food. Aggressive feeding is unlikely to be appropriate especially as this can cause discomfort, as well as distress and anxiety to the patient, family and carers. • The goal of nutritional management should NOT be weight gain or reversal of malnutrition, but quality of life. **Nutrition screening, weighing and initiating prescribing of ONS at this stage is not recommended.** Avoid prescribing ONS for the sake of 'doing something' when other dietary advice has failed.
Nutritional management in the last days of life
• In the last days of life, the patient is likely to be bed-bound, very weak and drowsy with little desire for food or fluid. • **The aim should be to provide comfort for the patient and offer mouth care and sips of fluid or mouthfuls of food as desired.**

Adapted from the Macmillan Durham Cachexia Pack 2007 and NHS Lothian guidance.

SUBSTANCE MISUSERS

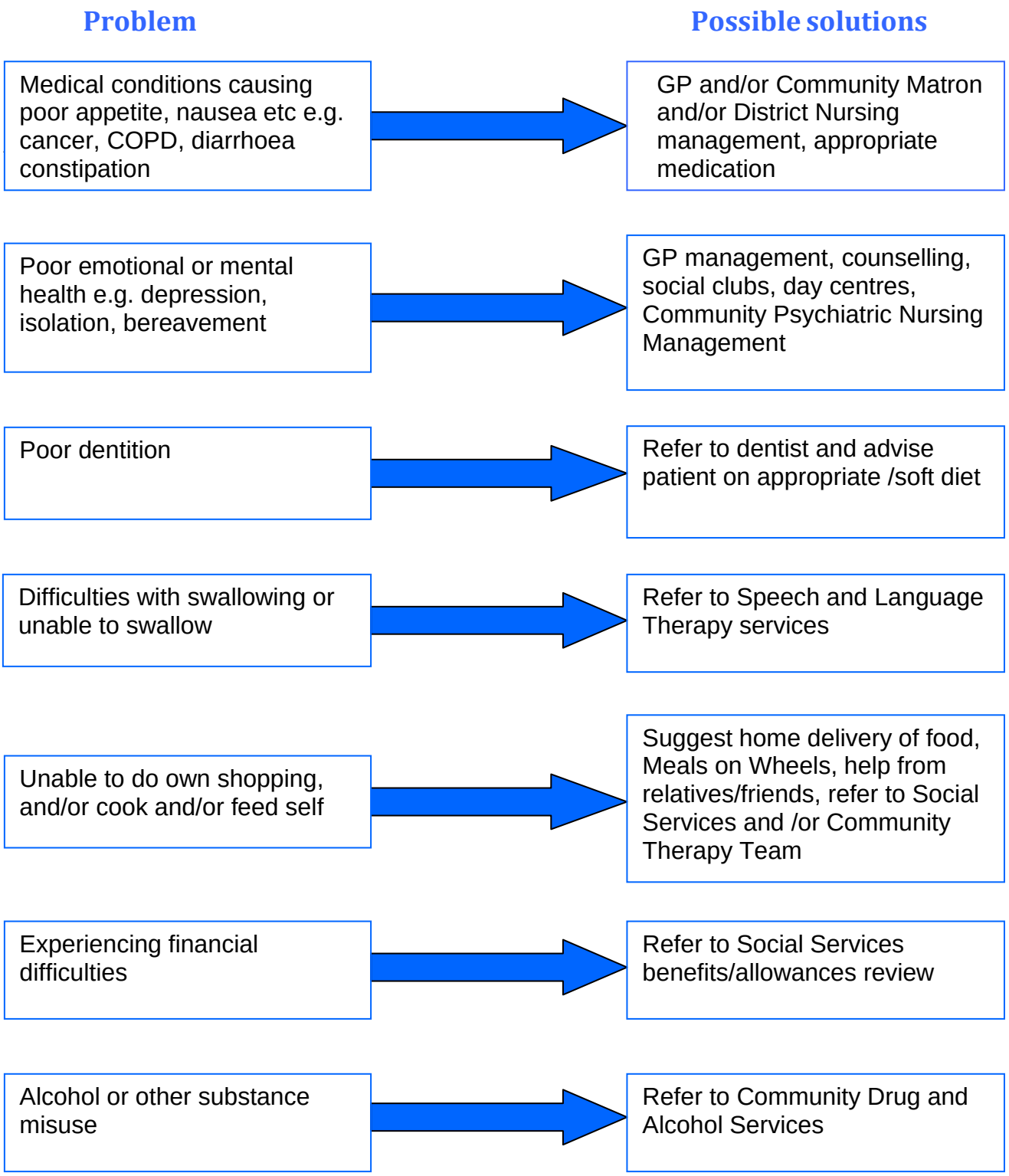
Substance misuse (drug and alcohol misuse) is not a specified ACBS indication for ONS prescription. It is an area of concern both due to the cost and appropriateness of prescribing.

Substance misusers may have a range of nutrition related problems including:	
Poor appetite and weight loss	Nutritionally inadequate diet
Constipation (drug misusers in particular)	Dental decay (drug misusers in particular)
Reasons for nutrition related problems can include:	
Drugs themselves can cause poor appetite, reduction of saliva pH leading to dental problems, constipation, craving sweet foods (drug misusers in particular)	Poor dental hygiene (drug misusers in particular)
Lack of interest in food and eating	Chaotic lifestyles and irregular eating habits
Poor memory	Poor nutritional knowledge and skills
Low income, intensified by increased spending on drugs and alcohol	Homelessness or poor living accommodation
Poor access to food	Infection with HIV or hepatitis B and C
Eating disorders with co-existent substance misuse	
Problems can be created by prescribing ONS in substance misusers:	
Once started on ONS it can be difficult to stop prescriptions	ONS can be used instead of meals and therefore provide no benefit
They may be given to other members of the family/friends	They can be sold and used as a source of income
It can be hard to monitor nutritional status and assess ongoing need for ONS due to poor attendance at appointments	
ONS should therefore not routinely be prescribed in substance misusers unless ALL OF the following criteria are met:	
BMI less than 18.5kg/m²	
AND there is evidence of significant weight loss (greater than 10%)	
AND there is a co-existing medical condition which could affect weight or food intake and meets ACBS criteria	
AND once food fortification advice has been offered and tried for 4 weeks	
AND the patient is in a rehabilitation programme e.g. methadone or alcohol programme or is on the waiting list to enter a programme	

If ONS are initiated it is suggested that:
• The person should be assessed by a dietitian. • Normal Trust Access Policy guidelines should apply regarding discharge from the dietetic service for non-attendance. • The same guidelines for starting prescriptions should be followed as for other patients - see Prescribing ONS, Starting Prescriptions . • Avoid adding ONS prescriptions to the repeat template. • Prescriptions should be for a limited time period (e.g. 1-3 months). • If there is no change in weight after 3 months ONS should be reduced and stopped. • If weight gain occurs, continue until the treatment goals are met (e.g. usual or healthy weight is reached) and then reduce and stop prescriptions. • If individuals wish to continue using supplements once prescribing has stopped recommend OTC preparations or homemade fortified drinks.

Adapted from NHS Grampian guidelines

A GUIDE TO ASSESSING UNDERLYING CAUSES OF MALNUTRITION AND TREATMENT OPTIONS



Adapted from Guidelines for Managing Adult Malnutrition and Prescribing Supplements Havering PCT 2006 and Oral Nutrition Support Pack Westminster PCT 2007

FURTHER READING AND RESOURCES

British National Formulary. www.bnf.org.uk

Cochrane Collaboration (2007). 'Dietary advice for illness-related malnutrition in adults (review)', The Cochrane Library. www.cochrane.org

Elia M. (Chairman and Ed 2003) MUST Report : Nutritional screening of adults : a multi disciplinary approach.

Elia M., Stratton,R.J., Russell et al (2005). The cost of malnutrition in the UK and the economic case for the use of oral nutritional supplemnts (ONS) in adults. British Association Parenteral and Enteral Nutrition (BAPEN) www.bapen.org.uk

Elia M., and Russell CA (Eds). Combating Malnutrition; Recommendations for Action. A report from the Advisory Group on Malnutrition, led by BAPEN (2009).

London Procurement Programme: A guide to prescribing oral nutritional supplements in nursing and care homes (2011). www.lpp.nhs.uk

Malnutrition Universal Screening Tool (MUST). www.bapen.org.uk

Managing Adult Malnutrition in the Community (including a pathway for the appropriate use of oral nutritional supplements (ONS) . Produced by a multi-professional consensus panel including the RCGP, RCN, BDA, BAPEN, PCPA. (2012) www.malnutritionpathway.co.uk

Manual of Dietetic Practice.5th ed. Wiley-Blackwell Publishing Ltd. (2014) MIMS

monthly prescribing guide. www.mims.co.uk

National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 32 'Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition' published in February 2006. www.nice.org.uk

National Institute for Health and Clinical Excellence (NICE). Cost saving guidance. www.nice.org.uk/usingguidance/benefitsofimplementation/costsavingguidance.jsp

National Institute for Health and Clinical Excellence (NICE) Quality standard for nutrition support in adults. NICE QS24 Nov 2012. www.guidance.nice.org.uk/qs24

National Minimum Standards for Care Homes for Older People. Dept of Health (2003). www.dh.gov.uk

National Prescribing Centre. Prescribing of adult oral nutritional supplements (ONS). Guiding principles for improving the systems and processes for ONS use. www.npc.nhs.uk/quality/ONS/resources/borderline_substances_final.pdf

Prescribing Toolkit provided by NHS Prescription Services. Information provided by the Information Centre for Health and Social Care, October 2011

Royal College of General Practitioners (2006). 'Prescribing in Primary Care' Accessed online: www.rcgp.org.uk

Stratton RJ, and Elia M. Encouraging appropriate, evidence based use of oral nutritional supplements. Proc Nut Soc 2010; 69(4):477-487

BDA The Association of UK Dietitians

Food Fact Sheet

Malnutrition

Malnutrition is a condition which happens when you don't get the correct amount of nutrients from your diet

Malnutrition is a major public health issue costing the NHS in excess of £13 billion per year. There are approximately 3 million people in the UK who are malnourished or at risk of malnutrition; 93% of these are thought to be living in their own homes; 5% in care homes and just 2% in hospital.

Consequences of malnutrition include:

- increased risk of illness and infection
- slower wound healing
- increased risk of falls
- low mood
- reduced energy levels
- reduced muscle strength
- reduced quality of life
- reduced independence and ability to carry out daily activities.

This Food Fact Sheet will help you understand the signs of malnutrition and how to either stop it happening or to treat it.

Spotting malnutrition

Malnutrition can affect anyone; however it is particularly common amongst older people and those who are socially isolated because they can't get out much or because they have poor physical or mental health. It can happen over a long period of time which sometimes makes it difficult to spot. Common signs of malnutrition are:

- unplanned weight loss – which can cause clothes, dentures, belts or jewellery to become loose
- tiredness and lethargy
- alterations in mood
- loss of appetite
- disinterest in food and/or fluids
- loss of muscle strength.

Stopping and treating malnutrition

A balanced diet is essential for health and wellbeing. When someone has a poor appetite and is malnourished, calorie dense foods and drinks containing fat and sugar can help to improve energy intake without making portions too big to manage.

Protein is also important for people who are malnourished. If you follow the points listed here, you can make sure you are eating well:

- Eat 2-3 portions of high protein foods every day such as meat, fish, eggs, nuts, beans, pulses, soya, tofu and other meat-free protein foods.
- Eat/drink 2-3 portions of dairy foods every day such as cheese, milk and yoghurt or non-dairy alternatives like soya, almond or coconut milk.
- Eat a serving of starchy food at each meal (e.g. bread, cereals, potatoes, pasta or rice).
- Eat some fruit and vegetables every day (fresh, frozen, tinned, dried or juiced).
- If you enjoy fish, go for oily fish such as mackerel, salmon, herring, trout, pilchards or sardines as these are rich in omega-3 fatty acids. Aim for 2 portions a week (can be tinned or frozen for convenience).
- Have at least 6-8 glasses/mugs of drinks every day, choosing high calorie drinks where possible such as milky drinks (malted drinks, hot chocolate, milky coffee, smoothies and milkshakes) or sugary drinks such as fruit juice, fizzy drinks or squash can provide extra energy.*

The following simple ideas will help you increase the amount of energy and protein which you eat in a day:

- Eat 'little and often' – try a small snack between meals and a dessert after lunch and evening meal.
- Try not to have drinks just before meals to avoid feeling too full to eat.
- Avoid low fat/diet versions of foods and drinks for example skimmed or semi-skimmed milk, low fat yoghurt, sugar free drinks etc, or watery soups.
- Choose meals that you enjoy, are easy to prepare and eat, and are high in energy and protein. Items such as tinned fish or beans are easily stored and easy to prepare.
- If you are preparing food for others, remember as we get older, our taste buds change. Older people often prefer much sweeter tastes than they used to.

Add extra energy by adding high calorie ingredients to food and drinks – suggestions listed below:

Add cheese* to	Add Skimmed Milk Powder to	Add sugar*, jam or honey to	Add extra fats* eg. butter, margarine, oils or mayonnaise to	Add cream* to
Sauces (aim for milky/creamy sauces)	milk: add up to four tablespoons of skimmed milk powder to a pint of full fat milk and use this in drinks and with breakfast cereals	Cereal or porridge	Mashed potatoes	Sauces
Pasta dishes/pizza	Porridge	Puddings	Toast/bread	Mashed potatoes
Soups	Mashed potato	Hot drinks	Sauces	Soups
Scrambled egg/omlettes	Sauces	Milkshakes/smotthies	Glaze vegetables	Puddings
Mashed potatoes	Custard	Glaze vegetables		Cakes
Beans on toast	Milk puddings			Cereal or porridge
	Creamy soups			Milkshakes/smoothies
	Milkshakes/smoothies			Fruit

Add extra energy and protein to foods and fluid by adding high energy and protein ingredients – see above for ideas.

Other high energy and protein foods include*

- cheese and crackers
- thick and creamy yoghurt
- nuts and seeds
- peanut butter
- Bombay mix
- chips
- chocolate.

**If there are any health concerns which have previously required you to limit fat and sugar in your diet, e.g. diabetes or high cholesterol, you should discuss this with a health professional.*

Ready meals, meal delivery services and online shopping

You may find that your energy levels change throughout the week and that on some days you feel better than others. Here are some suggestions to make preparing meals easier:

- Make the most of the 'good days' by preparing extra meals which you can store in the fridge/freezer as individual portions for 'bad days'.
- Buy a selection of ready meals for times when you are not up for cooking.
- Make use of meal home delivery services - supermarkets also offer online shopping and home delivery services which may make shopping easier for you.

Swallowing difficulties

If you notice any of the following when eating or drinking you should seek advice from a healthcare professional such as your GP or practice nurse, who can refer you on to specialist speech and language therapist or a dietitian:

- difficulty swallowing
- choking or coughing
- bringing food back up, sometimes through your nose
- a sensation that food is stuck in your throat or chest
- a change in the sound of your voice whilst/soon after eating i.e. your voice sounds 'wet'.

Other things to consider:

- Check dentures fit correctly - if not, visit your dentist.
- If you have difficulty using cutlery or with coordination, try 'finger foods' such as toast, sandwiches, biscuits, chunks of meat, cheese etc.
- If you suffer from constipation, try gradually increasing your fibre intake by consuming beans, lentils, fruit and vegetables and wholegrain foods whilst also increasing your fluid intake.
- Regular exercise may help increase your appetite and build up your strength- start with something easy for you and increase the intensity gradually.
- If you have vision problems or for people with dementia, try using a coloured plate so that the food stands out.

Eating environment

Try to make sure that where you eat is as pleasant as possible and that meals and snacks look appealing. Eating with others often helps to encourage appetite.

Summary

Malnutrition is a common problem and if it is not spotted or treated it can make you very ill.

The simple steps outlined above should help to identify and treat the condition. If these simple steps do not seem to help, seek advice from a healthcare professional.

RECIPES FOR FORTIFIED DRINKS AND FOODS

Only full fat milk and thick and creamy yogurts should be used for those needing fortified foods.

Fortified milk – use 1 pint daily for drinks, cereals etc

1 pint full fat milk
4 tablespoons milk powder (eg Marvel)

Whisk together with a fork or whisk. 400 kcals, 25.3g protein per pint

Fortified milk shake/ hot chocolate /malted drink (1 portion)

150mls full fat milk
1 tablespoon milk powder
2 tablespoons double cream
3 tsps hot chocolate powder *or* malted drink powder *or* milk shake powder *or* milkshake syrup

Whisk together with a fork or whisk. 374kcals, 9.5g protein per portion

Fruit smoothie (1 portion)

150mls orange or apple juice
1 mashed banana
3-4 tablespoons tinned peaches
2 tsps honey

Blend with an electric blender. 264kcals, 2.2g protein per portion

Fortified instant dessert (4 portions)

1 packet instant dessert
4 tablespoons milk powder
150mls (¼ pint) double cream
150mls (¼ pint) full cream milk

Whisk together with a fork or whisk. 400kcals. 10g protein per portion





Fortified porridge, custard, rice pudding, soup (1 portion)

1 ladle porridge, custard, rice pudding, soup
1 tablespoon milk powder
2 tablespoons double cream (30mls)

Whisk together with a fork. Additional 180kcals, 3g protein per portion
Grated cheese could also be added to soups if liked – 60kcals, 4g protein per tablespoon

Fortified mashed potato

I scoop mashed potato (already mashed in the kitchen with full fat milk, double cream and butter/margarine)
Add - 2 tsps (10g) butter/margarine
And 1 tablespoon grated cheese

Mash together with a fork. Additional 135kcals, 4g protein per scoop

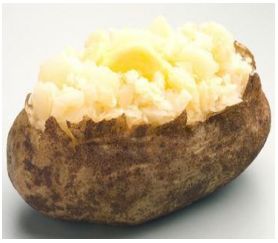
Vegetables

Add an extra 2 tsps butter/margarine to vegetables on the plate. Additional 74kcals

Fruit and jellies

Add 2 tablespoons double cream, *or* fortified custard/rice pudding *or* ice cream *or* thick and creamy yogurt to fruit and jellies.



Food Fortifying Care Plan

Date		Name	
Room number		Food record charts required?	Yes/No
Frequency of weighing		Frequency of repeating MUST	

This care plan should be used for patients who have medium and high MUST scores, i.e.1 or more. It aims to promote weight gain and achieve adequate oral intake.

Please follow the 3/2/1 advice below:

Aim for **3** fortified meals a day i.e. breakfast, lunch, and evening meal. These meals should be fortified as follows:

- Add 30mls of double cream to porridge/puddings/soup
- Add 1 tablespoon of grated cheese to mash potatoes/casseroles/soup
- Add 10g/2 teaspoons of butter to potatoes and vegetables

Provide at least **2** high energy snacks a day

- 1-2 high calorie biscuits (60kcals +) e.g. chocolate covered biscuits, flapjack, shortbread
- Toast with butter and jam/peanut butter/chocolate spread/cheese/full fat cheese spread
- Scone or bun or teacake with butter and jam
- Sandwich with butter and meat/fish/cheese/peanut butter filling
- Cheese and crackers with butter
- Full fat yoghurt

Use **1** pint of fortified milk daily

- Add 4 heaped tablespoons of dried skimmed milk powder to 1 pint of whole (full fat) milk stir well or whisk to dissolve. Use as follows:
  - On cereal
  - In tea/coffee
  - In milky drinks e.g. hot chocolate, malted drinks, milk coffee

Doctor's name:
Doctors signature:
Contact tel no:

Food Fortifying Care Plan for a Soft Diet

Date		Name	
Room number		Food record charts required?	Yes/No
Frequency of weighing		Frequency of repeating MUST	

This care plan should be used for patients who have medium and high MUST scores, i.e.1 or more. It aims to promote weight gain and achieve adequate oral intake for those on a soft diet.

Please follow the 3/2/1 advice below:

Aim for **3** fortified meals a day i.e. breakfast, lunch, and evening meal. These meals should be fortified as follows:

- Add 30mls of double cream to porridge/puddings/ soup
- Add 1 tablespoon of grated cheese to mash potatoes/casseroles/soup
- Add 10g/2 teaspoons of butter to potatoes and soft vegetables or a cheese sauce to soft vegetables/fish

Provide at least **2** high energy snacks a day eg.

- Full fat 'thick and creamy' yoghurt
- Milk jelly made with fortified milk
- Ice cream or mousse
- Soft pudding eg custard or rice pudding with jam or soft tinned fruit and double cream
- Fruit smoothie
- Cake softened with double cream
- Home made milk shake or prescribed supplement drink where this has been prescribed

Use **1** pint of fortified milk daily

- Add 4 heaped tablespoons of dried skimmed milk powder to 1 pint of whole (full fat) milk stir well or whisk to dissolve. Use as follows:
  - On cereal
  - In tea/coffee
  - In milky drinks e.g. hot chocolate, malted drinks, milk coffee

Doctor's name:
Doctors signature:
Contact tel no:

High Energy/ Protein Diet Care Plan for Wound Healing

Date		Name	
Room number		Food record charts required?	Yes/No
Frequency of weighing		Frequency of repeating MUST	

This care plan aims to prevent weight loss, achieve adequate dietary intake, and support wound healing with increased protein intake.

Please follow the 3/2/1 advice below:

Aim for **3** fortified meals a day i.e. breakfast, lunch, and evening meal. These meals should be fortified as follows:
Add 30mls of double cream to porridge/puddings/ soup

- Add 1 tablespoon of grated cheese to mash potatoes/casseroles/soup
- Add 1 tablespoon dried skimmed milk powder to soup
- Add 10g/2 teaspoons of butter to potatoes or vegetables
- Add custard to hot sweet puddings

Provide at least **2** high energy high protein snacks a day

- Toast with butter and peanut butter/chocolate spread/cheese/full fat cheese spread
- Sandwich with butter and meat/fish/ cheese/ peanut butter filling
- Cheese and crackers with butter
- Full fat yoghurt
- Milky pudding e.g. rice pudding, semolina, tapioca

Use **1** pint of fortified milk daily

- Add 4 heaped tablespoons of dried skimmed milk powder to 1 pint of whole (full fat) milk, stir well or whisk to dissolve. Use as follows:
  - On cereal
  - In tea/coffee
  - In milky drinks e.g. hot chocolate, malted drinks, milk coffee

Consider recommending an OTC multivitamin and mineral tablet to support wound healing.

Doctor's name:
Doctors signature:
Contact tel no: