

ASSESSMENT OF MALNUTRITION RISK

- > Use the Malnutrition Universal Screening Tool ('MUST') for screening patients (refer to **Appendix 1**)
- > Consider any underlying medical problems e.g. oedema.
- > Potential swallowing problems should be taken into account [1]. Refer to Speech and Language Services if appropriate.

PATIENT IDENTIFIED WITH 'MUST' SCORE 1+

Patient identified at risk of malnutrition using 'MUST' tool and requiring oral nutrition support.

PATIENT DISCHARGED FROM HOSPITAL

Refer to guidance on **Appendix 2**

FIRST LINE NUTRITION SUPPORT: DIETARY ADVICE

Consider a 'Food First' approach

- > Provide Guide to Fortifying Meals and Store Cupboard Ideas (see Appendix 3 – Guide for making the most of your food)
- > Set realistic goals of nutritional treatment. These may be to improve nutritional status e.g. wound healing, or to reach or maintain agreed weight or to slow the rate of weight loss.
- > Tailor advice to individual patient taking into consideration any dietary restrictions e.g. patients with diabetes.
- > Review between 1 and 3 months or sooner if condition requires.

ORAL NUTRITIONAL SUPPLEMENTS (ONS)

- > Consider further nutritional support in addition to fortified diet for patients who require additional energy and protein after following the 'Food First' approach for a minimum of four weeks.
- > Continue to **reinforce 'Food First' advice.**

Medium risk patient ('MUST' SCORE 1) OR [Advisory Committee on Borderline Substances \(ACBS\)](#) criteria for supplements **NOT** met.

High risk patient ('MUST' SCORE 2+) AND ACBS criteria met

Over-the Counter (OTC) supplements are recommended e.g. Complian®, Meritene®, Nurishment®

Monitoring Monitor patients as recommended on Appendix 1.

When the agreed treatment goals are achieved OTC supplements should be discontinued.

Use Pan Mersey Area Prescribing Committee Formulary on **Appendix 4** when **prescribing sip feeds.**

Unless sip feeds have already been tried and patient preferences established, initially it should be for a **ONE WEEK supply** only or use free sample request.

If the first trial is not tolerated, then offer alternative sip feed for further one week trial or a different sample.

After one week, establish patient's preferred product choice/flavours and prescribe 2 sip feeds per day for **ONE month** in addition to meals and food fortification advice.

Prescription should have clear directions for use.

Prescribe on acute prescription only.

Starter packs are not recommended.

REVIEW

Review patients as recommended on **Appendix 1** using 'MUST' tool and check compliance with sip feeds.

When target weight is achieved then reduce sip feeds gradually and continue monitoring the patient for at least 3 months after stopping.

Refer to Appendix 1 on when to refer to Community Dietetic Services.

For further information refer to the [malnutrition pathway](#)

REFERENCES

1. NICE CG 32. Nutrition support in adults. February 2006. Updated Aug 2017.

APC board date: 28 Apr 2021

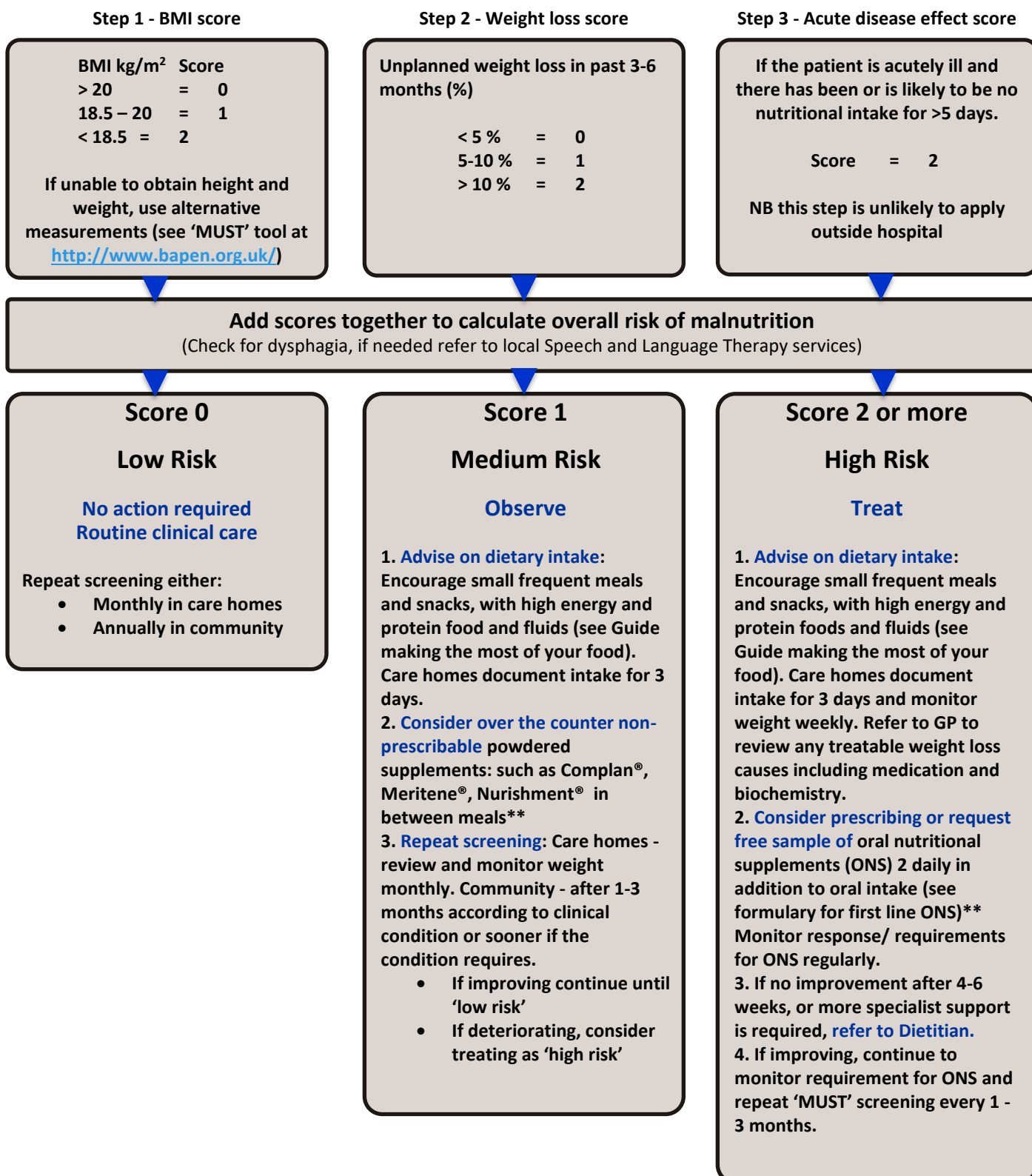
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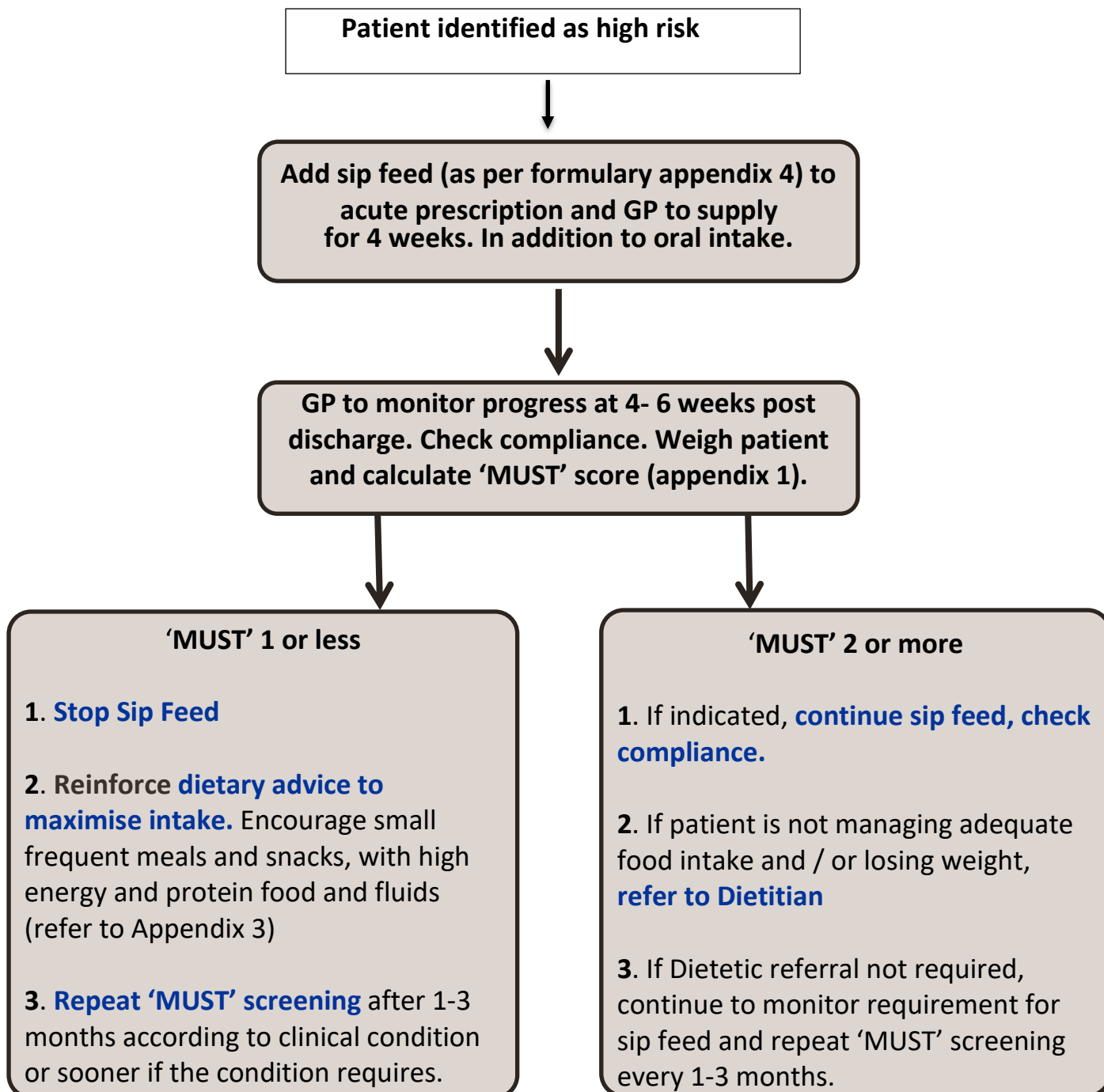
(or earlier if there is significant new evidence relating to this recommendation)

Managing malnutrition using the 'Malnutrition Universal Screening Tool' ('MUST') and guidance for initiation of sip feeds in adults

- This flow chart does not cover patients under the care of the Dietitian, tube fed or palliative care patients. Individual discussion is required with patient/carer.
- **If the patient has diabetes, ensure that blood sugar levels are managed and monitored accordingly.
- For more detailed information please see: <http://www.malnutritionpathway.co.uk/>
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GP GUIDANCE FOR PATIENTS DISCHARGED FROM HOSPITAL ON SIP FEEDS WITH NO PLANNED DIETETIC FOLLOW UP



Patient Leaflets

Guide to making the most of your food – advice for patients and carers

This leaflet provides some simple ideas on how you can get the most nutrition from everyday food you are eating.

Link to yellow leaflet : https://www.malnutritionpathway.co.uk/library/pleaflet_yellow.pdf

Nutrition Drinks (oral nutritional supplements) – Advice for patients and carers

This leaflet provides some information on the benefits of sip feeds when added to the diet and how to get the most out of them.

Link to red leaflet : https://www.malnutritionpathway.co.uk/library/pleaflet_red.pdf

Preferred First line choices of Oral Nutritional Supplements (ONS)

FIRST LINE: POWDER*

Brand	Flavours	Weight	Cost (£)	Energy (kcal)	Protein (g)
Foodlink Complete	Strawberry, Chocolate, Vanilla, Banana, Natural	57 g sachet	£0.49	386	18.3
Aymes Shake	Strawberry, Chocolate, Vanilla, Banana, Neutral	57 g sachet	£0.49	383	19
Ensure Shake	Strawberry, Chocolate, Vanilla, Banana	57 g sachet	£0.49	389	17

SECOND LINE: STANDARD READY TO DRINK (RTD) Milkshake Style

Aymes Complete	Strawberry, Chocolate, Vanilla, Banana	200 ml bottle	£1.05	300	12
EnergieShake Complete	Vanilla, Chocolate, Strawberry, Banana	200 ml bottle	£1.01	300	12.5
Ensure Plus	Banana, Chocolate, Coffee, Fruits of the Forest, Neutral, Peach, Raspberry, Strawberry, Vanilla	200 ml bottle	£1.11	300	12
Fortisip	Neutral, Vanilla, Chocolate, Toffee, Banana, Orange, Strawberry, Tropical	200 ml bottle	£1.12	300	12

SECOND LINE: JUICE STYLE (for those who cannot tolerate milky drinks)

Aymes ActaSolve Smoothie**	Mango, Peach, Pineapple, Strawberry & Cranberry	66 g sachet	£1.00	297	10.7
Altrajuce	Apple, Blackcurrant, Strawberry, Orange	200 ml tetrapak	£1.70	300	7.8
Ensure Plus Juice	Lemon & Lime, Apple, Strawberry, Fruit Punch, Peach	220 ml bottle	£1.97	330	10.6

SECOND LINE: FIBRE BASED

Foodlink Complete with Fibre*	Strawberry, Chocolate, Vanilla, Banana, Natural	63 g sachet	£0.72	386	18.3
Fresubin 2kcal Fibre Mini	Chocolate, Vanilla	500ml as 4x125 ml bottles	£1.29 each	250	12.5
Ensure Plus Fibre	Chocolate, Raspberry, Strawberry, Banana, Vanilla	200 ml bottle	£2.19	310	13

*Mix sachet with 200 ml whole milk **Mix 66 g sachet with 150 ml water

List of flavours is not exhaustive. Limit to 2 flavours on prescription.

All prices correct at the time of writing. (NHS BSA dm+d browser accessed 23.2.21)

Please NOTE: These supplements may not be appropriate for patients with Dysphagia or other medical conditions/special diets. In this situation, please check with local Dietetics/Speech & Language Therapy Team or make a referral.

- Monitor weight at least every 3 months. **Prescribe as 2 per day on acute prescription.**
- Do **not** prescribe starter packs as they are expensive. Either prescribe acute short-term prescription as a trial, e.g. 1 week OR use free online “direct to patient sample service” from manufacturer (contact by health care professional only). Then prescribe a maximum of **one month** at a time after the initial trial.
- Compact feeds are not recommended as a first line choice, the 200ml feeds have an extra 75ml that can allow patients to sip over longer periods of time and can be kept in the fridge to increase palatability and tolerance. If compact ONS are provided on discharge, please ensure patients are referred to community dietitian.

References for sample service:

<https://nualtra.com/healthcare-professionals-in-the-uk/>

<https://samples.nutrition.abbott/sample-order>

<https://aymes.com/pages/direct-to-patient-sample-service>

<https://www.nutricia.co.uk/hcp/services/sampling-service.html>

Specialist Dietitian Oral Nutritional Supplements

Other feeds are only to be prescribed under the direction of dietitian recommendation as they require assessment and monitoring. They should not be continued long-term without assessments and only issued on acute prescription (not repeat).

The specialist ONS also includes pre-thickened supplements / puddings which may be required for patients with swallowing difficulties.

For any dietitian recommended feeds, a letter should be written to the GP to specify the reasons for the specialist feed, clear directions of use and quantity to be issued plus review date specified.

Any third-party requests for specialist ONS feeds should be confirmed with the patient that they are still required before issuing prescriptions.