

This guidance is designed to aid clinical decision making, it is not intended to outweigh clinical judgement exercised in the interests of the patient. For the avoidance of doubt, the clinician retains the absolute discretion to prescribe whatever ONS the clinician believes best meets the needs and interests of the patient.

This pathway is not suitable for patients with complex nutritional needs, such as renal disease, or poorly controlled diabetes - their nutritional care should be managed by a dietitian.

## STEP 1: Prior to INITIATION or RENEWAL of an ONS prescription consider the following:

Confirm an indication for prescribing ONS i.e. (a) or (b) below

### (a) At risk of malnutrition or malnourished

- Body Mass Index (BMI)  $\leq$  18.5kg/m<sup>2</sup>
- Unintentional weight loss >10% in past 3-6 months
- BMI < 20kg/m<sup>2</sup> and unintentional weight loss > 5% in past 3-6 months
- Those who have eaten little or nothing for 5 consecutive days and/or are likely to eat nothing for a further 5 days or more
- Those with a poor absorptive capacity and/or high nutrient loss and/or increased nutritional needs

OR

- Identified using a validated malnutrition screening tool\*

OR

- Has a diagnosis of malnutrition made by a dietitian or a member of the medical team.

### (b) Palliative care

#### Early stages of palliative care

This pathway can be followed in the early stages of palliative care where ONS may be beneficial.

#### Late stages of palliative care

The goal of nutrition therapy should be comfort not weight gain or reversal of malnutrition.

**Patients in the final days or weeks of life are unlikely to benefit from ONS.**

**TIP:** Guidance for prescribing ONS in late stages of palliative care is available at [www.hse.ie/nutritionsupports](http://www.hse.ie/nutritionsupports).

### Considerations for renewal

Prescriptions **should not be adjusted** without consultation with the relevant healthcare professional for the following patients:

- those under the current care of a community dietitian or acute hospital dietitian/medical team
- those using ONS via enteral feeding tubes e.g. naso-gastric, naso-jejunal, gastrostomy or jejunostomy tubes
- those under the care of speech and language therapist as swallow status may have changed and/or ONS must be in line with patient's current safe swallow recommendations.

## STEP 2: Refer patient to a dietetic service

- Progress to steps 3-6 while awaiting a dietetic appointment (or in the absence of a dietetic service).

**TIP:** Contact details for HSE Community Dietetic services are available at [www.hse.ie/nutritionsupports](http://www.hse.ie/nutritionsupports).

## STEP 3: Assess for and address underlying causes of malnutrition

- A patient with a swallowing difficulty (dysphagia) requires referral to a speech and language therapist before ONS can be safely prescribed.
- For gastrointestinal symptoms, social or psychological issues, consider referral to an appropriate health and social care professional.
- Consider whether the patient has adequate assistance, support and supervision if required at mealtimes.

## STEP 4: Set goals of nutritional treatment

- Typical treatment goals include improvement or maintenance in: weight and/or muscle mass, nutritional intake, functional status and quality of life.

## STEP 5: Provide basic high protein, high energy dietary advice in conjunction with step 6

Promote and encourage the inclusion of:

- 3 meals and 3 snacks per day
- High protein foods at each meal e.g. meat, chicken, fish, eggs, milk, cheese and nuts
- Use full fat dairy products e.g. milk, butter, cheese and yogurts

**TIP:** Dietary advice resources 'Making the most of every bite' are available to view or order free of charge at [www.hse.ie/nutritionsupports](http://www.hse.ie/nutritionsupports).

## STEP 6: Choose a standard ONS to prescribe (see below). Refer to First-line Prescribing List overleaf for more detail

Has the patient (or carer) the functional ability to mix a powder with milk AND access to fresh milk AND can tolerate approx. 200mls volume?

### YES: Powdered ONS (requires mixing with 200mls milk)

- Complan® Shake
- Ensure® Shake
- Foodlink Complete®
- Foodlink Complete® with Fibre
- Fresubin® Powder Extra
- Nutriplete® Shake

Reconstituted with 200mls whole milk

Typical dose 1-2 sachets per day (provides approx. 380-840 kcal and 15-39g protein)

### NO: Compact and mini sip feeds

- Altraplen® Compact
- Ensure® Compact
- Fortisip® Compact
- Fortisip® Compact Fibre
- Fresubin® 2kcal Mini Drink
- Fresubin® 2kcal Fibre Mini Drink

Typical dose 2 x 125mls per day (provides approx. 500-600 kcals and 24-26g protein)

**Record the dosage and estimated length of treatment.**

Clinical benefits of standard ONS are typically seen with 300-900 kcals/day in the community within 2-3 months (dependent on compliance).

## STEP 7: Review and discontinue ONS prescriptions

**Review:** Patients should be reviewed on a regular basis (within 3 months) to ensure compliance with ONS and to monitor progress in goals of treatment and dietary intake. Prescriptions should not be renewed without checking compliance. Amend the type/flavour to maximise compliance if necessary.

**Discontinue** when treatment goals are met and/or when the patient is established on adequate oral intake from food.

- Consider reducing the quantity of ONS prescribed gradually to ensure progress is maintained.
- Continue to monitor for recurrence of risk of malnutrition.



# Standard Oral Nutritional Supplements (ONS) First-line Prescribing List for Adults Living in the Community

Updated April 2019



This guidance should be used in conjunction with the 'Prescribing Pathway for the Initiation and Renewal of Standard ONS for Adults Living in the Community' (overleaf).

- This guidance is designed to aid clinical decision making where a patient has an indication for prescribing ONS. It is not intended to outweigh clinical judgement exercised in the interests of the patient. For the avoidance of doubt, the clinician retains the absolute discretion to prescribe whatever ONS the clinician believes best meets the needs and interests of the patient.
- This guidance refers to standard ONS for Adults. It does not include information on disease-specific ONS (e.g. renal- and diabetes-specific ONS) which should ideally only be prescribed to patients under the supervision of a dietitian.
- This guidance is not suitable for patients who require ONS as a sole source of nutrition.
- First-line ONS options were chosen with consideration for clinical evidence, patient factors and cost.

## Tips when prescribing ONS

- Best practice indicates that patients who require nutrition support should always be given dietary advice in conjunction with an ONS prescription.
- ONS should be regarded as 'supplementary' to normal food, not meal 'replacements' or as a sole source of nutrition unless under the supervision or by recommendation of a dietitian.
- Advise patients that, where possible, ONS should be taken between or after meals or before bedtime to ensure maximum intake of normal foods.
- Patient taste preference should always be taken into account to help improve compliance. Flavours can be switched regularly to avoid taste fatigue.
- If a patient struggles with compliance due to volume, consider dividing the total dose of ONS into smaller volumes taken over the course of the day.

**If the patient (or carer) has the functional ability to mix a powder with milk AND has access to fresh milk AND can tolerate a 200mls volume**

Powdered ONS (~2kcal/ml*)		
Product	Sachet size	Nutritional content*
Complan® Shake	57g sachet	380 kcal, 15.5g protein <sup>1</sup>
Ensure® Shake	57g sachet	389 kcal, 17g protein
Foodlink Complete®†	57g sachet	386 kcal, 18.3g protein <sup>2</sup>
Foodlink Complete® with Fibre	63g sachet	420 kcal, 19.5g protein, 4.5g fibre <sup>2</sup>
Fresubin® Powder Extra	62g sachet	397 kcal, 17.7g protein <sup>2</sup>
Nutriplete® Shake†	57g sachet	388 kcal, 15.6g protein <sup>1</sup>

\*Reconstituted – one sachet plus 200mls whole milk

Can be made with/without shakers; shakers available free of charge from manufacturers' websites and/or pharmacies.

<sup>1</sup> vanilla flavour, <sup>2</sup> strawberry flavour

† Also reimbursable as a starter pack containing 5 assorted flavours and a shaker

**Typical dose: 1-2 sachets per day (approx. 200-400mls/day).  
Provides 380-840 kcal\* & 15-39g protein\***

**Reimbursed price: €0.67- €0.82 per sachet. Variety of flavours available.**

**If powdered ONS is not suitable for the patient**

Compact & mini drink sip feeds (2-2.4kcal/ml)		
Products	Size	Nutritional content
Altraplen® Compact	125mls	300 kcal, 12g protein
Ensure® Compact		300 kcal, 12.8g protein
Fortisip® Compact		300 kcal, 12g protein
Fortisip® Compact Fibre		300 kcal, 12g protein, 4.5g fibre
Fresubin® 2kcal Mini Drink		250 kcal, 12.5g protein
Fresubin® 2kcal Fibre Mini Drink		250 kcal, 12.5g protein, 2g fibre

**Typical dose: 2 x 125mls per day.**

**Provides 500-600 kcal & 24-26g protein**

**Reimbursed price: €1.38 per bottle. Variety of flavours available.**

Powdered ONS are **unsuitable** for:

- patients using ONS via enteral feeding tubes, e.g. naso-gastric, naso-jejunal, gastrostomy or jejunostomy tubes
- patients using ONS as a sole source of nutrition

Powdered ONS and compact or mini drink sip feeds should **not be prescribed** for the following patients (unless under the clinical supervision of a dietitian):

- patients with diabetes - due to carbohydrate content
- patients with renal impairment - due to potassium content

## Options: If the patient cannot tolerate milk-based drinks

### Juice-style sip feeds (1.5 kcal/ml)

Products	Size	Nutritional content	Reimbursed price
Ensure® Plus Juice	220mls	330 kcal, 10.6g protein	€1.80
Fortijuice®	200mls	300 kcal, 8g protein	
Fresubin® Jucy	200mls	300 kcal, 8g protein	

Products are NOT milk free (contain milk protein)

**Typical dose:**

**2 x 200/220mls per day  
Provides 600-660 kcal  
& 16-21g protein**

Variety of flavours available

## Considerations for prescribing pre-thickened and semi-solid style ONS

- Where a patient does not have a diagnosed swallowing difficulty, first-line products (above) are recommended, on the basis of clinical evidence and cost.
- Pre-thickened and semi-solid style ONS (listed below) should ideally only be prescribed under the guidance and recommendation of both a speech and language therapist and a dietitian.

Semi-solid style ONS: Aymes® Crème, Ensure Plus® Crème, Forticreme Complete®, Fresubin® 2kcal Crème, Nutilis® Fruit Stage 3, Nutricrem®.

Pre-thickened ONS: Fresubin® thickened Stage 1 & Stage 2, Nutilis® Complete Stage 1.

Products are listed alphabetically within each section and reimbursement prices are correct as of 1st April 2019.

A full list of reimbursable clinical nutritional products is available on [www.pcrs.ie](http://www.pcrs.ie).

Please refer to individual product datasheets available on the manufacturers' website for more information.

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