



## Guidance for Prescribing Oral Nutritional Supplements in Late Stages of Palliative Care in the Community Setting

This guidance was developed to support prescribers of Oral Nutritional Supplements (ONS) for patients in the late stages of palliative care. The guidance is intended for use where a dietitian referral has been deemed inappropriate or is unavailable. This includes patients who have progressive disease (which is no longer responsive to disease modifying treatments) and a limited prognosis, along with progressive global deterioration in performance status, and progressive bodily wasting with or without reduced appetite (for example patients with a diagnosis of cancer who are no longer receiving anti-cancer treatments).

### Goals of Care

**The goal of nutrition intervention should NOT be weight gain or reversal of malnutrition. Instead, care should focus on:**

- enjoyment of food
- management of symptoms that may be limiting enjoyment of, or participation in, meals
- reduction in eating-related distress
- comfort and quality of life, and
- support for the person and their family.

### Correct reversible factors and refer to allied healthcare professional services

- Identify and manage symptoms that may be limiting oral intake e.g. sore mouth / dry mouth / oral candida / nausea / vomiting / early satiety (feeling full quickly) / constipation / diarrhoea / steatorrhoea / pain.
- Refer to Occupational Therapy if functional performance during activities of daily living has changed e.g. difficulty with self-feeding, difficulty maintaining posture during meals, difficulty preparing meals.
- Consider need for assistance at meals or meal-time supervision.
- Refer to Social Work if extra support is required with accessing food e.g. home help / financial support.
- If dysphagia is present, assess for reversible causes e.g. dry mouth / sore mouth / candida. If dysphagia is disease-related, consider referral to speech and language therapist and dietitian.
- If appropriate, refer to physiotherapy if functional status has changed or muscle wasting is evident.

### Limit patient & family distress

- Explain that serious illness often causes a gradual loss of appetite and weight loss that may not be reversible.
- Advise patient and family that, at this time, care should focus on enjoyment of food rather than quantity of food consumed or reversing weight loss.
- Encourage discussion about food and drinks that the patient enjoys and encourage their consumption as tolerated.
- Encourage the patient to eat little and often.
- Provide the patient information leaflet 'When illness reduces your appetite' *available at [www.hse.ie/nutritionsupports](http://www.hse.ie/nutritionsupports)*.
- Seek advice from a dietitian if there are patient or family concerns / queries about eating, that you cannot answer.

### Prescribing ONS is not generally recommended for patients in late stages of palliative care. Before prescribing ONS consider the following:

- ONS will not reverse weight loss at this time.
- ONS should only be prescribed if they promote patient comfort and are tolerated.
- ONS may be of benefit for some patients on psychological grounds e.g. some patients may find it less burdensome to take a supplement rather than a meal and this may reduce anxiety at mealtimes.
- Is the patient currently taking ONS? Are they tolerating these? Is it their wish to continue?
- Prescribing of ONS may increase pressure on some patients to feel they must take them.