



Nutritional Care: Using Oral Nutritional Supplements (sip feeds)

Eating for Health: Older adults in care homes

What are Oral Nutritional Supplements (ONS)?

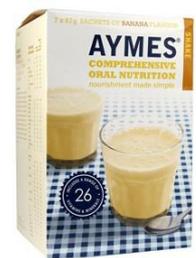
Oral nutritional supplements (e.g. Fresubin® Energy Drink, Complan® Shake, Ensure® plus crème) are commercially produced liquid or semi solid products containing a variety of nutrients (energy and protein, usually with added vitamins and minerals) to support residents struggling to maintain their nutritional status because of disease or swallowing difficulties.

When is ONS appropriate to start?

- If Food First advice (1 pint of fortified milk, 2 nourishing snacks and nourishing drinks, 3 fortified meals) has failed to improve weight or stabilise weight after 4 weeks and your resident has a condition meeting ACBS criteria*
 - ✓ Always ensure that possible underlying causes of weight loss/poor appetite have been investigated, e.g. depression, swallowing and chewing difficulties, pain, and constipation.

When ONS is not appropriate?

- If residents do not meet ACBS prescribing criteria* - over the counter (OTC) alternatives such as Meritene Energis®, Complan®, Nutriment® and Nurishment® can be recommended unless contraindicated (i.e. diabetes, renal disease, liver disease)
- If your resident is end of life - offer comfort foods, a little and often approach is more appropriate
- If your resident has a BMI of >20, a stable weight and is eating and drinking normal foods
- If your resident is having a supplement instead of a meal or dessert e.g. having a pudding style supplement as a dessert rather than from the menu
- If your resident is drinking less than the prescribed dose or often refuses because they dislike or are bored. Consider an alternative or if Food First alone could be used.



Try to avoid the following:

- Requesting prescriptions of Ensure® Cans or Fresubin® Original which do not provide many calories.
- Requesting/ using dessert style supplements such as Forticreme® complete unless your resident has a diagnosis of dysphagia and requires IDDSI level 4 fluids (previously stage 2 or 3 fluids)
- Prescribing less than 2 cartons a day which will provide an extra 500-600kcal/day. Once daily prescriptions only provide 250-300kcal which can easily be met with food fortification e.g. fortified milk (1 pint full cream milk with 4 tablespoons of milk powder added)

(Note that some powdered products such as Scandishake®, Enshake® and Calshake® are higher in calories so only 1 sachet is required to provide 500-600kcal.)

How to use ONS appropriately:

- Set goals of care. These should be documented and regularly reviewed. e.g. 'To prevent further weight loss'
- Always continue with Food First advice in addition to the ONS
- To maximise their effectiveness, residents should be advised to take supplements between meals and not as a meal replacement
- Supplements may be better tolerated if served chilled. They can also be warmed (do not boil) or frozen
- Start with 1 week's supply or a starter pack to establish preference and avoid wastage.

When to ask for help (referral to dietetic service or liaise with GP):

- Residents with a BMI of 16.5kg/m² or less or for whom supplements are a sole source of nutrition
- Residents with complex nutritional needs (i.e. renal disease, gastrointestinal disorders) who may require specialist products
- If there is no improvement in 2 months
- Residents on a supplement which provides no vitamins or minerals/protein/carbohydrate
- Your resident is consistently not finishing the prescribed dose of supplement
 - ✓ Refer residents with swallowing or chewing difficulties to a speech and language therapist.

Contact local dietetic services before switching products for residents under dietetic care.

Nutritional Supplements Started In Hospital

If supplements are prescribed during a hospital admission, **it is unlikely** that residents will need to continue on the supplements thereafter and need should always be re-assessed before the products are prescribed by the GP.

Discontinuing Oral Nutritional Supplement

When nutritional goals have been achieved supplements should be discontinued. They should be reduced gradually e.g. from 2 cartons/day, to 1 carton/day for 1 month, review before discontinuing completely. Continue to monitor nutritional status and food intake to ensure that the goals of treatment are met. The Food First approach may be required on an on-going basis to maintain adequate nutritional intake and stable weight.

*ACBS = Advisory Committee for Borderline Substances prescribing criteria

For further information please contact First Community Health and Care Dietitians
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