Policy And Procedure For General Practitioners And Primary Care Staff For Managing Malnutrition And Prescribing Oral Nutritional Supplements In Adults

Co-ordinators:  
Dietetic Prescribing Advisor  
NHS Grampian

Consultation Group:  
Lead Community Dietitians  
Aberdeen, Aberdeenshire and Moray CHP

Approver:  
Medicine Guidelines and Policies Group

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Lead Author/Co-ordinator: Dietetic Prescribing Advisor

Subject: Clinical policy/protocol

Key word(s): malnutrition, undernutrition, oral nutritional supplements, sip feeds, food fortification, MUST screening tool

Document application: Medical and nursing staff in NHS Grampian Primary Care

Purpose: To give medical and nursing staff in Primary care guidance on identifying and treating malnutrition in adults and on the appropriate prescribing of oral nutritional supplements in the community

Responsibilities for implementation: Dietetic Prescribing Advisor

Organisational: Management teams and chief executives

Departmental: General practitioners/Practice managers/Nursing team leads/nursing staff

Area: Lead nurses/Clinical leads

Hospital/Interface services: Assistant General Managers and Group Clinical Directors

Operational Management Unit: Unit Operational Managers

Policy statement: It is the responsibility of supervisory staff at all levels to ensure that their staff are working to the most up to date and relevant policies and procedures. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect patient, staff or visitor safety and comfort will be reduced.

Review: This policy will be reviewed at least every two years or sooner if current treatment recommendations change.
This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

Responsible for review of this document: Dietetic Prescribing Advisor

Responsible for ensuring registration of this document on the NHS Grampian Information/ Document Silo: Dietetic Prescribing Advisor

Physical location of the original of this document: Community Dietetic Department, Aberdeen Community Health and Care Village

Job/group title of those who have control over this document: Lead Dietitians Primary Care/Medicine Guidelines and Policy group

Responsible for disseminating document as per distribution list: Dietetic Prescribing Advisor

Revision History:

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Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.

Distribution list:

General Practitioners throughout NHS Grampian
Lead nurses for dissemination to community nurses (district nurses, health visitors, nurse prescribers)
Director of Pharmacy and Medicines Management for dissemination to lead and primary care pharmacists
Lead dietitians for dissemination to NHS Grampian Dietitians
Policy And Procedure For General Practitioners And Primary Care Staff For Managing Malnutrition And Prescribing Oral Nutritional Supplements In Adults

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Policy And Procedure For General Practitioners And Primary Care Staff For Managing Malnutrition And Prescribing Oral Nutritional Supplements In Adults

1. Introduction

The prevalence of malnutrition in the UK is estimated to be 9-55% in adults in hospital and around 10% in people in the community with chronic illness. Malnutrition is a potentially serious problem associated with increased morbidity and mortality\(^1\). It is estimated to cost the NHS around £13 billion per year\(^2\). Early identification of those at risk of malnutrition is essential in order to establish effective management and prevent further complications arising as a result of malnutrition.

In recent years work has been done locally and nationally to ensure appropriate prescribing of Oral Nutritional Supplement (ONS).

In NHS Grampian, the following process is recommended;

- ONS should only be prescribed on the recommendation of a Dietitian.
- Patients should be screened for malnutrition risk factors using the criteria below.
- First line dietary advice should be given using the on-line dietary resource **The Best Weight Is Up**.
  - Their weight, height, BMI and percentage weight loss should be recorded and checked again 2-4 weeks later depending upon clinical judgement.
  - If there is no change refer to the Community Dietitian.

2. Identification Of Malnourished Patients Or Those At Risk Of Malnutrition

Screen the patient for risk of malnutrition using either;

2.1. **Malnutrition Universal Screening Tool (MUST)** - Appendix 1

Further training on how to use this is available from your local community dietetic department.

**OR**

2.2. **Subjective criteria (If MUST screening is not possible)**

Is there evidence of significant unintentional weight loss during the last 3 months? (i.e. 3-6kg in the last 3-6 months, or 10% usual or recent weight)

Has there been a significant decrease in appetite over the last few months?

Does the patient have a disease which impacts on nutrition, e.g. malignancy, inflammatory bowel disease, Chronic Obstructive Pulmonary Disease (COPD)

Does the patient have difficulty in swallowing food?

If the answer to any of the above is YES, then the patient may be at risk of malnutrition.
3. Treating Malnutrition

3.1. First line dietary advice

- Increase protein and high calorie foods - healthy eating is not appropriate at this stage. The Best Weight Is Up is an NHSG dietary advice leaflet available from your local community dietetic department and should be used to re-enforce verbal information.

- Food fortification - This involves enriching everyday food and drinks with ingredients such as cream, cheese, butter or margarine, skimmed milk powder. The advice leaflet The Best Weight Is Up provides more detail.

- Review according to MUST guidelines:
  - Must score = 1 - Review in 3 months
  - Must score = 2 - Review in 1 month

- If subjective criteria are used, review in 1 month or according to clinical judgement.

- If no improvement refer to community dietitian. Aberdeen/Aberdeenshire: Moray.

- Record weight monthly to monitor change.

A flowchart outlining the pathway for recognising and treating malnutrition is provided in Appendix 2.

3.2. Oral nutritional supplements (ONS)

Appropriate prescribing of ONS

ONS have been shown to be of benefit in some patients, however it is important that supplements are prescribed appropriately and that patients are monitored to assess their progress. In some cases they may simply replace normal food therefore have no real benefit to the patient. Not all ONS are suitable for all patients. In some cases certain ONS can be detrimental to the patient, e.g. in the case of patients with diabetes, renal disease, liver failure, GI conditions and swallowing problems. Some products such as Pro-cal Shot®, Calogen®, Calogen Extra®, Enshake® and Scandishake® are considered specialist products for individual patient needs and should NOT be prescribed without the advice of a dietitian.

The ACBS criteria for prescribing ONS as listed in the BNF and MIMS are:

- Dysphagia
- Short bowel syndrome
- Pre-operative preparation of undernourished patient
- Intractable malabsorption
- Following total gastrectomy
- Bowel fistula
- Disease related malnutrition.
Patients require information on the correct dose of ONS to meet their nutritional needs, how to use and store them and how long they should take them for.

In many cases an over the counter (OTC) product such as Complan®, Build-up® or an equivalent can be as effective as a prescribed ONS.

ONS should **not generally be prescribed unless recommended by a dietitian**. Patients under dietetic care will receive a thorough dietary assessment, taking medical, social and psychological factors into account and monitored accordingly.

If ONS are required immediately or before a referral can be made contact the community dietitian for advice or refer to the **Grampian Joint Formulary** or VISION for guidance on the first line choices.

A referral should still be made to the dietitian where possible.

### 4. Monitoring

Patients referred and seen by the dietitian will be monitored according to their individual nutritional care plan and ONS discontinued when no longer necessary. Any patient who has been started on ONS and not referred to the dietitian should be monitored according to the MUST screening tool and management guidelines (see **Appendix 1**).

ONS should be discontinued once targets are reached.

Patient management and monitoring information is summarised in **Appendix 2**.

### 5. ONS In Specific Areas

#### 5.1. Eating disorders

Prescribing of ONS in eating disorders is not generally recommended unless;

- Indicated by a member of the eating disorder team, in consultation with the eating disorders dietitians.

- The patient is very ill due to low body weight and admitted to hospital.

The use of ONS without any intervention by a dietitian may be detrimental to the treatment of the individual with an eating disorder.

#### 5.2. Palliative/terminal care

It is important to use ONS appropriately in palliative care in order to maximise quality of life and avoid unnecessary distress.

ONS may be indicated in patients receiving active treatment where supplements will improve nutritional outcome and quality of life. However, if the patient is struggling to take them, consideration should be given as to whether they are really helping.
Dietary advice should aim to take stress out of eating and avoid making an issue out of mealtimes. Nothing is limited and any food the patient enjoys should be encouraged. In cases where a carer wants to offer something, Build-up®, Complan® or an alternative can be suggested as these are often received well.

ONS should not generally be started at “end of life” as they are unlikely to be of any real benefit. Some health care professionals feel that psychologically they may be of benefit to either patient or carer, however often the reverse is true and the patient can feel under pressure to take the supplements in order to please others. It may be much better to encourage the patient to take foods or drinks they enjoy or to try home made milk shakes, smoothies or drinks such as Build-up® or Complan®. Further information can be found in the Guidelines for the dietary management of palliative care.

5.3. Care Homes

The majority of care homes in Grampian use the MUST Screening tool for care homes. The care home staff are responsible for identifying patients at risk of malnutrition and implementing first line dietary management, which includes food fortification and production of home made high energy drinks.

If this is ineffective in reversing the resident’s risk they should refer to the Community Dietitian according to their MUST guidelines.

Care home staff can refer directly to the Community Dietitian, without the need for a GP referral.

Care homes should not request GPs to prescribe ONS without dietetic intervention.

All nutritional supplements should be used on a named patient basis.

5.4. Substance Misuse

Separate guidelines are available for use of ONS in drug or alcohol misuse. Policy And Procedure For General Practitioners And Primary Care Staff For Prescribing Oral Nutritional Supplements In Substance Misuse

6. Referral To Community Nutrition And Dietetics

<table>
<thead>
<tr>
<th>Aberdeen City*</th>
<th>Aberdeenshire**</th>
<th>Moray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Therapy Services</td>
<td>Community Dietetic Department</td>
<td>Department of Nutrition &amp; Dietetics</td>
</tr>
<tr>
<td>Links Resource Centre</td>
<td>Aberdeen Community Health &amp; Care Village</td>
<td>Dr Gray’s Hospital</td>
</tr>
<tr>
<td>Park Road City Hospital</td>
<td>50 Frederick Street, Aberdeen</td>
<td>Elgin</td>
</tr>
<tr>
<td>Tel: 01224 558399</td>
<td>Tel: 01224 655577 (internal Ext 45577)</td>
<td>Moray</td>
</tr>
<tr>
<td><strong>Referrals for domiciliary visits in Aberdeen City</strong></td>
<td><strong>Referrals for domiciliary visits for Aberdeenshire and out-patient appointments for Aberdeen City and Aberdeenshire</strong></td>
<td></td>
</tr>
</tbody>
</table>

For further information about prescribing of dietary products please contact Grampian Dietetic Prescribing Advisor (01224 655577).
7. References:


Malnutrition Universal Screening Tool (MUST) NHS Grampian Primary Care

**On Assessment**
Gather and document nutritional measurements/observations:
Height, weight, recent unplanned weight loss, effect of acute disease, likes/dislikes, food allergies, need for assistance with eating, cultural/ethnic/religious requirements/special diets

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![Diagram](image-url)

**Step 1**
Calculate BMI

<table>
<thead>
<tr>
<th>BMI</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>&gt;20 (&gt;30=Obese)</td>
<td>=0</td>
</tr>
<tr>
<td>18.5-20</td>
<td>=1</td>
</tr>
<tr>
<td>&lt;18.5</td>
<td>=2</td>
</tr>
</tbody>
</table>

**Step 2**
Calculate Weight Loss

Unplanned weight loss in past 3-6 months

<table>
<thead>
<tr>
<th>Weight Loss</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5%</td>
<td>=0</td>
</tr>
<tr>
<td>5-10%</td>
<td>=1</td>
</tr>
<tr>
<td>&gt;10%</td>
<td>=2</td>
</tr>
</tbody>
</table>

**Step 3**
Nutritional Intake

If patient is acutely ill AND there has been OR is likely to be no nutritional intake for >5 days

<table>
<thead>
<tr>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

If no acute disease effect

<table>
<thead>
<tr>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

**Step 4**
Add scores together to calculate overall risk of malnutrition

**Step 5**
Management Guidelines

<table>
<thead>
<tr>
<th>0</th>
<th>Low Risk: Routine Clinical Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Weigh and repeat screen annually</td>
</tr>
<tr>
<td></td>
<td>• Document on MUST recording sheet and in appropriate care plans</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>Medium Risk: Observe</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>• Review diet and suggest small frequent meals</td>
</tr>
<tr>
<td></td>
<td>• Discuss food fortification using <em>The best weight is UP</em></td>
</tr>
<tr>
<td></td>
<td>• Document on MUST recording sheet and in appropriate care plans</td>
</tr>
<tr>
<td></td>
<td>• Repeat screen in 3 months or according to clinical judgement</td>
</tr>
<tr>
<td></td>
<td>If no improvement after 3 months refer to dietitian</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>&gt;2</th>
<th>High Risk: Treat*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Review diet and suggest small frequent meals</td>
</tr>
<tr>
<td></td>
<td>• Discuss food fortification using <em>The best weight is UP</em></td>
</tr>
<tr>
<td></td>
<td>• Document on MUST recording sheet and in appropriate care plans</td>
</tr>
<tr>
<td></td>
<td>• Repeat screen in 1 month or according to clinical judgement</td>
</tr>
<tr>
<td></td>
<td>If no improvement refer to dietitian (unless not appropriate or no benefit is expected from nutritional support)</td>
</tr>
</tbody>
</table>

*Improvement = weight stable or weight increase

No improvement = further weight loss
Screen the patient for risk of malnutrition using;

EITHER

MUST screening tool
(Appendix 1)

OR

Subjective criteria
Is there evidence of;

- Significant, unintentional weight loss? (3-6Kg in 3-6 months)
- Significant decrease in appetite
- Disease impacting on nutrition
- Swallowing difficulty

Yes to any of the above

ACTION REQUIRED:
First line dietary advice
- Encourage high energy snacks and drinks and advise food fortification* (section 3.1)
- Issue The best weight is UP

Repeat screen in 3 months or according to clinical judgement

ACTION REQUIRED:
First line dietary advice
- Encourage high energy snacks and drinks and advise food fortification* (section 3.1)
- Issue The best weight is UP

Repeat screen in 1 month or according to clinical judgement

IMPROVEMENT?

YES

Weight stable or increased

ACTION REQUIRED:
Continue with treatment until targets reached

NO

Further decrease in weight despite following advice

ACTION REQUIRED:
Refer to Community Dietetics (use standard referral form)

If nutritional supplements need to be prescribed before referral to the dietitian, please refer to the Grampian formulary for the most suitable type

*Food fortification - involves enriching everyday foods with cream, full fat spread, cheese,