

## Oral Nutritional Supplements (ONS) for adults Frequently Asked Questions

### Can I prescribe ONS for patients living in residential/nursing care homes?

CQC guidance states that care homes must provide sufficient food and drink to meet assessed nutritional need and must provide service users with the support required to eat and drink enough (Regulation 14 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014). You must therefore ensure that **'food first' options including food fortification and nourishing drinks and snacks have been fully exhausted** and that there is a **clear clinical need** (MUST score 2 or above) before considering ONS prescription.

**When an ONS is indicated, then a POWDER option should be used first line in a care home see [Reviewing Oral Nutritional Supplements \(ONS\) in Care Homes](#)**

### My patient has come out of hospital on ONS, should I continue the prescription?

Patients prescribed ONS in hospital will not automatically require ONS on prescription once discharged home. If required, the hospital dietitian will write on the discharge summary or send a letter with clear instructions on ONS prescription and ongoing review. If you are unsure if a patient is being reviewed by a dietitian, please contact the Dietitians Department at the hospital where your patient was discharged from.

If they present with ongoing concerns about nutritional intake or weight loss, it is recommended that the patient is reviewed and supported as per the [Malnutrition Care Pathway for Adults](#)

### Should I prescribe ONS for people with substance use disorders?

Substance (drugs and alcohol) use is not a specific ACBS indication for ONS prescription; however, this group of patients are often at risk of a range of nutrition related problems. Potential problems with ONS prescription include replacement of meals with ONS, selling ONS as a source of income, and difficulty in monitoring due to poor review appointment attendance.

The ['Malnutrition Care Pathway for Adults'](#) should be followed; however, it is suggested that:

- The patient should be made aware on ONS initiation that non-attendance for review appointments will result in the prescription being stopped (and that this action is followed through)
- ONS prescriptions should be time limited e.g. 1 to 3 months with a specific aim of treatment set
- If there is no change after this period, ONS prescription should be reduced/stopped
- If there is positive change, continue until aims of treatment are met, then reduce/stop prescription

### Should I prescribe ONS for patients receiving palliative care, or those nearing end of life?

Use of ONS in palliative care should be assessed on an individual basis as the aims of treatment will change throughout the stages of care. It is critical that **realistic expectations** are discussed with the patient and their relatives/carers to avoid unnecessary stress at an already difficult time. Below are the main points to consider:

#### Early Palliative Care

- Nutrition screening, assessment and appropriate early intervention, including ONS, may improve response to treatment and potentially reduce complications

#### Late Palliative Care & Last Days of Life

- Patient may be experiencing issues such as pain, nausea, reduced appetite, or food/fluid refusal
- Priority of treatment should be to **maximise quality of life** including comfort, symptom relief and enjoyment of food **not** treatment/reversal of malnutrition
- Aggressive nutrition support is unlikely to be beneficial, especially if it causes discomfort or anxiety
- Intensive nutrition screening and initiating ONS prescription is not usually recommended at this stage
- Do not prescribe ONS for the sake of 'doing something' if other dietary advice has failed; this may only increase patient/carer anxiety around poor food and fluid intake and/or provide false hope
- If ONS are prescribed, ensure a measurable aim of treatment is agreed and review the prescription regularly
- Towards end of life, the patient is likely to have very little desire for food or fluid; maintaining good oral hygiene and offering sips of fluid or mouthfuls of food as desired will provide comfort

Further reading: [Managing Adult Malnutrition in the Community | Malnutrition Pathway](#)

Presqipp: Appropriate Prescribing of Oral Nutritional Supplements: [261-oral-nutritional-supplements-20.pdf](#)

