**Oral Nutritional Supplement (ONS) Request and Monitoring Form**

This form should be completed when oral nutritional supplements are requested on behalf of an individual living in a care home **if this** **is the preferred method of ordering by the GP practice.** In any case, the following information should be communicated to the GP practice so that a clinical record can be maintained and the individual monitored.

ONS may be declined unless a form has been completed.

**Please note – prescriptions for ONS should not be routinely issued without a clear clinical goal and a monthly review.**

The Think Food approach encourages recipes, snacks and fortification techniques to support nutritional intake.

Nutritional supplements are therefore only required in exceptional circumstances and requests may be declined if deemed inappropriate or if a Think Food approach has not been implemented.

Treatment goals should be reviewed at least monthly to ensure the goals are still appropriate.

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| **Individual’s name:** Click or tap here to enter text. **Date of birth:**Click or tap to enter a date.  **Care Home:** Click or tap here to enter text. | | |
| **Please state the specific treatment goal and any additional information to support the request:**  Click or tap here to enter text. | | |
| **Please document any flavour preferences here:**Click or tap here to enter text. | | |
| Has the treatment goal been recorded in the individual’s care plan?  **YES  NO** | | |
| Does the individual continue to be supported with a Think Food approach?  **YES  NO** | | |
| **\*898451000000108** Compliant with food fortification regimen (finding) | | **YES** |
| **\*898411000000109** Noncompliance with food fortification regimen (finding) | | **NO** |
| **\*27113001** | Current weight (kg):Click or tap here to enter text. | |
| **\*60621009** | Current BMI (kg/m2):Click or tap here to enter text. | |
| **\*414648004** | Current MUST Score:Click or tap here to enter text. | |
| Request made by (please print):Click or tap here to enter text. Job Title/Role:Click or tap here to enter text.  Signature:Click or tap here to enter text.  Date**:**Click or tap to enter a date. | | |

# Oral Nutritional Supplement Prescribing Advice

ONS should only be prescribed for individuals who meet the following Advisory Committee on Borderline Substances (ACBS) criteria:

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| * Disease related malnutrition * Intractable malabsorption * Following total gastrectomy * Short bowel syndrome | * Proven inflammatory bowel disease * Bowel fistula * Pre-operative preparation of undernourished patients * Dysphagia |

**If none of these conditions apply, home-made or over the counter alternatives are available.**

Think Food Approach in Care Homes - A practical guide, recipe ideas and additional information can be found on the Medicines Management - Clinical Guidelines and Resources (CGR) section on the NHS Shropshire, Telford & Wrekin [website](https://www.shropshiretelfordandwrekin.nhs.uk/about-us/how-we-are-run/polices-procedures-and-governance/medicines-management/clinical-guidelines-and-resources-cgr/)

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| **If prescribing is declined, then please communicate this decision with the care home** |
| **\*Snomed codes for practice use. Please save this document to the clinical record and code appropriately.** |