

Managing Adult Malnutrition in the Community

Screen patients by observation, weighing and monitoring dietary intake (use the [‘MUST’ tool](#) to screen for malnutrition)

Consider nutritional support for patients who are malnourished or at risk of malnutrition according to the following criteria:

- ❖ BMI less than 18.5kg/m²
- ❖ Unintentional weight loss greater than 10% (>3kg/7lb) within the last 3-6 months
- ❖ A BMI of less than 20kg/m² and unintentional weight loss greater than 5% within the last 3-6 months
- ❖ Physiological stress (infection, pressure sores)
- ❖ Have eaten little or nothing for more than five days and unlikely to for the next five days.
- ❖ Have poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs from causes such as catabolism.

- ❖ Assess underlying causes of malnutrition e.g. nausea, swallowing difficulty, prescribed medications
- ❖ Agree and document treatment goals e.g. target weight/BMI, wound healing, improved symptoms

- ❖ Encourage increase in nutritional intake by dietary measures and food fortification.
- ❖ Provide [‘Food First’ leaflet](#).
- ❖ Suggest increase in menu options/provision of snacks.
- ❖ Where appropriate assistance at mealtimes.
- ❖ If patient’s condition meets ACBS criteria consider prescribing oral nutritional supplements. (See ‘Prescribing of Oral Nutritional Supplements’ overleaf)

Oral Nutritional Supplements are classified as borderline substances and should only be prescribed where the indication meets Advisory committee on Borderline Substances (ACBS) criteria. Prescriptions must be endorsed ‘ACBS’

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

- ❖ If a patient’s condition does NOT meet ACBS criteria they can be advised to purchase over-the-counter nutritional supplements such as Build Up®, Complan®, Nutrament®, Nurishment®

- ❖ Review agreed treatment goals every 4 weeks e.g. target weight/BMI, wound healing, symptomatic improvement.
- ❖ Re-assess oral nutritional supplements every 4 weeks (continually assess compliance).

Treatment goals met

- Stop oral nutritional supplements.
- Repeat BMI assessments at 3 monthly intervals if clinically indicated.
- May still require food fortification to prevent malnutrition. Provide [‘Food First’ leaflet](#).

Treatment goals not met / limited progress

- Re-evaluate treatment goals where appropriate i.e.
- If individual is clinically stable/acute episode of illness has abated.
 - Individual is back to their normal eating and drinking patterns.
 - If no further clinical input would be appropriate.

Consider referral to dietitian if there is no improvement or if the patient’s condition deteriorates.

Prescribing of Oral Nutritional Supplements

Oral nutritional supplements should NOT be used as general supplements for poor appetite. They should only be considered when first line dietary advice and food fortification has failed to improve weight/food intake within a maximum of 4 weeks unless the patient is considered to be malnourished or at risk of malnutrition.

First line treatment - Powder based option

Prescribe a small quantity initially to establish preferences and prevent waste. Ask the patient to inform the practice of their preferred choice of flavours. Prescribe as: (ACUTE prescription, not repeat and review every 4 weeks)	Cost
Ensure Shake® sachets (7 x 57g) Available flavours– vanilla, strawberry, chocolate, banana.	£4.20 per pack of 7 Sachets (60p / sachet)

Each sachet, when made with 200 ml whole milk, provides 389 kcal per serving and 17 g of protein.

Prescribe 2 sachets /day and review every four weeks.

Can be served in reduced doses (e.g. 4 x 100ml/day).

Once reconstituted store in the fridge for up to 24 hours. Gluten free and suitable for vegetarians.

Alternative treatment options ONLY to be considered if Ensure® Shake is not suitable i.e. lactose intolerance or where oral nutritional supplements are the sole source of nutrition.

Indicate the specific doses on each prescription (2 bottles per day with fortified food is usually sufficient)

Milk based supplements		Volume	Cost *
Initially prescribe an 'Ensure Plus Commence' starter pack (contains 10 x flavours of Ensure Plus milkshake style) to establish flavour preferences. Ask the patient to inform the practice of their preferred choice of flavours. Prescribe supplements according to patient preferences.			
Ensure Compact® Liquid	Smaller volume ready to drink supplement. Prescribe in packs of 500ml (4 x 125ml) Flavours: Banana, vanilla, strawberry, café latte	125ml	£1.35
Ensure Plus Milkshake® Liquid	Milkshake style supplement Consider for those with lactose intolerance	200ml	£1.12
Ensure Plus® Yogurt Style Liquid	Yogurt style supplement Flavours: Orchard Peach, Strawberry swirl	200ml	£1.12
Juice based supplements		Volume	Cost *
Ensure Plus Juice® Liquid	Juice style supplement. Consider for those with lactose intolerance Flavours: Apple, fruit punch, lemon and lime, orange, peach and strawberry.	200ml	£1.97
Specific nutritional supplements		Volume	Cost *
Ensure Plus® fibre Liquid	Milk based supplement with additional fibre content for patients at risk of constipation Flavours: banana, chocolate, raspberry, strawberry and vanilla	200ml	£2.07
Ensure Plus Crème® Dessert	Milk based supplement ONLY to be prescribed for patients with dysphagia Prescribe in packs of 500ml (4 x 125g) Flavours: banana, chocolate, neutral and vanilla	125g	£1.93

*Prices correct at August 2018

Best practice prescribing advice

- ❖ Patients discharged from hospital on oral nutritional supplements should not automatically be issued with further supplies unless there is a clear treatment plan with a review date and the patient meets ACBS criteria. If nutritional supplements are continued, prescribing must be reviewed at monthly intervals using the care pathway.
- ❖ Oral nutritional supplements should be stopped if monthly reviews are not completed.
- ❖ Patients in care homes should be assessed for malnutrition on admission and when there is clinical concern.
- ❖ Oral nutritional supplements should only be prescribed as acute prescriptions and should not be put on a repeat prescription.