

3893 \*

**Care Home Oral Nutritional Supplement (ONS) Request Form**

This form should be completed every time oral nutritional supplements are requested or reviewed.

# ONS will not be prescribed unless a form has been completed.

**Please note – prescriptions for ONS will not be routinely issued for residents in a Care Home setting without a clear clinical aim and a monthly review. It is the responsibility of the Care Home to provide high quality nutritional care as part of CQC fundamental standards.**

**The Think Food in Care Homes Pathway provides recipes, snacks and fortification techniques to enable an increase in residents’ nutritional intake to support weight gain. Nutritional supplements are therefore only required in exceptional circumstances and requests will be refused if deemed inappropriate or if the ‘Think**

**Food in Care Homes’ pathway has not been implemented in full as the first line approach.**

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

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| **Resident name: Date of birth:**  **Care Home:** |

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| --- | --- | --- |
| Please state treatment goal e.g. wound healing, target BMI: | | |
| I confirm that the treatment goal has been recorded in the person’s care plan (please tick). | |  |
| 22A\* | Current weight (kg): | |
| 22K\* | Current BMI (kg/m2): | |
| 687C\* | Current MUST Score: | |

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| 1FR0\* | I confirm that this resident continues to be offered fortified food, nourishing snacks and fluids as per the Think Food in Care Homes Pathway, and that this has been trialled and evidenced using Think Food ‘Prescription Charts’ for at least one month (please tick). |  |

# Oral Nutritional Supplement Prescribing Advice

Oral nutritional supplements are prescribed only for individuals who meet the following 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, over the counter alternatives such as Meretine® or Complan®, home- made alternatives or other shop purchased alternatives should be supplied by the care home.

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| **Please document residents flavour preferences here:** |

**CCG policy is to prescribe powdered supplement, 2 sachets/day as the first line nutritional supplement. For further guidance see Oral Nutritional Supplement Guidelines:** [**(http://www.shropshireccg.nhs.uk/nutrition)**](http://www.shropshireccg.nhs.uk/nutrition)

# Request to prescribe alternative nutritional supplement

**Second line** alternatives – will **ONLY** be considered with clinical justification as per Oral Nutritional Supplement Guidelines ([www.shropshireccg.nhs.uk/nutrition](http://www.shropshireccg.nhs.uk/nutrition)) following an assessment by the Medicines Optimisation Care Homes Team. Please refer to the Medicines Optimisation Care Home Team by emailing a referral form (found via the link above) to SHRCCG.thinkfoodshropshire@nhs.net

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| **Request made by (please print):**  Name**………………………………………………………**  Job Title**…………………………………………………..**  Signature**………………………………………………….**  Date**……………………………………………………….** | **GP prescribing decision Yes**□ **No** □  **Comments:** |

**\*Read codes for practice use. Please scan this document into clinical system at GP practice.**  Disease related Malnutrition - Proven Inflammatory bowel disea Intractable malabsorption - Following total gastr Short bowel syndrome - Pre-operative preparation of undernourished patients -