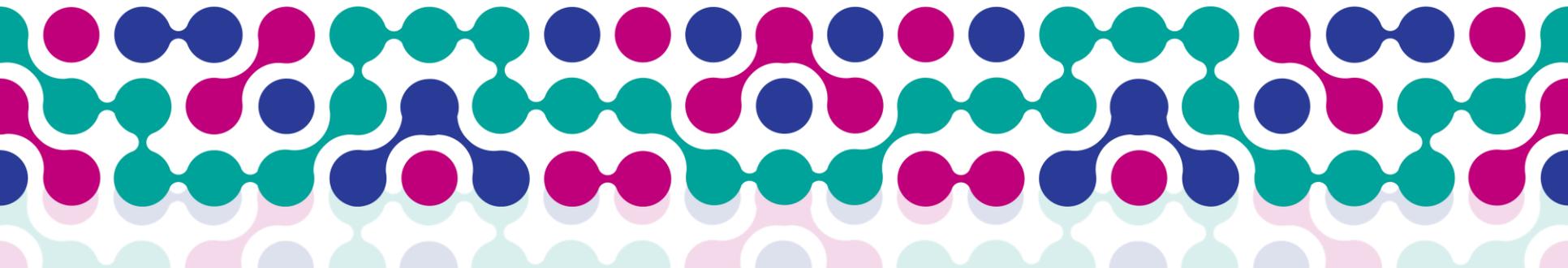


# Management of Oral Nutritional Supplement Prescribing

**Michelle Saunders**

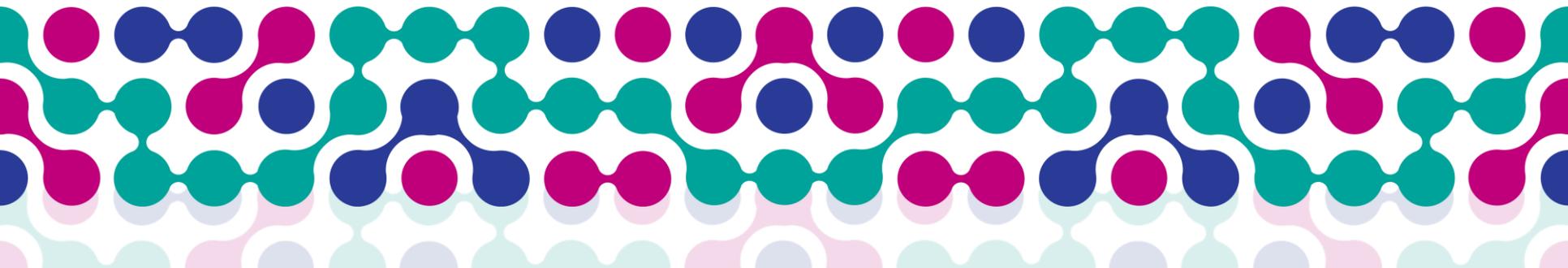
**Medicines Optimisation Dietitian BSW ICB**

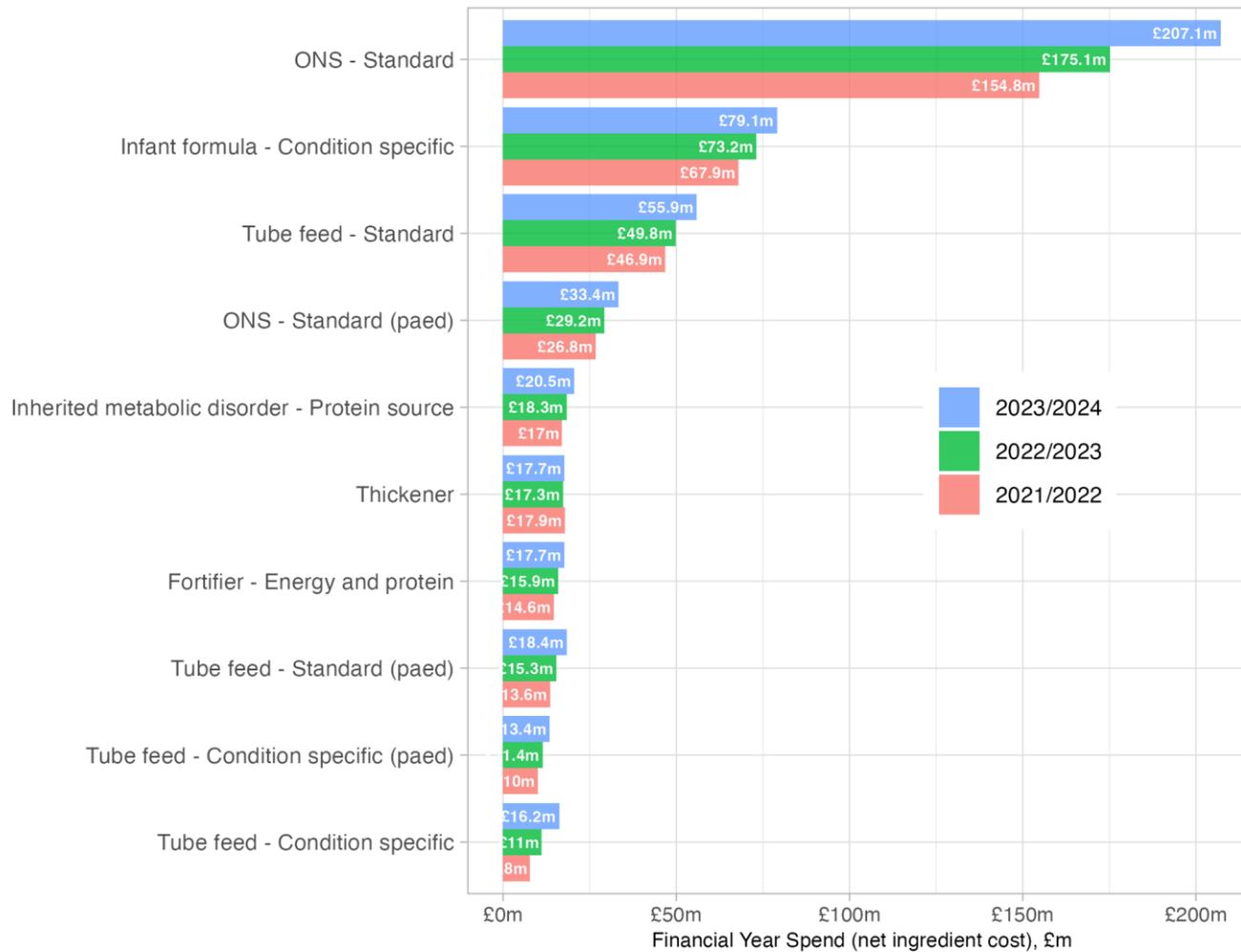
**[Michelle.saunders12@nhs.net](mailto:Michelle.saunders12@nhs.net)**



# Overview

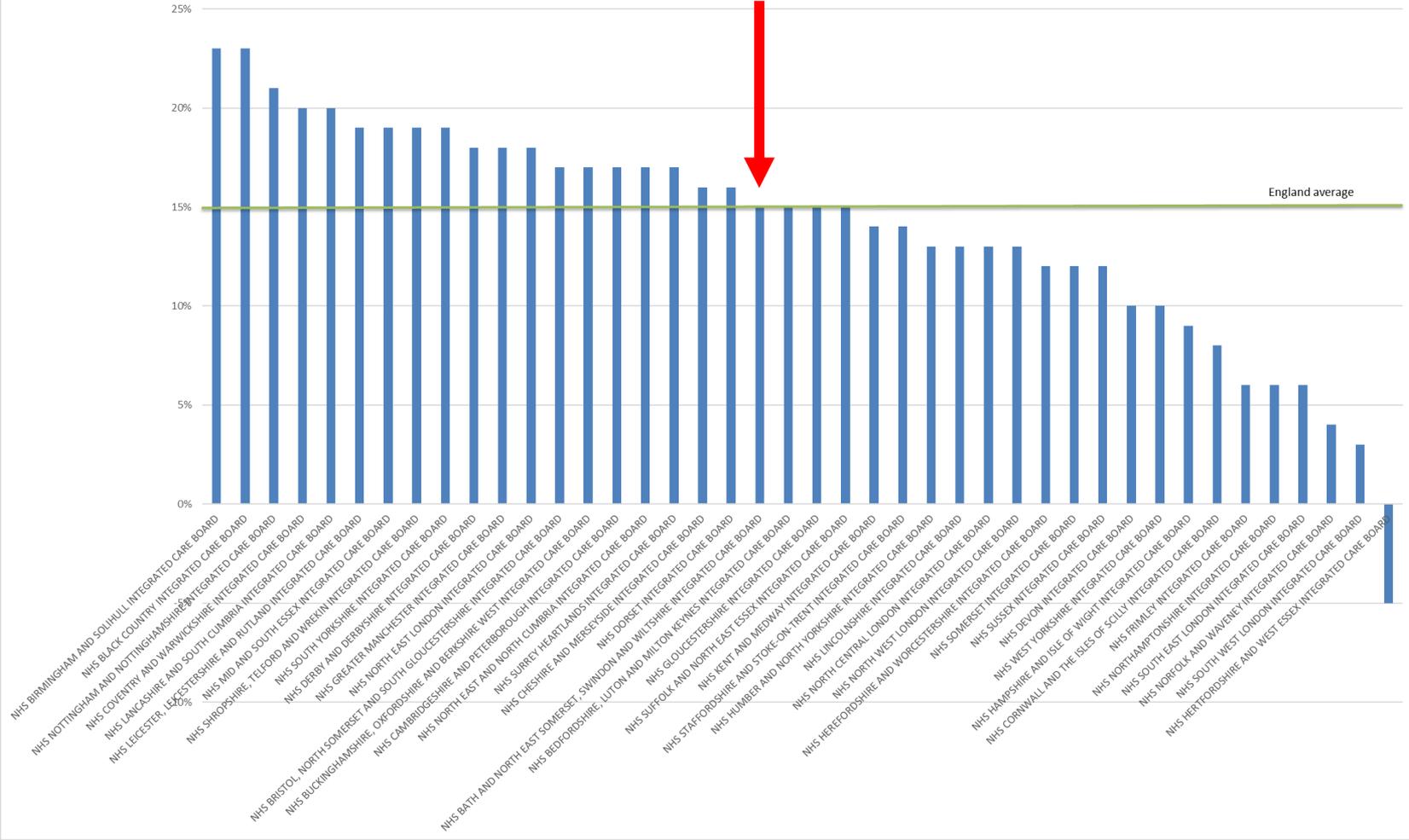
- ONS Spend England, BSW, Whiteparish
- Dietetic Led ONS practice-based project – Whiteparish Surgery
  - Method
  - Interventions
  - Savings
  - General Tips and Practical Advice when prescribing ONS
- ONS on discharge from acutes
- ONS in care homes
- Position Statement – dessert style ONS
- Resources/ONS formulary





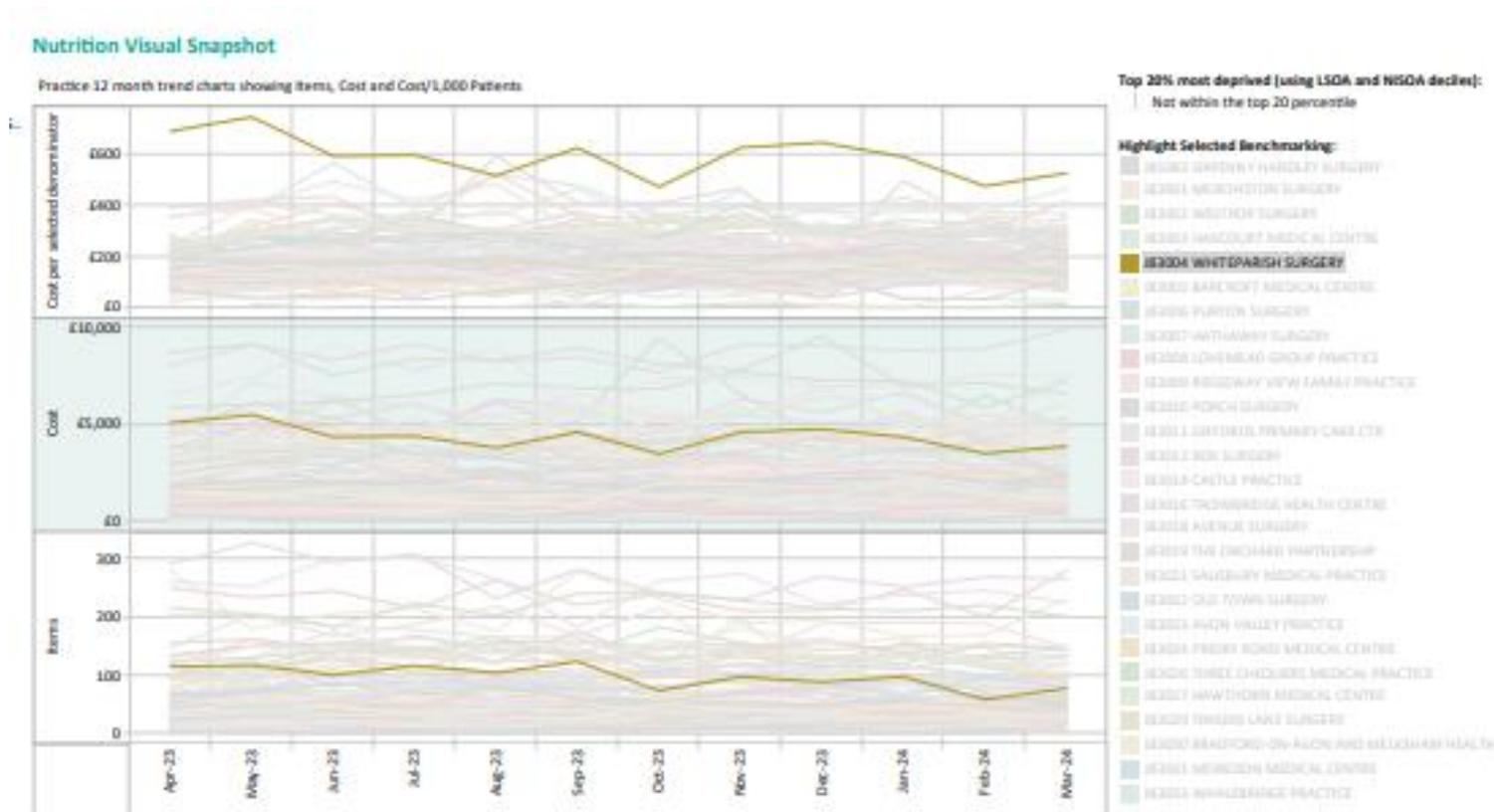
source: NHS England: Medicines Value & Access

All England ICBs  
% increase in ONS spend 2022/23 - 2023/24



# Oral Nutritional Supplement (Sip Feeds) Prescribing at Whiteparish Surgery (May – July 2024) – A cost saving project

## Whiteparish ONS data 2023/2024



Prescrip accessed 02.09.24, ePact data

# Oral Nutritional Supplement (Sip Feeds) Prescribing at Whiteparish Surgery (May – July 2024) – A cost saving project



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

- Oral nutritional supplements included in this project were – Fortisip Compact Protein (125ml), Fortisip Compact (125ml), Fortisip bottle (200ml), Ensure Plus milkshake style (200ml), Ensure Compact (125ml), Nutricrem (125g pot).
- These specific products are not an exhaustive list of ONS prescribed at Whiteparish but were identified as they all have more cost-effective alternatives, thereby providing opportunity for cost savings and maximizing dietetic resource.
- The sip feed search identified 31 individuals that had been prescribed the ONS listed above in the previous 6 months (exclusions were applied)
- All records underwent some degree of scrutiny to identify appropriate individuals for switches/stops
- Where necessary onward referrals were made to community dietetics or patients highlighted to them where reviews missed/or to consider first line ONS.
- Of those whose ONS were switched, additional counselling provided on nutrient dense diet as well as treatment aims agreed

**The total identified 12 month saving as a result of the ONS changes was calculated at  
£11,954**



# Oral Nutritional Supplement (Sip Feeds) Prescribing at Whiteparish Surgery (May – July 2024) – A cost saving project

## Issues identified/highlighted;

- Many of the patients prescribed ONS did not have recent weight (in last 6 months) recorded in record
- Clear treatment aims not consistently set/documented or communicated with patients
- Of those whose ONS were stopped many had been initiated when in hospital with no review of ongoing requirement post-discharge
- Within this project, care homes were encouraged to provide food fortification and home-made nourishing drinks (as per BSW recipes) as first line management for residents. Care Homes need continued encouragement to ensure their residents receive a nutrient dense diet and appropriately fortified meals, snacks and nourishing drinks where malnutrition is identified. [Nourishing-Drinks-info-for-patients.pdf](#)

<b>Comparison between prescribed milkshake type supplements and homemade fortified milkshake</b>				
<b>Nutrient Content</b>	<b>Standard prescribed adult, ready to drink milkshake type ONS twice daily</b>	<b>Homemade fortified milkshake twice daily</b>	<b>Fortified Ovaltine twice daily</b>	<b>Fortified Horlicks twice daily</b>
<b>Energy (kcal)</b>	600	590-620	637	638
<b>Protein (g)</b>	25	34.2	36.8	38.6

# Oral Nutritional Supplement (Sip Feeds) Prescribing at Whiteparish Surgery (May – July 2024) – A cost saving project



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

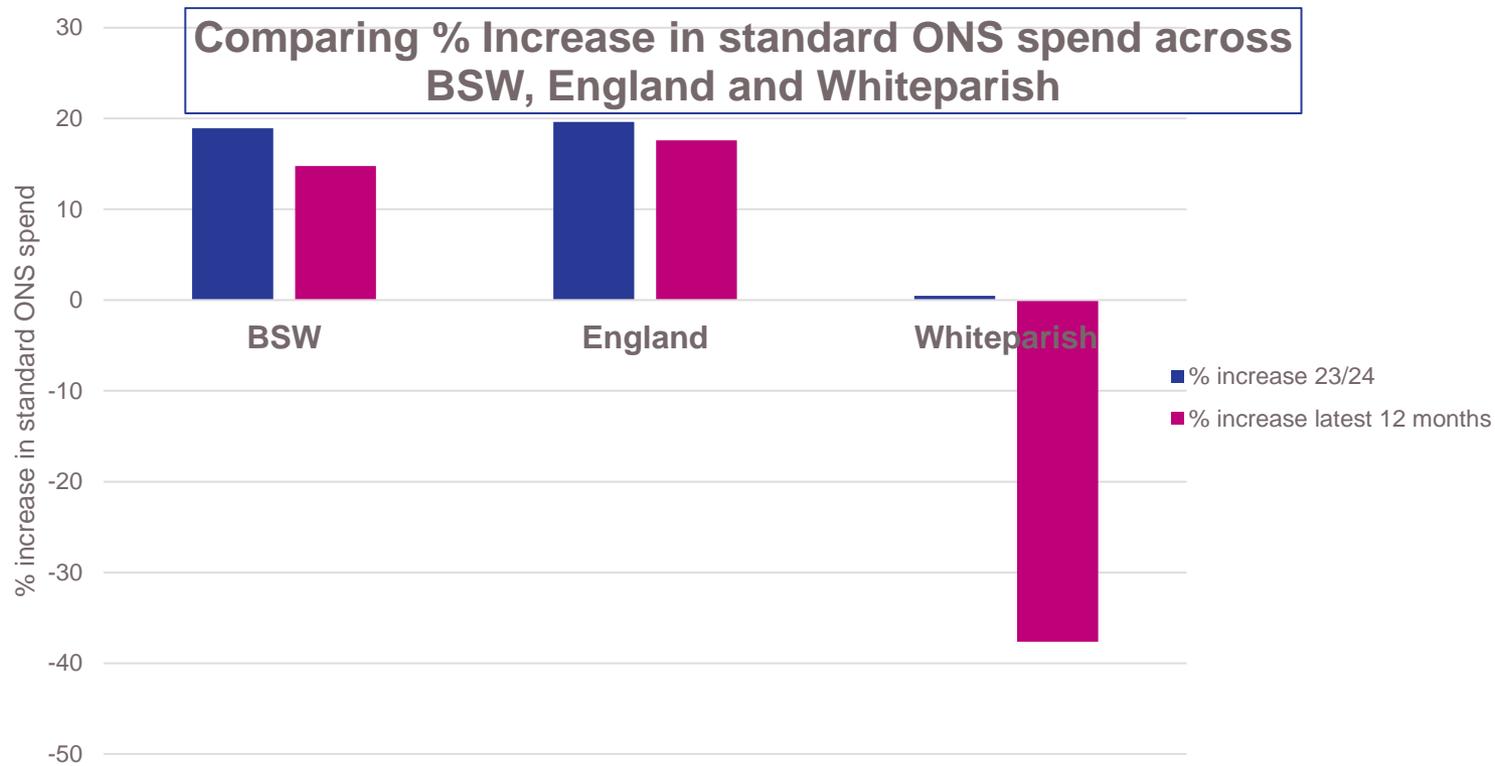
## Care Home Resident

- Post hospital admission, ctd on Fortisip compact BD Jan 2023.
- On review by MO Dietitian, 63.5kg BMI 22kg/m<sup>2</sup>, MUST 0
- Weight gain of 7kg in 12months
- Fortisip Compact BD stopped  
**(£1108 annualised saving)**
- Care home advised to offer 2 x home-made nourishing drinks (BSW recipes, similar calorie and protein content)
- Care home advised to continue to monitor weight/MUST monthly and review any concerns with GP in future

## Patient in own home

- Weight 77kg, BMI 21kg/m<sup>2</sup>
- Significant weight loss >10%, MUST 2, high risk of malnutrition and reported loss of muscle mass
- Prescribed Fortisip compact protein BD
- Trialled Foodlink Complete and managed well
- Switched to Foodlink Complete BD  
**(£1290 annualised saving)**
- Advised on nutrient dense fortified diet alongside prescribed ONS
- Family advised to continue to monitor weight and flag any further weight loss to GP

# Whiteparish standard ONS data



Row Labels	% increase 23/24	% increase latest 12 months
BSW	18.93	14.76
England	19.64	17.61
Whiteparish	0.47	-37.65



# Oral Nutritional Supplement (Sip Feeds) Prescribing at Whiteparish Surgery (May – July 2024) – A cost saving project



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

- How were these savings achieved?
  - One to one interventions/switches
  - Education session post audit highlighting themes and areas for improvement.
  - Engagement with pharmacy team and subsequent changes to how surgery manage ONS requests from care homes and following discharge
- These changes we see are not fully attributable to the intervention of the MO Dietitian with individuals but to a change in prescribing practice as promoted by the pharmacy team following the education update.



# General advice for prescribers when managing sip feed prescriptions

Record **weight/MUST**, if possible, where there is concern about poor appetite or treatment (i.e ONS) being requested or considered.

Set clear **goals of treatment** (e.g. weight gain, weight maintenance) at the outset

Offer '**FOOD FIRST ADVICE**' first line for patients identified as at risk of malnutrition (as per MUST score) before prescribing.

Use first line **powder supplements** (to be made with full fat milk) e.g. **Aymes Shake**, where appropriate (exceptions CKD 4/5, lactose or dairy intolerance/allergy, dysphagia (should be checked by dietitian))

Patients with complex nutritional needs e.g. renal disease, cystic fibrosis, gastrointestinal disorders, require specialist advice and should be **referred to dietetic services**



# Practical Tips when prescribing sip feeds



Double check product names

***Altraplen Energy, Altraplen Compact, Altraplen Compact Daily – different products!***



Double check volumes, presentations, and daily doses;

***Altraplen Energy – 200ml bottle – BD monthly – 11200ml  
Altraplen Compact – 125ml bottle – BD monthly – 7000ml  
Altraplen Compact Daily – 250ml bottle – OD monthly – 7000ml***



If specific flavours requested, add directions in dosage line rather than creating multiple scripts e.g. mix of vanilla/strawberry ONLY or NO chocolate. Tick box for assorted flavours (AF) unless single flavour requested

# Practical Tips when prescribing sip feeds



For Care Home requests – Check rationale with Care Home, Weight/MUST/Weight loss? Other factors needing addressing i.e. nausea/constipation?, Additional nourishing snacks/drinks being offered? Has resident been consulted? What is the aim? Is this intervention appropriate i.e. are they nearing end of life? Trial/review/prescribe with aim/review.....



If sporadic (not monthly or not full dosage being requested by care home or individual), then individual is unlikely achieving therapeutic dose for clinical benefit – Review?



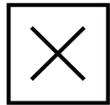
Please always consider formulary options! Updated regularly and changes always advertised in MOP UP newsletters.



[Guide-to-Malnutrition-Screening-and-ONS-Prescribing-for-Adults.pdf](#)

# Managing sip feeds on discharge from hospital

- In hospital ready made supplements are inexpensive
- While in hospital, appetite and intake may be very poor due to acute illness and not having access to usual food and drinks
- Only a small percentage of those prescribed ONS while in hospital will have met criteria for assessment by acute dietitians. Others will have been discharged home before being seen.



Do not automatically add ONS to repeat prescriptions unless clear plan on discharge summary



Do carry out new assessment of nutritional risk  
Do consider formulary options first line if appropriate.

[Guideline-for-prescribing-of-oral-nutritional-supplements-on-Discharge-Summary-.pdf](#)  
([bswtogether.org.uk](http://bswtogether.org.uk))

# Managing sip feeds– CARE HOMES

## Care Home Digest - British Dietetic Association (BDA)



Care homes have both responsibility and resource to provide a nutrient dense diet and home-made nourishing drinks to meet requirements for residents at risk of malnutrition.



On discharge to a care home, this approach with home-made fortified milkshakes should be trialled first before prescribed sip feeds are considered.



BSW recipes replicate nutritional content of prescribed sip feeds. <https://bswpartnership.nhs.uk/medicines/wp-content/uploads/sites/3/2022/06/Nourishing-Drinks-info-for-patients.pdf>



**Preferred First line POWDER ONS choices on BSW ICB Formulary:  
Powders are not suitable as sole source of nutrition or for CKD4/5**

Presentation	Product Name	Price	Monthly volume	Nutritional content/sachet	Instructions
Standard Volume	<u>Aymes Shake</u>	£0.52/sachet	56 sachets	383kcal, 19g protein	Made up with 200ml full fat milk
Compact Volume	<u>Aymes Shake Compact</u>	£0.52/sachet	56 sachets	320kcal, 15g protein	Make up with 100ml full fat milk
Juice Style and Dairy Free	<u>Aymes Actasolve Smoothie*</u>	£0.99/sachet	56 sachets	297kcal, 11g protein	Make up with 150ml water

**Preferred READY TO DRINK ONS choices. Only for patients who cannot make up a powdered shake.**

Presentation	Product Name	Price	Monthly volume	Nutritional content/bottle	Instructions
Standard Volume	<u>Altraplen Energy</u>	£0.99/200ml bottle	56 bottles (11200ml)	300kcal, 12g protein	N/A
Compact Volume	<u>Altraplen compact DAILY</u>	£1.60/250ml bottle	28 bottles (7000ml)	600kcal, 24g protein	250ml bottle to be split and offered as 125ml BD
Juice Style	<u>Aymes Actagain Juice*</u>	£1.80/200ml bottle	56 bottles (11200ml)	300kcal, 8g protein	N/A

The products above should be safe and suitable for most patients. Please refer to BNF, manufacturer's information or dietitian for advice if patient is following a restricted diet or has complex nutritional needs. Prices based on October 2024 MIMS data.

**\*These products are not nutritionally complete and have significantly less protein and vitamins/minerals than alternatives. They remain AMBER on formulary so should they be deemed the only suitable products for your patients then consider Dietetic referral for further assessment and justification**

Bath Community Dietitians – St. Martins Hospital, BA2 5RP, 01225 833916, [ruh-tr.referralsmhdietitians@nhs.net](mailto:ruh-tr.referralsmhdietitians@nhs.net)  
 Swindon Community Dietitians – Eldene Health Centre, SN3 3RZ, 01793 646232, [gwh.swindoncommunitydietitians@nhs.net](mailto:gwh.swindoncommunitydietitians@nhs.net)  
 Wiltshire Community Dietitians – Chippenham Community Hospital, SN15 2AJ, 01249 456512, [whc.wiltshiredietetics@nhs.net](mailto:whc.wiltshiredietetics@nhs.net)

## Guide to Malnutrition Screening and Oral Nutritional Supplements (ONS) Prescribing for Adults

based on the 'Malnutrition Universal Screening Tool' (MUST)

Step 1 (BMI score)	+	Step 2 (weight loss score)	+	Step 3 (Acute Disease effect score)
<b>BMI kg/m<sup>2</sup></b> More than 20 <b>Score 0</b> 18.5 – 20 <b>Score 1</b> Less than 18.5 <b>Score 2</b>		<b>Unplanned weight loss % in past 3-6 months</b> Less than 5% <b>Score 0</b> 5-10% <b>Score 1</b> More than 10% <b>Score 2</b>		If patient is acutely ill and there has been or is likely to be no nutritional intake for more than 5 days <b>Score 2 (rarely needed in community)</b>

### Step 4: Overall risk of Malnutrition

Add score together to give overall risk of malnutrition. MUST is only an indication of malnutrition risk and should be used alongside clinical judgement.

**Refeeding Risk:** Those who have eaten little, or nothing for 5 days or those at high risk of malnutrition (MUST 2 or more) may be at risk of re-feeding syndrome and should have nutritional support introduced gradually and be monitored closely. Refer to page 19 of CG32 Nutrition Support in Adults: quick reference guide on [www.nice.org.uk](http://www.nice.org.uk) for further information.

Individuals with signs of dysphagia require further investigation, refer to Speech and Language Therapy

### Step 5: Management Guidelines for each score

<b>Score 0 = Low Risk</b>	<ul style="list-style-type: none"> <li>Consider signposting to healthy eating resources <a href="#">Healthy Eating</a> OR <a href="#">Eating, drinking and ageing well</a> as appropriate. OR</li> <li>If prescribed ONS consider reducing and promote 'FOOD FIRST' advice where nutritional intake and appetite remains a concern.</li> </ul> <p><b>Review monthly in Care Homes. Review if clinical concern in other settings</b></p>
<b>Score 1 or more</b>  NB Treatment may not be appropriate in all situations where a MUST score is 1 or more, for example in <a href="#">late palliative/end of life care</a> or where low BMI is baseline/typical for individual (in absence of ongoing weight loss)	<ul style="list-style-type: none"> <li>Manage factors which may affect food intake; nausea, vomiting, constipation, diarrhoea, alcohol and drug use, social concerns (ability to shop, cook and eat)</li> <li>Identify aim of treatment e.g. weight gain/maintenance, wound healing etc</li> <li>Provide 'FOOD FIRST' advice <a href="#">Making the Most of Your Food Leaflet</a> and <a href="#">Nourishing Drinks Leaflet</a> <ul style="list-style-type: none"> <li>Encourage 2 nourishing drinks and 2 nourishing snacks daily</li> <li>Encourage <a href="#">fortified milk</a> in tea, coffee, cereal etc</li> <li>Advise to purchase daily multivitamin and mineral supplement</li> </ul> </li> <li>If MUST 2 and unable to implement Food First consider first line ONS as below</li> </ul> <p><b>Review time-frames</b></p> <ul style="list-style-type: none"> <li><b>MUST score 1 (Medium Risk)</b> Community: 1-3 months (based on clinical need), Care Homes: monthly</li> <li><b>MUST Score 2 or more (High Risk):</b> Community: 2-4 weeks, Care Homes: 2-4 weeks plus weekly weights</li> </ul>

### Step 6: Repeat 'MUST' (See above for guidance on review time-frames)

<b>Score 0 = Low Risk</b>	<ul style="list-style-type: none"> <li>See "Score 0 = Low Risk" above</li> </ul>
<b>Score 1 or Score 2 or more but IMPROVING</b>	<ul style="list-style-type: none"> <li>Continue FOOD FIRST advice.</li> <li>Review every 1-3 months depending on setting until treatment goals are met</li> <li>If prescribed ONS: consider reducing gradually (to 1 daily) and stopping with close monitoring of weight, BMI and MUST score</li> </ul>
<b>Score 1 or Score 2 or more but DETERIORATING</b>	<ul style="list-style-type: none"> <li>As per Amber box above PLUS Consider first line ONS twice daily as per <a href="#">BSW ICB Adult ONS formulary</a> – SEE BELOW for further guidance on product choice</li> <li>Review in 4 weeks to check weight, MUST and ONS compliance</li> <li>If further deterioration on review consider referral to Community Dietitians</li> <li>If improving, continue until treatment aims achieved and then reduce/stop ONS</li> </ul>

### Consider referral to Dietitian sooner if:

- Patient has complex nutritional requirements or requires ONS as sole or main source of nutrition.
- Patient has been seen by a Speech and Language Therapist and requires a prescription of thickener. First-line ONS may not be a suitable consistency.

## Guide to Malnutrition Screening and ONS Prescribing for Adults

For further details and full product list please see the [BSW ICB Adult ONS formulary](#)

**NB – For any patient requiring thickened fluids and ONS, contact dieticit teams for advice on product suitability BEFORE initiating. Also, check ONS remain suitable if requirement for thickener changes.**

### When commencing ONS: Ensure MUST screen and necessary steps have been initially followed

- Powdered ONS are first line for patients who can make them up (or have support to do so). For care homes, if ONS are required, powdered supplements are always the preferred option unless there is clear justification for a ready-made supplement AND only if a resident has MUST score of 2 or more and is not improving with FOOD FIRST advice.
- Recommended dose is TWO SACHETS/BOTTLES DAILY, between meals. Please note; some preparations have 2 servings in 1 bottle e.g. Altraplen compact DAILY 250ml is the most cost effective presentation but is equivalent to TWO x 125mls Altraplen Compact.
- Use the formulary table below to discuss preferences (including flavours) with patient.
- For the initial prescription, prescribe a small number of assorted flavours as an acute prescription or order a sample direct from the manufacturer.
- Explain to patient that ONS are a short-term intervention to meet a clear goal and will be discontinued when: agreed treatment goals are met, ONS are not having a therapeutic impact or if patient is non-compliant.

### Reviewing/Stopping ONS

- Consider reducing/stopping ONS gradually (e.g. reduce to once daily for a month, then stop) if patient's intake has improved and they are gaining weight, or weight has been stable for >6 months.
- Consider stopping ONS if: nutritional status has improved, MUST score is <2, patient at their baseline/normal weight; are no longer drinking or tolerating the ONS or unwilling to take at a therapeutic dose.
- Once stopped, advise patient/carer to monitor weight and intake and to contact GP if any concern. If ongoing concerns/deterioration, consider alternative ONS option or refer to Dietitian for support. Consider if nutritional intervention remains appropriate, particularly patients in [late palliative/end of life care](#).

### Preferred First line POWDER ONS choices on BSW ICB Formulary: Powders are not suitable as sole source of nutrition or for CKD4/5

Presentation	Product Name	Price	Monthly volume	Nutritional content/sachet	Instructions
Standard Volume	Aymes Shake	£0.52/sachet	56 sachets	383kcal, 19g protein	Made up with 200ml full fat milk
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### Preferred READY TO DRINK ONS choices. Only for patients who cannot make up a powdered shake.

Presentation	Product Name	Price	Monthly volume	Nutritional content/bottle	Instructions
Standard Volume	Altraplen Energy	£0.99/200ml bottle	56 bottles (11200ml)	300kcal, 12g protein	N/A
Compact Volume	Altraplen compact DAILY	£1.60/250ml bottle	28 bottles (7000ml)	600kcal, 24g protein	250ml bottle to be split and offered as 125ml BD
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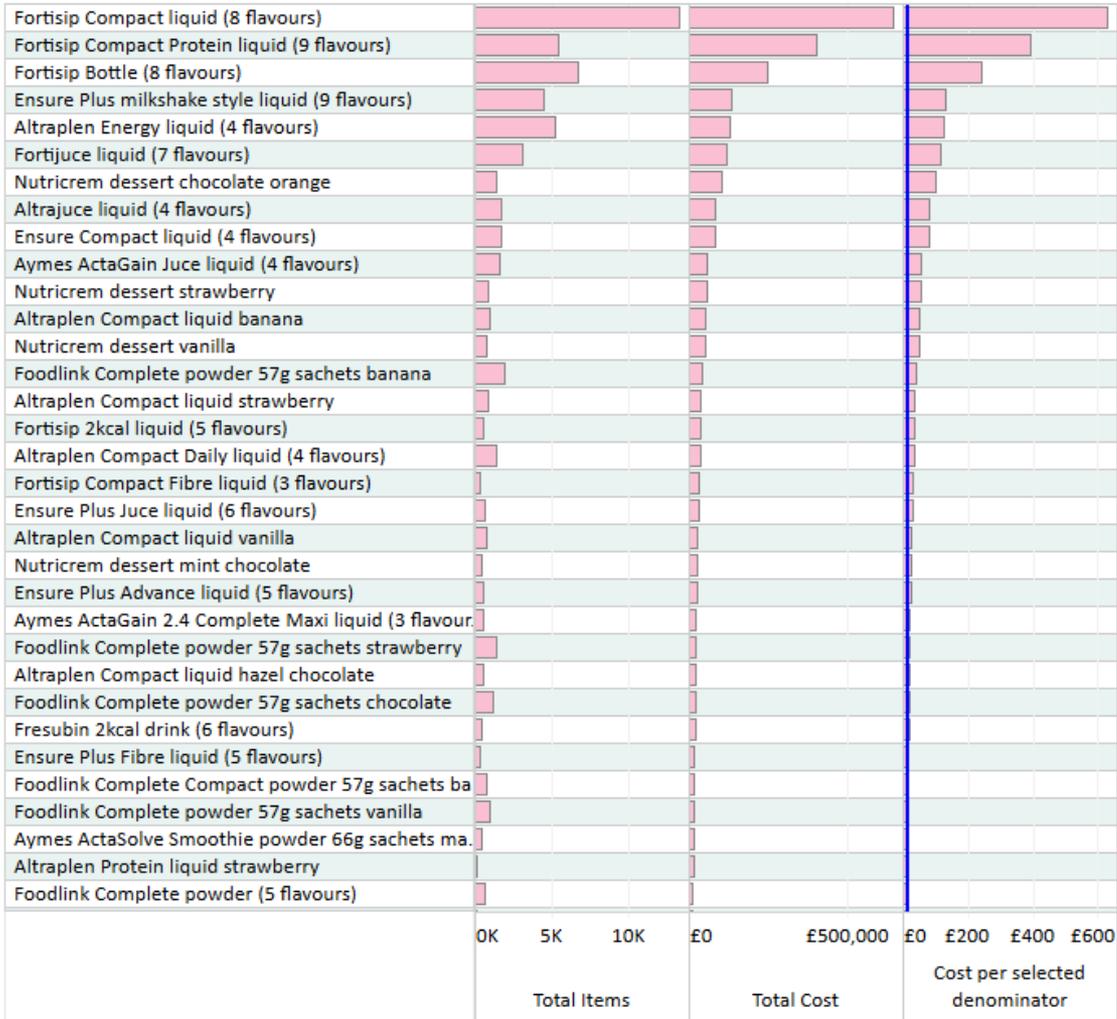
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October 2024- Community Dietitians & Medicines Optimisation Dietitian BSW ICB, [bswibc.prescribing.support@dietitians@nhs.net](mailto:bswibc.prescribing.support@dietitians@nhs.net) Review October 2026

## Nutrition Visual Snapshot

Bar charts by product showing Items, Cost and Cost/1,000 Patients March 2024 to February 2025, filtered to category ONS - Standard and sub-category All



### Highlight Presentation:

- Altrajuce liquid (4 flavours)
- Altrajuce Starter Pack liquid
- Altrajuce Compact Daily liquid (4 flavours)
- Altrajuce Compact Daily Starter Pack liq...
- Altrajuce Compact liquid banana
- Altrajuce Compact liquid hazel chocolate
- Altrajuce Compact liquid strawberry
- Altrajuce Compact liquid vanilla
- Altrajuce Compact Starter Pack liquid
- Altrajuce Energy liquid (4 flavours)
- Altrajuce Energy Starter Pack liquid
- Altrajuce Protein liquid strawberry
- Altrajuce Protein liquid vanilla
- Altrajuce Protein Starter Pack liquid
- Aymes 2.0kcal liquid (3 flavours)
- Aymes 2.0kcal Starter Pack liquid
- Aymes ActaCal Creme dessert (2 flavours)
- Aymes ActaCal Creme Starter Pack dessert
- Aymes Actagain 1.5 Plant Powered liquid...
- Aymes Actagain 2.0 Fibre liquid (3 flavou...
- Aymes Actagain 2.0 liquid (6 flavours)
- Aymes ActaGain 2.4 Complete Maxi liqui...
- Aymes ActaGain 2.4 Complete Maxi Star...
- Aymes ActaGain 600 liquid (3 flavours)
- Aymes ActaGain 600 Starter Pack liquid
- Aymes ActaGain Juce liquid (4 flavours)
- Aymes ActaGain Juce Starter Pack liquid
- Aymes ActaSolve Delight powder 57g sac...
- Aymes ActaSolve Delight powder 57g sac...
- Aymes ActaSolve Delight powder 57g sac...
- Aymes ActaSolve High Energy powder 85...

### Highlight Category:

- ONS - Standard

Prescrip accessed, 16.05.25 ePact data

# ONS nutritional content/cost

ONS	Cost per sachet/bottle	BD/28 DAYS	Kcal/Protein Per bottle/sachet
Aymes Shake* <small>*from 1<sup>st</sup> December</small>	£0.52	£29.12	383kcal/19g protein
Altraplen Energy	£0.99	£55.44	300kcal 12g protein
Fortisip bottle	£1.45	£81.20	300kcal, 12g protein
Altraplen Compact DAILY 250ml	£1.60	£44.80 OD as 2 x 125ml bottles in 1	600kcal 24g protein
Altraplen Compact	£1.60	£89.60	300kcal 12g protein
Fortisip Compact	£1.65	£92.40	300kcal 12g protein
Fortisip Compact Protein	£2.60	£145.60	300kcal 18g protein



# Position Statement – Dessert style ONS

**Position Statement on the Prescription of Dessert-style Oral Nutritional Supplements (ONS)**



Bath and North East Somerset,  
Swindon and Wiltshire Together

**BSW ICB does NOT support routine prescribing of dessert-style ONS**

**Recommendations:**

- ✓ Dessert-style ONS should not be routinely initiated in primary care. This includes:
  - × Aymes Actacal Crème
  - × Aymes Actasolve Delight
  - × Energieshake Dessert
  - × Ensure Plus Crème
  - × Forticreme Complete
  - × Fresubin 2kcal Crème
  - × Fresubin Yocreme
  - × Nutricrem
- ✓ They should only be prescribed if the following apply:
  - ✓ The patient has been assessed as being at high risk of malnutrition using the MUST screening tool **AND**
  - ✓ Has been assessed by a Speech and Language therapist as having dysphagia and therefore more cost effective ONS may not be appropriate **AND**
  - ✓ They have been recommended by a dietitian with clear justification and a plan for monitoring in place.

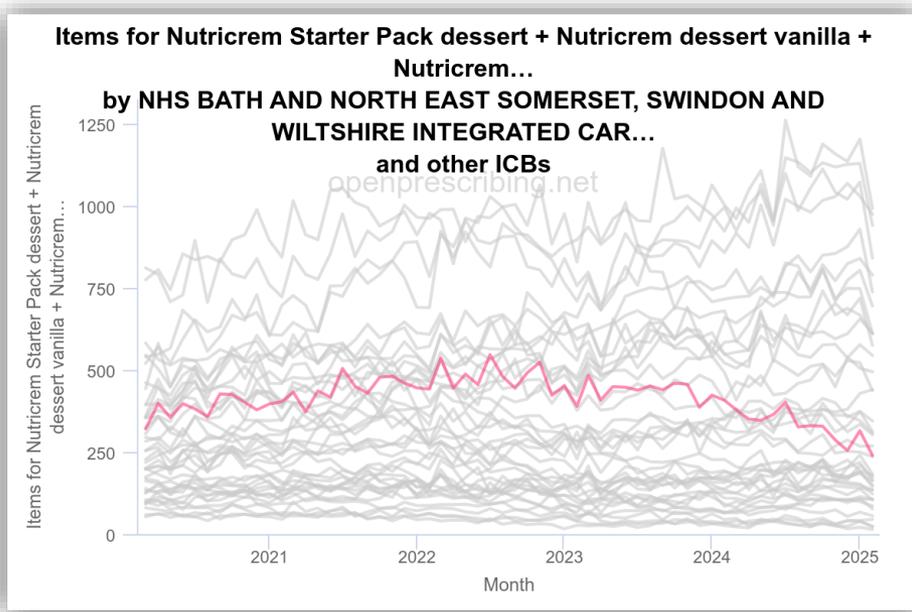
**Rationale:**

- The annual spend on dessert-style ONS across BSW is high, with a total spend of over £250k

[BSW-ICB-Position-Statement-on-Prescription-of-Dessert-Style-ONS-FINAL.pdf](#)



# Position Statement – Dessert style ONS



Data accessed from openprescribing 16.05.25

- ✓ Introduced rationale and background to BSW Dietitians Jan 2024
- ✓ Collaborated with dietetic teams to write position statement
- ✓ Agreed June 2024 at APC
- ✓ MOPUP newsletter July 2024
- ✓ Gradual decline in dessert-style ONS prescribing from >25k monthly to just over 15k Feb 2025

- *Long term efficiencies will be realised through effective management of ONS on discharge from acutes, encouraging and supporting care homes to provide residents with nutrient dense foods/drinks and using the local MUST pathway and quick reference ONS guide when indicated.*
- *Take opportunities to review patients on ONS where they present and switch to formulary preferred cost-effective options if they continue to be required.*

*Questions from the beginning.....*



# Resources

- ✓ BSW ICB MUST pathway and quick reference sip feed formulary
  - [Guide-to-Malnutrition-Screening-and-ONS-Prescribing-for-Adults.pdf](#)
  
- ✓ BAPEN MUST tool [‘MUST’ Calculator | BAPEN](#)
  
- ✓ Food First resources
  - [Making-the-most-of-your-food-info-for-patients.pdf \(bswpartnership.nhs.uk\)](#)
  - [Nourishing-Drinks-info-for-patients.pdf \(bswpartnership.nhs.uk\)](#)
  
- ✓ [Guideline-for-prescribing-of-oral-nutritional-supplements-on-Discharge-Summary-.pdf \(bswtogether.org.uk\)](#)
  
- ✓ [BSW-ICB-Position-Statement-on-Prescription-of-Dessert-Style-ONS-FINAL.pdf](#)
  
- ✓ [B145. ONS guidelines 3.0 \(prescqipp.info\)](#)



## Contacts

### Community Dietetic Teams

Swindon [gwh.swindoncommunitydietitians@nhs.net](mailto:gwh.swindoncommunitydietitians@nhs.net)

Wiltshire [wilts.dietetics@hcrhcaregroup.com](mailto:wilts.dietetics@hcrhcaregroup.com)

Bath [ruh-tr.referralssmhdietitians@nhs.net](mailto:ruh-tr.referralssmhdietitians@nhs.net)

### Acute Dietetic Teams

GWH [gwh.admindietitians@nhs.net](mailto:gwh.admindietitians@nhs.net)

Salisbury [sft.dietitians@nhs.net](mailto:sft.dietitians@nhs.net)

RUH [ruh-tr.RUHDietetics@nhs.net](mailto:ruh-tr.RUHDietetics@nhs.net)

