

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

based on the 'Malnutrition Universal Screening Tool' ([MUST](#))

<b>Step 1</b> (BMI score)	+	<b>Step 2</b> (weight loss score)	+	<b>Step 3</b> (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 <b>and</b> there has been or is likely to be no nutritional intake for more than 5 days  <b>Score 2</b> (rarely needed in community)

## 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. <b>OR</b></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>  <b>NB</b> 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><b>If further deterioration on review consider</b> 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.

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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 dietetic 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**

1. 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.*
2. 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.
3. Use the formulary table below to discuss preferences (including flavours) with patient.
4. For the initial prescription, prescribe a small number of assorted flavours as an acute prescription or order a sample direct from the manufacturer.
5. 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
Compact Volume	Aymes Shake Compact	£0.52/sachet	56 sachets	320kcal, 15g protein	Make up with 100ml full fat milk
Juice Style and Dairy Free	Aymes Actasolve Smoothie*	£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	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
Juice Style	Aymes Actagain Juce*	£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, [swin.communitydietitians@HCRGCareGroup.com](mailto:swin.communitydietitians@HCRGCareGroup.com)

Wiltshire Community Dietitians – Chippenham Community Hospital, SN15 2AJ, 01249 456512, [wilts.dietetics@HCRGCareGroup.com](mailto:wilts.dietetics@HCRGCareGroup.com)