

Pathway for using oral nutritional supplements (ONS) in the management of malnutrition in COPD

Low BMI (<20 kg/m²) or at high risk ('MUST' score 2 or above) of malnutrition

- Record details of malnutrition risk (screening result/risk category, or clinical judgement)
- Agree goals of intervention with individual/carer
- Consider underlying symptoms and cause of malnutrition e.g. nausea, infections and treat if appropriate
- Consider social requirements e.g. ability to collect prescription
- Reinforce advice to optimise food intake,^[A] confirm individual is able to eat and drink and consider any physical issues e.g. dysphagia, dentures

Prescribe:

- Average 2 ONS per day^[B] in addition to oral intake (or 1 'starter pack', then 60 of the preferred ONS per month)
- 12-week duration according to clinical condition/nutritional needs
- Patients may benefit from a **high protein, high energy, low volume ONS in addition to dietary advice** due to symptoms of COPD
- If following a pulmonary rehabilitation programme consider increased energy and protein requirements

Monitor compliance to ONS after 4 weeks

- Amend type/flavour if necessary to maximise nutritional intake

Monitor progress and review goals after 12 weeks

- Monitor thereafter every 3 months or sooner if clinical concern
- Consider weight change, strength, physical appearance, appetite, and ability to perform daily activities

NO

Have nutritional goals been met?

YES

Goals met/good progress:

- Encourage oral intake and reinforce dietary advice
- Consider reducing to 1 ONS per day for 2 weeks before stopping
- Maximise dietary intake, consider powdered nutritional supplements/self purchase
- Ensure patient has received dietary advice leaflet to support meeting nutritional needs using food
- Monitor progress, consider treating as 'medium risk' (see Algorithm 1)

Goals not met/limited progress:

- Check ONS compliance; amend prescription as necessary, e.g. suitability of flavours prescribed
- If patient is non-compliant reassess clinical condition, refer to a Specialist Dietitian and/or assess the need for more intensive nutrition support e.g. tube feeding
- Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions
- Review every 3–6 months or upon change in clinical condition

When to stop ONS prescription:

- If goals of intervention have been met and individual is no longer at risk of malnutrition reinforce advice given on nourishing diet and the importance of avoiding unintentional weight loss
- If individual is clinically stable/acute episode has abated
- If individual is back to an eating and drinking pattern which is meeting nutritional needs
- If no further clinical input would be appropriate

NOTE: ONS requirement will vary depending on nutritional requirements, patient condition and ability to consume adequate nutrients, ONS dose and duration should be considered

ONS=oral nutritional supplements/sip feeds/nutrition drinks as per BNF section 9.4.2

[A] *Your Guide to Making the Most of Your Food* is available from www.malnutritionpathway.co.uk. For more detailed support or for patients with complex conditions seek advice from a Dietitian

[B] Some individuals may require more than 3 ONS per day – seek dietetic advice