Chronic conditions, e.g. COPD, cancer, frailty:
- Longer term needs
- Two ONS per day (range 1–3) in addition to oral intake for up to 12 weeks duration according to clinical condition/nutritional needs
- Prescribe one ‘starter pack’, check compliance then monthly prescription of preferred ONS (1–3 per day). Pharmacists can advise on flavours
- Provide red leaflet: ‘Nutrition Drinks (known as oral nutritional supplements) Advice for patients and carers’—see www.malnutritionpathway.co.uk/leaflets-patients-and-carers
- Consider ACBS indications (see below)
- Communicate goals and expected outcomes across care settings

Acute illness/recent hospital discharge:
- ONS prescription for 4–6 weeks (1–3 ONS per day) in addition to oral intake
- Provide red leaflet: ‘Nutrition Drinks (known as oral nutritional supplements) Advice for patients and carers’—see www.malnutritionpathway.co.uk/leaflets-patients-and-carers
- Consider ACBS indications (see below)
- Communicate goals and expected outcomes across care settings

At 12 weeks

Monitor progress:
- Check compliance with ONS prescription; amend type/flavour if necessary to maximise nutritional intake
- Review goals set before intervention
- Consider weight change, strength, physical appearance, appetite, ability to perform activities of daily living
- Monitor every 1–3 months or sooner if clinical concern

Goals met/good progress
- Encourage oral intake and reinforce dietary advice
- Consider reducing to 1 ONS per day for 2 weeks before stopping
- Maximise nutritional intake, consider powdered nutritional supplements which can be prescribed or self purchased, if suitable (see main text)
- Monitor progress, consider treating as ‘medium risk’

Goals not met/limited progress
- Evaluate compliance to ONS and dietary advice; amend prescription as necessary, increase number of ONS per day
- Reassess clinical condition, if no improvement, consider more intensive nutrition support or seek advice from a dietitian or GP
- Consider goals of intervention, ONS may be provided as support for individuals with deteriorating conditions

When to stop ONS prescription:
- Goals of intervention have been met
- Individual is clinically stable/acute episode has abated
- Individual is back to their normal eating and drinking pattern and is no longer at risk of malnutrition
- If no further nutritional intervention would be appropriate

Advisory Committee for Borderline Substances (ACBS) indications for prescribing standard ONS:
- disease-related malnutrition
- pre-operative preparation of undernourished patients
- following total gastrectomy
- short bowel syndrome
- proven inflammatory bowel disease
- dysphagia
- intractable malabsorption
- bowel fistulae

ONS=oral nutritional supplement.
* ONS—oral nutritional supplements/sip feeds/nutrition drinks as per BNF appendix 2: borderline substances
† Advice on ONS prescription according to consensus clinical opinion. ONS prescription-units to prescribe per day e.g. 2 ONS=2 bottles/units of ONS per day
‡ Some individuals may require more than 3 ONS per day—seek dietetic advice.

NB: timing and duration will vary depending on appetite and nutritional requirements—this is a guide based on evidence and best practice.