

Oral Nutritional Supplements (ONS)

Guide to Prescribing for Adults in Primary Care

Aim and Scope of Document

This guidance supports clinicians in the appropriate prescribing, monitoring, review, and discontinuation of Oral Nutritional Supplements (ONS) in line with approved formulary recommendations for adults living in their own homes or care homes.

This document promotes a structured pathway including:

- ✓ Nutritional screening and assessment
- ✓ Identification and management of causes of malnutrition
- ✓ Implementation of 'Food First' approach
- ✓ Appropriate use of ONS where clinically indicated
- ✓ Regular monitoring and review of treatment goals
- ✓ Referral to Dietetic Services when required

Exclusion Criteria

The following patient groups are outside the scope of this guidance and should be managed in conjunction with, or referred to, a Dietitian and/or the relevant specialist service:

- Patients receiving enteral (tube) feeding
- Children and young people aged under 18 years
- Patients under specialist care for:
 - Renal impairment (including dialysis or Chronic Kidney Disease Stage 4–5)
 - Liver disease
 - Poorly controlled Diabetes
 - Pancreatic Insufficiency
 - Dysphagia
 - Inherited metabolic disorders
 - Inflammatory Bowel Disease
- Patients requiring specialist or restricted diets (medical, cultural, or religious) or those with complex nutritional needs
- Patients receiving end of life care, where nutritional support should be guided by individual needs, preferences, comfort, and agreed goals of care
- Patients with substance misuse issues where nutritional management is complex or requires specialist assessment

Appropriate Use of ONS

ONS should only be prescribed on the NHS for patients meeting an approved Advisory Committee on Borderline Substances (ACBS) criteria:

- Short bowel syndrome
- Dysphagia (swallowing difficulties)
- Intractable malabsorption
- Pre-operative preparation of undernourished patients
- Inflammatory bowel disease
- Total gastrectomy
- Bowel fistulae
- Disease-related malnutrition (acute or chronic)

ONS may be prescribed where clinical need has been identified and ACBS criteria are met. Prescribing should form part of an overall nutritional care plan with defined treatment goals and regular monitoring and review of clinical benefit.

 **Key Principle:** ONS should not be initiated solely based on poor oral intake. Individuals must also meet the relevant ACBS prescribing criteria.

Benefits of 'Food First' approach

A 'Food First' approach should be considered the **first-line intervention** wherever clinically appropriate, as it:

- ☀ Is the most cost-effective method of improving nutritional intake
- ☀ Encourages normal eating patterns
- ☀ Promotes independence and self-management
- ☀ Supports quality of life and enjoyment of food

 **Key Principle:** ONS should complement, not replace, a 'Food First' approach and should only be used when dietary measures alone are insufficient to meet nutritional requirements in patients with disease-related malnutrition.

Care Home Residents (including Nursing and Residential Homes)

This guidance also relates to care home residents with the following considerations:

- ✓ Referrals to Dietitians should be made by the care home
- ✓ For residents with **dementia**, prioritise a Food First approach with finger foods, mealtime support, and monitoring of food and fluid intake
- ✓ Routine ONS prescribing is not recommended. In exceptional circumstances, a Dietitian may recommend non-Formulary ONS where there is clear clinical justification

Refer to the **'Food and Nutrition Care Homes for Older People Guidance'** for further information.

STEP 1: IDENTIFY RISK OF MALNUTRITION

Assess for red flag symptoms. If any identified, consider urgent investigation or referral as appropriate

- ▶ Unexplained or significant unintentional weight loss
- ▶ New or worsening swallowing difficulties
- ▶ At risk of refeeding syndrome
- ▶ Acute illness or rapid clinical deterioration
- ▶ Persistent vomiting
- ▶ Gastrointestinal bleeding
- ▶ Persistent or unexplained change in bowel habit

✅ No Red Flags - Complete MUST screening to identify risk of malnutrition. It requires the following information: height, weight and a weight from 3-6 months ago. Do not overlook individuals with a high BMI in whom malnutrition arising from impaired intake and weight loss may not be obvious e.g. post-surgery, COPD.

Use the following link to calculate: [‘MUST’ Calculator | BAPEN](#). Once MUST score obtained, provide the following approach:

MUST of 1 (**medium risk**) – provide **step 2 and step 3 only**

MUST of 2 or more (**high risk**) – follow **all steps**

⚖️ No weight or height available? Use previous/reported measurements, or clinical judgement to assess malnutrition risk.

STEP 2: ADDRESS BARRIERS TO ORAL INTAKE

Consider the underlying cause(s) of malnutrition and address or signpost as appropriate. Using open questions may help identify factors contributing to poor intake or weight loss.

Area	Key Questions	Possible Action
Medical Conditions	Are there any health conditions or medications that you feel are affecting your appetite, eating, or weight?	Medical or medication review
Mood & Cognition	How have your mood, motivation, and memory been recently, and have these affected your appetite, eating, or weight?	Mental health assessment/support
Shopping & Cooking	Can you tell me about how you obtain and prepare your meals? What support, if any, do you need with eating and drinking?	Social care, community support
Finances	How easy is it for you to access and afford the food you would like to eat?	Welfare advice, support services
Swallowing	Can you tell me about any difficulties you have with chewing or swallowing food, drinks, or tablets?	Consider referral to Speech Therapy
Oral Health	How are your teeth, dentures and mouth, and have these affected your ability to eat and drink?	Dental review, oral health management
Alcohol Intake	Can you tell me about your alcohol intake and whether you feel it affects your eating habits?	Alcohol support services if required

STEP 3a: 'FOOD FIRST' APPROACH FOR 1 MONTH

Advise patients to:

1. **Consume approximately 1 pint (568 mL) of full-fat milk daily**, or a suitable lactose-free or plant-based fortified alternative.
2. **Aim for three meals daily and fortify foods where possible** by adding high-energy and protein ingredients such as cheese, butter, cream, oils, or full-fat milk.
3. **Include two high-energy snacks daily between meals**, for example:
 - Full-fat yoghurt
 - Cheese and crackers
 - Milky puddings (e.g. - custard or rice pudding)
 - Toast with peanut butter or avocado
 - Vegetable sticks with hummus
 - Dried fruit and nuts

If additional nutritional support is required, consider recommending over-the-counter powdered supplements, such as:

Powdered Milkshake-style	Powdered Savoury
Complan®	Complan® Chicken
Meritene® Energis Shake	Meritene® Energis Chicken Soup

Patient information leaflet available: [‘Your Guide To Making the Most of Your Food Advice for adult patients and carers’](#) (English) / [‘Eich Canllaw i Wneud y Gorau o’ch Bwyd Cyngor i gleifion a gofalwyr’](#) (Welsh)

STEP 3b: AT 1 MONTH REVIEW AND CONSIDER ONS

Review adherence to ‘Food First’ approach:

- If not implemented, identify and address barriers.
- If weight is stable or increasing, continue ‘Food First’ approach and review again in **3 months**.
- If weight loss continues or nutritional status has not improved despite ‘Food First’ approach, consider ONS.

Before Prescribing ONS:

- ✓ Check the patient meets ***ACBS criteria**
- ✓ Patient willing to take ONS?
- ✓ Patient should be advised that ONS should supplement current diet rather than replace meals.

STEP 4a: PRESCRIBE ONS

Prescribing Advice:

- ☀ Powdered ONS are the preferred first-line option where patients can prepare drinks independently or with support, as they are the most cost-effective choice
- ☀ Prescribe up to 2 servings daily
- ☀ Recommend taking powdered ONS between meals, not as a meal replacement
- ☀ Encourage to continue alongside 'Food First' approach

Set treatment goals:

Before prescribing ONS, agree and document one or more treatment goal(s) with the patient, for example:

- Prevent further weight loss and maintain functional status.
- Improve nutritional intake and promote weight gain.
- Increase strength and preserve or improve muscle mass.
- Support recovery and wound healing

Dietary, Cultural and Allergy Requirements:

Check product suitability with the manufacturer where required, including:

- Gluten-free
- Lactose-free
- Halal
- Kosher
- Other dietary or allergen requirement

Prescribing requirements:

- ▶ Unless advised by a dietitian, ONS should be prescribed via **acute prescriptions**
- ▶ Include clear directions for **dose, frequency, and duration** on every prescription
- ▶ Check product names carefully before prescribing, as some products have similar names
- ▶ Consider prescribing "**Flavours Not Specified**" to allow patients access to their preferred flavours from the available range

Note: Refer to [Appendix 1: Flowchart for prescribing ONS products](#) and for guidance on choosing Formulary products refer to [Appendix 2a Table 1. Formulary Powdered Oral Nutritional Supplements \(ONS\)](#) and [Appendix 2b Formulary Ready to Serve Oral Nutrition Supplements \(ONS\)](#)

STEP 4b: MONITOR AND REVIEW ONS USE EVERY 3 MONTHS

Monitor and review the following every 3 months:

- ✓ Weight
- ✓ Oral intake (check if adopting 'Food First' approach – Continue to promote, appetite changes)
- ✓ Compliance with ONS (i.e. is the patient managing to achieve a therapeutic dose)
- ✓ Clinical benefit (improved strength, improved symptoms)
- ✓ Ongoing indication

STEP 5: DISCONTINUE ONS

Discontinue ONS if any of the following apply:

- Usual eating and drinking patterns have been re-established
- Treatment goals have been achieved, and the patient is no longer at risk of malnutrition (e.g. target weight reached, weight stable, healthy BMI)
- Persistent side effects experienced or poor tolerance (e.g. gastrointestinal symptoms)
- ONS are not being taken as prescribed, or the individual is not engaging with review (consider suspension pending reassessment)
- Unwilling to take ONS despite trialling alternative products, flavours, or formats.
- The clinical condition changes and ONS may no longer be indicated, for example:
 - Deterioration in swallowing ability requiring specialist assessment
 - A non-oral route of nutrition and/or hydration is required
 - An end-of-life care plan is in place and goals of care have changed
 - Poorly controlled diabetes where ONS are no longer considered appropriate

After Stopping ONS:

- Encourage 'Food First' approach
- Continue to assess weight, dietary intake, and consider MUST screening for up to 3 months. If improvements, no further follow up. However, if weight deteriorates, consider referral to Dietitians.

REFERRAL TO DIETITIANS

Consider referral to Dietetics if:

- Ongoing weight loss despite 'Food First' approach and a therapeutic dose of ONS.
- The patient is already prescribed ONS and requires review or ongoing management.

How to Refer:

- Therapies Hub e-Referral: 01686 617238
- Email: Therapies.Hub.POW@wales.nhs.uk
- Welsh Clinical Communications Gateway (WCCG) / Welsh Admin Portal (WAP)

If you would like advice regarding the suitability of a referral, please contact the department via:

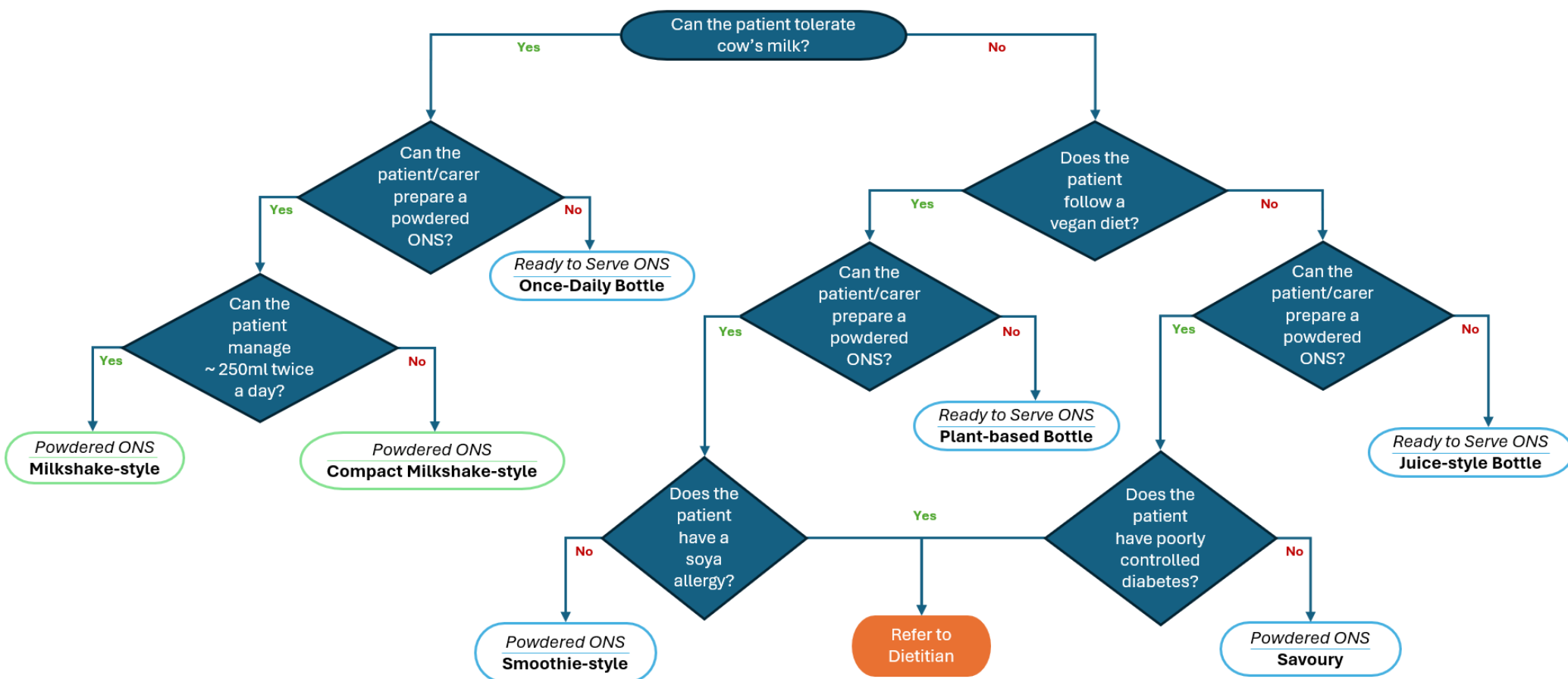
Email: ✉ powys.dietetics@wales.nhs.uk

Telephone: ☎ 01686 617273 (office hours between 8:30am – 4:30pm).

References

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- Welsh Government (2018) *Food and nutrition care homes for older people: practical guidance*. Cardiff: Welsh Government. Available at: <https://www.gov.wales/sites/default/files/publications/2019-12/food-and-nutrition-care-homes-older-people-guidance-complete.pdf>

Appendix 1: Flowchart for prescribing ONS products



Note - This flowchart guides the selection of specific ONS product categories that will be suitable for many patients. However, the options listed are not exhaustive. It may not be applicable to patients discharged on ONS initiated during a hospital admission or to those currently undergoing review by a Dietitian or specialist team with dietetic input. Clinical judgement should be used in all cases.

Appendix 2a: Table 1. Formulary Powdered Oral Nutritional Supplements (ONS)

Powdered ONS						
Type	Product Name (available flavours)	Cost per serving	Presentation	Suggested monthly volume	Approximate calories per serving (kcal)	Approximate protein per serving (g)
Milkshake-style (mixed with 200mls full fat milk)	Energieshake® Powder *GF, V <i>Apple, Banana, Chocolate, Coffee, Neutral, Orange, Strawberry, Vanilla</i>	£0.44	57g sachet (Each box contains 4 x 57g sachets)	56 sachets (14 boxes)	381	15.8
	Complan® Shake *GF, V <i>Banana, Chocolate, Milk, Strawberry, Vanilla</i>	£0.55	57g sachet (Each box contains 4 x 57g sachets)	56 sachets (14 boxes)	381	15.8
	AYMES® Shake powder *GF, V <i>Banana, Chocolate, Ginger, Neutral, Strawberry, Vanilla</i>	£0.57	57g sachet (Each box contains 7 x 57g sachets)	56 sachets (8 boxes)	383	19
	Foodlink® Complete powder *GF, V <i>Banana, Chocolate, Natural, Strawberry, Vanilla</i>	£0.58	57g sachet (Each box contains 7 x 57g sachets)	56 sachets (8 boxes)	383	19
	Ensure® Shake *GF, V <i>Banana, Chocolate, Strawberry, Vanilla</i>	£0.68	57g sachet (Each box contains 7 x 57g sachets)	56 sachets (8 boxes)	386	17.2
Compact Milkshake-style (mixed with 100mls full fat milk)	AYMES® Shake Compact *GF, V <i>Banana, Chocolate, Ginger, Neutral, Strawberry, Vanilla</i>	£0.58	57g sachet (Each box contains 7 x 57g sachets)	56 sachets (8 boxes)	320	15
	Foodlink® Complete Compact *GF, V <i>Banana, Chocolate, Natural, Strawberry, Vanilla</i>	£0.58			318	15
Smoothie-style (mixed with 150mls water)	AYMES® ActaSolve Smoothie *GF, LF, VG <i>Strawberry & cranberry, Peach, Pineapple, Mango</i>	£1.08	66g sachet (Each box contains 7 x 57g sachets)	56 sachets (8 boxes)	298	11
	Foodlink® Smoothie *GF, LF, VG <i>Orange and Mango, Peach, Red Berry, Tropical</i>	£1.11			301	10.4
Savoury (with 200mls of water added)	AYMES® ActaSolve Savoury *GF <i>Chicken, Potato and Leek, Vegetable</i>	£0.96	57g sachet (Each box contains 7 x 57g sachets)	56 sachets (8 boxes)	250	9.2

***Key:** GF = Gluten-Free, LF = Lactose-Free, V = Vegetarians, VG = Vegan

Note: Products are listed in ascending order of cost, with the most cost-effective option presented first within each ONS category. Costs are based on NHS Drug Tariff prices (August 2026) and are subject to annual review and change. Products highlighted in **green** represent the preferred first-line formulary choices, while those highlighted in **blue** represent the preferred second-line formulary choices.

Appendix 2b: Formulary Ready to Serve Oral Nutrition Supplements (ONS)

Ready-to-Serve ONS						
Type	Product Name (<i>available flavours</i>)	Cost per serving	Presentation	Suggested monthly volume	Approximate calories per serving (kcal)	Approximate protein per serving (g)
Once-Daily Bottle	AYMES® ActaGain® 2.4 Daily *GF <i>Banana Milkshake, Strawberry Burst, Smooth Vanilla</i>	£0.80	250ml bottle	7,000ml (28 bottles)	600	24
	Altraplen® Compact Daily *GF, LF, V <i>Banana, Hazel Chocolate, Strawberry, Vanilla</i>	£0.80	250ml bottle (each pack contains 4 x 250ml bottles)	7,000ml (7 packs of 4 bottles)		
	Note: One 250 ml bottle provides the same energy and protein as two ready-to-serve milkshake-style or compact milkshake-style ONS bottles, making it the most cost-effective option. May be taken once daily or as 2 × 125 ml divided doses.					
Plant-based Bottle	AYMES® Actagain 1.5 Plant Powered *GF, LF, SF, VG <i>Café Latte, Madagascan Vanilla, Salted Caramel</i>	£1.54	200ml bottle (each pack contains 4 x 200ml bottles)	11,200ml (14 packs of 4 bottles)	300	13.4
	Fortisip® PlantBased 1.5kcal *GF, LF, VG <i>Mango Passionfruit, Mocha</i>	£1.60	200ml bottle	11,200ml (56 bottles)	300	12
	Fresubin® Plant-Based Drink *GF, LF, VG <i>Vanilla</i>	£1.60	200ml bottle	11,200ml (56 bottles)	300	15
Juice-style Bottle	Fresubin® Jucy * FF, GF, LF <i>Apple, Blackcurrant, Cherry, Orange, Pineapple</i>	£1.60	200ml bottle	11,200ml (56 bottles)	300	8
	AYMES® Actagain Juce * FF, GF, LF <i>Berry Medley, Exotic Fruit, Juicy Apple, Juicy Peach, Zesty Orange</i>	£1.80	200ml bottle (each pack contains 4 x 200ml bottles)	11,200ml (14 packs of 4 bottles)	300	10
	Fortijuce * FF, GF, LF <i>Apple, Blackcurrant, Cool Raspberry, Orange, Orchard Apple, Strawberry, Tropical</i>	£1.80	200ml bottle	11,200ml (56 bottles)	300	7.8
	Ensure® Plus Juce * FF, GF, LF <i>Apple, Fruit Punch, Lemon&Lime, Orange, Peach, Strawberry</i>	£1.80	220ml bottle	12,320ml (56 bottles)	330	10.4
	Altrajuce® * FF, GF, LF <i>Apple, Blackcurrant, Orange, Strawberry</i>	£1.97	200ml carton	11,200ml (56 cartons)	300	7.8

***Key:** FF = Fat-Free, GF = Gluten-Free, LF = Lactose-Free, SF = Soy-free, V = Vegetarians, VG = Vegan

Note: Products are listed in ascending order of cost, with the most cost-effective option presented first within each ONS category. Costs are based on NHS Drug Tariff prices (August 2026) and are subject to annual review and change. Products highlighted in **green** represent the preferred first-line formulary choices, while those highlighted in **blue** represent the preferred second-line formulary choices.