

# Oral nutritional supplement prescription requests rationale and good practice

This document supports the oral nutritional supplement (ONS) prescription request template.

## Product name

Please be specific in naming the ONS that you would like prescribed. Many ONS have very similar names and appear on GP prescribing systems in alphabetical order so please give the exact name of the product.

The NHS Kernow quick reference formulary should be used for primary care ONS prescriptions to guide choices. As far as possible please request the most cost-effective ONS within each category. If requesting an ONS that is not first or second-line, please provide a brief clinical justification. Example: high protein requirements or dysphagia.

## Dose

Please be specific and include unit size. For example 1 x 200ml bottle per day.

## Frequency

Please be specific about how many times a day the product should be taken. For example: Amount needed for 28 days.

This helps to prevent errors in monthly prescriptions, for example boxes being prescribed instead of sachets and waste. It is particularly important when a full sachet or bottle is not taken at once.

## Number of weeks prescription required

Please specify the duration for the prescription after which time the prescription will be reviewed. ONS should not be requested as an 'ongoing prescription' without a plan or clear recommendation for review.

## Flavours required

Each flavour incurs a separate dispensing fee. Therefore we recommend no more than 3 flavours per prescription. If there are exceptional circumstances where a patient may require more than 3 flavours please request this from the GP and explain the rationale.

## **ACBS indication**

ONS are considered by the Department of Health as borderline substances. Therefore they may be bought over the counter but may also be prescribed at NHS expense for certain indications, as recommended by the Advisory Committee for Borderline Substances (ACBS).

Prescription requests must therefore record the ACBS indication for the particular product being requested. The ACBS indications for each product can be found in [Part XV of the Drug Tariff](#).

## **Goal of ONS prescription**

The goal of nutrition support and treatment with ONS that has, if possible, been agreed with patient or carer should be communicated to the GP. This assists the monitoring of the dose and timescale of the ONS prescription.

## **Plan for review**

It is essential to communicate to the GP practice who will be responsible for reviewing an ONS prescription and when this is planned for. This will assist them in managing the prescription effectively. If you are asking the GP to review the patient please make sure the goal of ONS prescription is clearly stated and there is a recommended time interval for review.

## **Anthropometry and MUST score**

NICE guidance recommends that all adult patients who are screened using a nutritional screening tool have the results documented and communicated within and between settings. If MUST score is not possible please provide other relevant anthropometric data.

## **Additional information**

Please provide any additional relevant information that will assist in the prescribing of ONS or monitoring of the prescription.