

Healthcare professional guide: Malnutrition and sip feeds in primary care

- **Start by establishing if patient is at risk of malnutrition:**

➔ Weigh patient + obtain height + obtain weight history over approximately last 6 months

➔ Calculate MUST score [MUST – How to complete](#) [MUST calculator](#) [MUST App for iPhone](#)

MUST score	Nutrition assessment	Intervention	Nutrition monitoring – responsibility of HCP initiating the sip feed. Can be supported by Dietitians, Community Nurses & Practice Nurses
<p>Low risk (Score 0) = Not malnourished*</p> <p>No nutritional treatment required*</p>	<ul style="list-style-type: none"> • BMI >20 AND • <5% weight loss in last 6 months 	<ul style="list-style-type: none"> • None needed* 	<ul style="list-style-type: none"> • Routine monitoring*
<p>Medium risk (Score 1) = Malnourished</p> <p>Treat with 'food first' advice</p>	<ul style="list-style-type: none"> • BMI 18.5 –20 <p>OR</p> <ul style="list-style-type: none"> • 5 - 10% weight loss in last 6 months 	<ul style="list-style-type: none"> • Agree Treatment goal/s with pt/carer + Give 'food first' advice using most appropriate resource + Consider need for OTC multi-vitamin & mineral tablet + Review monthly 	<ul style="list-style-type: none"> • Measure and record: <ul style="list-style-type: none"> ○ Weight ○ BMI ○ MUST score ○ Progress against Treatment goal/s • If goal/s are being met, continue until appropriate to stop ♦ • If goal/s not being met, consider treating as High risk
<p>High risk (Score 2 – 6) = Very malnourished</p> <p>Treat with 'food first' advice <u>and</u> either homemade or over the counter (OTC) supplements [except when thickened fluids are required when this advice should be followed instead]</p> <p>(OTC supplements include Aymes Retail, Complian & Meritene)</p>	<ul style="list-style-type: none"> • BMI <18.5 <p>OR</p> <ul style="list-style-type: none"> • >10% weight loss in last 6 months <p>OR</p> <ul style="list-style-type: none"> • BMI <20 AND • >5% weight loss in last 6 months 	<ul style="list-style-type: none"> • Agree Treatment goal/s with pt/carer + Give 'food first' advice using most appropriate resource + OTC OR Homemade supplements + Consider need for OTC multi-vitamin & mineral tablet + Review monthly + Refer to Dietitian if pt meets referral criteria 	<ul style="list-style-type: none"> • Measure and record: <ul style="list-style-type: none"> ○ Weight ○ BMI ○ MUST score ○ Progress against Treatment goal/s • If goal/s are being met, continue until appropriate to stop ♦ • If goal/s not being met, consider whether prescribable sip feed is more likely to be taken than homemade or OTC supplement - If not, sip feed prescription is unlikely to be appropriate

* Unless patient has deep wound/pressure ulcer (Grade 2 – 4), in which case treat as Medium/High risk

♦ See 'When to stop prescribing a sip feed' overleaf

- **Set Treatment goal ("what are you trying to achieve")**

Treatment goal examples	What to measure at each review
Improve nutritional status/ weight	<ul style="list-style-type: none"> • Weigh & calculate MUST score before & after intervention
Maintain nutritional status/weight	<ul style="list-style-type: none"> • Weigh & calculate MUST score before & after intervention
Minimise decline in nutritional status/weight	<ul style="list-style-type: none"> • Rate of weight loss/percentage of weight lost before & after intervention
Optimise nutrient intake during acute episode	<ul style="list-style-type: none"> • Reported food intake/appetite before & after intervention
Facilitate wound healing	<ul style="list-style-type: none"> • Wound severity/size before & after intervention
Improve function/quality of life	<ul style="list-style-type: none"> • Reported ability to undertake activities of daily living/reported quality of life before & after intervention

- **When to prescribe a sip feed**

- Patient meets ACBS criteria (evidence of disease related malnutrition present)

- **AND ONE** of the following four criteria is applicable:

1. Patient is at high risk of malnutrition **AND** patient is not meeting **Treatment Goal/s** after 1 month of 'food first' nutrition support + either [homemade](#) or OTC supplements **AND** evidence suggests that pt is more likely to take therapeutic dose (usually twice per day (bd)) of prescribed sip feed compared with [homemade](#) or OTC supplements
2. Patient is at high risk of malnutrition **AND** evidence suggests that pt or carer is unable to prepare homemade or OTC supplements
3. HCP has followed MUST management guidelines for Community patients a trial of sip feeds is required
4. Dietitian has requested prescription and has provided adequate justification for request

- **Which sip feed to prescribe** (prescribe 1 weeks supply initially, then prescribe monthly as acute script)

Criteria	Sip feed
<ul style="list-style-type: none"> ✓ Pt is not tube fed ✓ Pt/carers can prepare powder sip feed ✓ Pt can manage 2 x 230ml sip feeds per day ✓ Pt likes sweet, milky drinks <div style="border: 1px solid black; padding: 2px; width: fit-content;"> If resident in Care Home – Advise staff to give 'Homemade fortified milkshake' bd instead </div>	Food first advice + Aymes Shake bd or Food first advice + Foodlink Complete bd *FIRST LINE CHOICES*
<ul style="list-style-type: none"> ✗ Pt/carers cannot prepare powder sip feed ✓ Pt can manage 2 x 200ml sip feeds per day ✓ Pt likes sweet, milky drinks <div style="border: 1px solid black; padding: 2px; width: fit-content;"> If resident in Care home – Unless tube fed, advise staff to give 'Homemade fortified milkshake' bd instead </div>	Food first advice + Aymes Complete bd or Food first advice + Nutricomp bd or Food first advice + Ensure Plus bd
<ul style="list-style-type: none"> ✓ Pt is not tube fed ✓ Pt/carers can prepare powder sip feed ☞ ✗ Pt cannot manage 2 x 200ml sip feeds per day ✓ Pt likes sweet, milky drinks 	Food first advice + Aymes Shake Compact bd *FIRST LINE CHOICE*
<ul style="list-style-type: none"> ✗ Pt/carers cannot prepare powder sip feed ✗ Pt cannot manage 2 x 230ml sip feeds per day ✓ Pt likes sweet, milky drinks <div style="border: 1px solid black; padding: 2px; width: fit-content;"> If resident in Care home – Unless tube fed, advise Aymes Shake Compact instead </div>	Food first advice + Altraplen Compact bd or Food first advice + Ensure Compact bd
<ul style="list-style-type: none"> ✗ Pt does not like milky drinks ✓ Pt/carers can prepare a powder sip feed ✓ Pt can manage 2 x 200ml sip feeds per day ✓ Pt likes sweet drinks <div style="border: 1px solid black; padding: 2px; width: fit-content;"> If resident in Care Home – Advise staff to give 'Homemade fortified fruit juice' bd instead </div>	Food first advice + Aymes Shake Smoothie bd
<ul style="list-style-type: none"> ✗ Pt does not like milky drinks ✓ Pt can manage 2 x 220ml sip feeds per day ✓ Pt likes sweet drinks <div style="border: 1px solid black; padding: 2px; width: fit-content;"> If resident in Care Home – Advise staff to give 'Homemade fortified fruit juice' bd instead </div>	Food first advice + Ensure Plus Juce bd
<ul style="list-style-type: none"> ✗ Pt does not like sweet drinks ✓ Pt can manage 2 x 200ml sip feeds per day ✓ Pt/carers can prepare powder sip feed requiring hot water ☞ 	Food first advice + Aymes Savoury bd

☞ NB will **always** apply if pt is resident in a care home

Other sip feeds can be prescribed if they have been requested by a Dietitian who has provided adequate justification for request - please ensure that the Dietitian has advised you of the following:

- Reason for requesting a product other than those listed above
- Likely timescale for prescription
- Aims/goals of prescription request
- Plan for monitoring/review

- **When to stop prescribing a sip feed**

<ul style="list-style-type: none"> ➤ When treatment goal/s are met ➤ When pt has BMI >20 and is gaining weight ➤ When requested to do so by Dietitian ➤ When ONS has been trialed, however there has been no positive impact 	<ul style="list-style-type: none"> ➤ When pt is unable or unwilling to take sip feed in therapeutic dose (i.e. usually bd) (consider whether another product is suitable instead) ➤ When pt is reaching end of life and continuing to try to take sip feed is likely to diminish (rather than improve) quality of life
---	--

- **Long-term sip feed usage**

Patient's prescribed sips feed on a long-term basis should be reviewed to check the sip feed is still required, and check appropriateness of switching to [homemade](#) or OTC supplements

Document Governance	
Document Title:	Healthcare professional guide: Malnutrition and sip feeds in primary care
Document Purpose:	A resource for clinicians to support the appropriate prescribing of sip feeds.
Original Author(s):	Alison Smith, Prescribing Support Dietitian, Aylesbury Vale & Chiltern CCGs
Revising Author(s):	Sarah Creighton, Dietetic Prescribing Advisor, Buckinghamshire CCG
Version Number:	5.0
Version approved by:	V 4.0 CCG Medicines Management JET – July 2016 V 5.0 CCG Medicines Management Approvals Committee – Oct 2019
Review information:	Sip feed products updated and indications to stop prescribing of sip feed.
Next review:	V6.0 – Oct 2022
Linked to:	Patient/carer information: Food First – Eating well for small appetites Patient/carer information: Food First – Homemade supplements