

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Management of undernutrition in adults

Taking **personalised approaches** is a key approach to provide best care.

- Enabling **choice**, ensures that patients are aware of their options.
- **Shared decision making** helps patients to make decisions that are right for them.
- Supporting **self-management** increases people's knowledge, skills and confidence to manage their own health and care.
- Giving information in a **health literate** way means that people will understand how to manage their health.

Further information about offering choice, shared decision making and supporting self-care can be found [here](#).

- Patients should be screened for nutritional risk using the Malnutrition Universal Screening Tool (MUST) (See <https://www.bapen.org.uk/pdfs/must/must-full.pdf> or appendix 1)
- Record baseline weight or mid-arm circumference (MUAC), height and Body Mass Index (BMI) and agree outcomes of treatment.
- **First line treatment is the fortification of normal diet** (Appendix 2 and 3. Big Nutrition for Small Appetites).
- Use of over the counter supplements is the next intervention (See table in section 7).
- Prescribed oral nutritional supplements (ONS) should be considered if other interventions have been unsuccessful alongside fortified foods and over the counter supplements. (Appendix 4 for information about standard ONS products).
- Powdered ONS products are the most cost effective if patients/carers have adequate manual dexterity to make them up (see Section 10 including Powdered supplements exclusion criteria).
- Weight and BMI should be monitored at regular intervals as outlined in the Nutritional Support Flow Chart (page 2). If unable to obtain a weight, mid upper arm circumference (MUAC) can be used as an alternative.
- ONS should not be prescribed under the NHS for other indications e.g. for substance misusers who do not meet an additional approved ACBS criterion.

Specialist Nutritional Products (Appendix 4) should be prescribed ONLY on the advice of a Dietitian.

Nutritional Support Flowchart for Primary Care Prescribers and Community Nurses **STEP 1- Identify Patients At Risk Of Malnutrition**

MUST score 1 (Moderate risk of malnutrition)

- BMI between 18.5-20kg/m² or
- Unintentional weight loss between 5-10% in the last 3-6 months

MUST score 2 (High risk of malnutrition)

- BMI <18.5kg/m² or
- Unintentional weight loss > 10% in the last 3-6 months or
- BMI 18.5-20kg/m² and unintentional weight loss >5% in the last 3-6 months

If MUST score ≥ 2 consider referral to the Dietitian

STEP 2 - Identify And Treat Causes of Malnutrition

- Availability of an adequate diet, poor dentition, depression, nausea, vomiting, medical condition, medication (see section 4 below)

STEP 3 - Set An Aim of Nutritional Intervention

e.g. stabilise weight or to gain 1-2kg

STEP 4 - Treatment Plan – Food First Approach

- Offer food fortification advice
- Give 'Big Nutrition for Small Appetites' leaflet (see appendix 2)
- Suggest meal delivery services
- Recommend over the counter oral nutritional supplements (see section 7 below)

STEP 5 - Review At 4 Weeks -weigh patient if possible

Weight stable or increased appetite

- Reinforce food fortification and
- Reassess after 3-6 months until aim/goal met

Still losing weight/ no improvement in eating

- Reinforce food fortification advice
- Reassess causes of malnutrition
- Consider prescribing oral nutritional supplements 2/day (see section 9 below)
- Reassess after 4 weeks

STEP 6 - Review-weigh patient if possible

Treatment goal/aim met

- Withdraw oral nutritional supplements gradually (if prescribed)
- Review after 3 months
- If problems occur start at the beginning of flowchart

No improvement

- Weight/ eating continues to decline
- Refer to Dietitian if not already done

1. Aim

The aim of the guidelines is to ensure effective patient centred oral nutrition support in Derbyshire by promoting a fortified diet and appropriate, effective ONS prescribing.

2. Importance Of Nutrition Risk Screening

The importance of nutrition and the consequences of malnutrition especially in vulnerable groups are well recognised.

NICE (2006 updated 2017) recommends all adults in the community are screened for nutritional risk:

- Within primary care on initial registration and where there is clinical concern.
- On admission into care homes and when there is a clinical concern.
- On a monthly basis when identified at risk.

Screening should be done using the Malnutrition Universal Screening Tool (MUST). The Malnutrition Universal Screening Tool (MUST) developed locally for use in Derby and Derbyshire has been included in Appendix 1.

Alternatively a web based tool may be used: <http://www.bapen.org.uk/screening-for-malnutrition/must-calculator>

3. Subjective Assessment

It may not be always possible to take a weight, height or MUAC to assess an individual's risk of malnutrition. It remains vitally important that those at risk of malnutrition are identified to ensure timely and appropriate intervention.

Signs that an individual may need help or advice to gain weight or eat differently:

- Are they or their family concerned that they are underweight or need nutritional advice?
- Have they lost weight unintentional in the last 3-6 months?
- Are clothes / jewellery loose fitting?
- Is there a history of decreased food intake, reduced appetite or swallowing problems?

Yes to any of the questions above may indicate an individual is at risk of malnutrition.

The web based BAPEN tool includes advice on subjective assessment:

<http://www.bapen.org.uk/screening-for-malnutrition/must-calculator>

4. Assessing The Underlying Causes Of Malnutrition

Physical, psychological and social factors can contribute to causes of malnutrition. It is important to assess and ensure support is available to address underlying problems.

Table 1: Underlying causes of malnutrition

Problem	Potential Solution
Medical conditions cause poor appetite, nausea e.g. cancer, COPD, diarrhoea, constipation	GP and/or Community Matron and/ or District Nursing management, appropriate medication
Poor emotional or mental health e.g. depression, isolation, bereavement	GP management, counselling, social clubs, day centre, Community Psychiatric Nursing Management
Poor dentition	Refer to dentist and advise patient on appropriate/ easy to chew diet
Difficulties with swallowing or unable to swallow	Refer to Speech and Language Therapy services
Unable to do own shopping, and/or cooking and/or feed self	Suggest home delivery of food, Meals on Wheels, help from relatives/friends, and refer to Social Services and/or Community Therapy Team
Experiencing financial difficulties	Refer to Social Services benefits/ allowances review, Citizen's Advice Bureau, Food banks, third sector charity organisations
Alcohol or other substance misuse	Refer to Community Drug and Alcohol Services

5. Improving Nutritional Intake

Clear treatment goals and a care plan should be agreed with patients. Treatment goals should be documented on the patient record and should include the aim of the nutritional support, timescale, and be realistic and measurable. This could include:

- Target weight or target weight gain or target BMI over an agreed period of time.
- Wound healing if relevant.
- Weight maintenance within 1-2kgs where weight gain is unrealistic or undesirable.
- Improved activities of daily living.
- Falls prevention.
- Reduced infections.
- Prevention/healing of pressure ulcers.
- Reduced anxiety associated with eating in the absence of appetite for patients and/or their carers.

A halt in weight loss, increased appetite, improved general wellbeing or better wound healing would generally be regarded as improvements.

6. Food Fortification

First line treatment should be the use of fortified diet, using everyday foods. Effective use of food fortification can aid in meeting nutritional requirements for weight gain or maintenance. Patients should be advised to have small frequent meals and snacks that are high in calories and protein. Advice can also be given on ways to fortify food. The information leaflet entitled 'Big Nutrition For Small Appetites' in Appendix 2 has been developed as supporting information for patients.

7. Use of Over The Counter ONS

Over the counter ONS could be recommended if, on review, fortified diet advice has been fully implemented but the goals have not been achieved. These are not prescribed but can be bought from pharmacies and some supermarkets. As with any form of ONS they should not be used to replace meals and patients will generally require two supplements per day sipped between meals.

Table 2 below lists the ONS available to buy over the counter from community pharmacies and some supermarkets.

Table 2: Over the counter ONS

ONS available for purchase over the counter			
NAME	FLAVOURS	Calories	Protein
Aymes Retail	Banana, Chocolate, Vanilla	265 kcal	15g
Complan (not to be confused with Complan Shake)	Banana, Chocolate, Original, Strawberry, Vanilla and Chicken	244 kcal	8.5g
Meritene Energis (formerly Build Up)	Chocolate, Strawberry, Vanilla, Chicken and Vegetable.	107 -207 kcal	7-9.3g
Meritene Ready to Drink	Chocolate and Strawberry	250 kcal	18.8g
Nurishment (400g can)	Strawberry, Vanilla, Chocolate, Banana	396 kcal	20g

8. Referral To Dietitian or Nutrition Support Advice

Dietetic referral may be appropriate in any of the following circumstances:

- To advise on nutritional supplementation strategies and the appropriateness of initiating ONS.
- To assist in appropriate planning and goal setting for nutritional support for individual patients.
- Where there is a deterioration in a patient's nutritional status despite supplementation after excluding other contributory pathology.

- When there is an apparent requirement for ONS longer than three months.
- Where cultural, social or religious influences are affecting dietary intake.
- Where there are co-existing medical conditions such as diabetes, renal failure, coeliac disease or high cardiovascular risk.
- When a patient has swallowing difficulties or other indications for modified food texture diet and or thickened fluids. (Please ensure a referral to speech and language therapy has been made in the first instance if there has been no prior involvement or recent review).
- Where a patient has had unexplained weight loss after excluding other contributory pathology where possible and / or poor wound healing.
- Where there has been no improvement in nutritional intake despite advice about food fortification and oral nutrition support.
- When a patient relies on ONS as their sole source of nutrition.
- When a patient at risk of re-feeding syndrome. See criteria below.

Table 3: NICE Criteria for determining people at high risk of developing refeeding problems¹:

Patient has one or more of the following: <ul style="list-style-type: none"> • BMI less than 16 kg/m² • Unintentional weight loss greater than 15% within the last 3–6 months • Little or no nutritional intake for more than 10 days • Low levels of potassium, phosphate or magnesium prior to feeding
Or patient has two or more of the following: <ul style="list-style-type: none"> • BMI less than 18.5 kg/m² • Unintentional weight loss greater than 10% within the last 3–6 months • Little or no nutritional intake for more than 5 days • A history of alcohol abuse or drugs including insulin, chemotherapy, antacids or diuretics

9. Use Of ONS Available on Prescription (Appendix 3 for Standard ONS Products for Adults)

After further review, it may be that the patient would benefit from an ONS available on prescription if they have fully implemented fortified diet advice but have not met their treatment goals. Advisory Committee on Borderline Substances (ACBS) criteria for NHS prescriptions of ONS are:

- | | |
|--|--------------------------------|
| ➤ Short bowel syndrome | ➤ Total gastrectomy |
| ➤ Intractable malabsorption | ➤ Dysphagia |
| ➤ Pre-operative preparation of patients who are malnourished | ➤ Bowel fistulae |
| ➤ Proven inflammatory bowel disease | ➤ Disease related malnutrition |

N.B. ONS should not be prescribed under the NHS for other indications e.g. for substance misusers who do not meet an additional approved ACBS criterion

When providing ONS on prescription the following should be noted:

- **Powdered ONS should be used in preference to ready-made as the most cost-effective choice.**
- ONS should not be used to replace meals (unless an individual requires a liquid diet as advised by a dietitian). If individual is not under the care of a dietitian, they will require referral.
- ONS should usually be sipped between fortified meals.
- Trying to eat at mealtimes should always be encouraged.
- ONS should only be used for a short period of time while food intake is inadequate or until weight gain is achieved.
- The fortified food approach should be recommended alongside prescribed ONS.
- To derive benefit from ONS patients should be having at least 2 each day..
- Patients for whom ONS are their sole source of nutrition should be under the care of a Dietitian.

10. If ONS is initiated:

- The patient should be weighed (if unable to weigh patient, measure MUAC), measured, and nutritional goals set and monitored e.g. goal to improve food intake **and** prevent further weight loss or attain an acceptable weight* (* = a target BMI of over 20kg/m² depending upon what is a realistic goal for the individual considering weight history and their usual weight).
- Maximum prescription should be for 600-800kcal/day (i.e. a 300-400kcal supplement twice daily)
- Acute prescriptions should be used to prompt regular monitoring and review. Products should not be added to repeat prescriptions unless otherwise recommended by a Dietitian. Prescribe on a short-term basis only (i.e. 1-3 months). If the patient fails to attend for review on two consecutive occasions, **ONS should be discontinued.**
- If there is no change in weight after three months, ONS should be reduced and discontinued. Patients should continue with a fortified diet.
- If weight gain occurs, continue until usual weight or acceptable weight is reached, and commence a withdrawal plan by gradually reducing one supplement per day over the course of 1-3 months while monitoring weight then discontinue ONS.

A powdered supplement should be offered initially (Appendix 3). These are cost effective products, which the patient mixes with whole milk (consider patient's ability to prepare it). These are not however suitable for all; see table 4 below for **exclusion criteria** for powdered supplements.

Table 4: Powdered supplements exclusion criteria

Diagnosis of Chronic Kidney Disease stage 3 with the presence of hyperphosphataemia and/or hyperkalaemia
Diagnosis of Chronic Kidney Disease stage 4 or 5
HbA1c above 68mmol/mol (8.4%)
Diagnosis of cow's milk protein allergy or lactose intolerance
Patients who require ONS as the sole source of nutrition
ONS are administered via an artificial feeding tube (enteral feeding patients)

Vitamins K and A, potassium and phosphate may exceed Dietary Reference Values. Use powdered supplements with caution in the patients listed in table 5 below.

Table 5: Use powdered supplements with caution in these patients.

WARFARIN: Powdered ONS have a relatively higher vitamin K content therefore care is needed if a patient is on warfarin (monitor INR at start and end of treatment and if changing from an alternative supplement).
PREGNANCY: Maximum of two daily due to higher vitamin A content.
DYSPHAGIA: Follow speech and language therapist advice in patients with dysphagia. Do NOT use standard powdered supplement if thickened fluids are recommended.
POOR DEXTERITY: Patients need to be able to shake the container or use a fork / whisk vigorously.

Specialist products listed in Appendix 4 have limited application. Many provide energy ONLY (as fat and/or carbohydrate). Patients need an assessment by a dietitian before they are used, to ensure the patient meets their requirements for all nutrients.

11. Patient Preference is Paramount to Ensure Maximum Compliance

ONS should not routinely be added to a repeat prescription to ensure regular review both in terms of nutritional status and compliance with products and flavours. Review flavour choice regularly to reduce flavour fatigue.

Table 6: Factors to consider maximising ONS compliance

Factors For Consideration	
Type	Milk, juice or yoghurt style? Sweet or savoury? Normal or plant based?
Volume	200mls or 100mls
Dexterity	Ability to make up powdered ONS
Cost	Unit cost

12. Discharge From Hospital

When patients have been commenced on prescribable ONS by a Dietitian a letter will be sent to the patient's GP informing them of the aims of nutrition support with a request to:

- provide further ONS
- monitor the patient's progress

If the patient is to be reviewed by the Dietitian, the letter will state this and the GP will be informed of the patient's progress. If no further dietetic review is planned, arrange to review the patient (as outlined on the Nutritional Support Flowchart on page 2) and discontinue when appropriate.

Some patients may require ONS during a hospital stay but ONS may NOT be required on discharge since a fortified diet can be provided.

No patients should be discharged on ONS products for repeat prescriptions without a nutritional care plan from a Dietitian. In the absence of this care plan, ONS products should not be entered onto GP prescribing clinical systems.

13. Care homes

Care homes should provide residents with an appropriate diet. ONS **should not** be used as a substitute for the provision of fortified food. Suitable snacks, food fortification as well as homemade milkshakes /smoothies and over the counter ONS should be used to improve the nutritional intake of those at risk of undernutrition.

- **Do not** automatically prescribe an ONS on carer's request without appropriate nutritional assessment.
- Follow the Nutritional Support Flowchart (page 2) and ensure regular assessment carried out.
- Advice and resources can be found on the British Dietetic Association (BDA) Care Home Digest [Care Home Digest - BDA](https://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/Formulary_by_BNF_chapter_prescribing_guidelines/BNF_chapter_9/Nutrition_and_Hydration_CARE_HOME_P ACK.pdf) or the Derbyshire Nutrition and Hydration Pack for Care Home https://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/Formulary_by_BNF_chapter_prescribing_guidelines/BNF_chapter_9/Nutrition_and_Hydration_CARE_HOME_P ACK.pdf.
- Consider giving fortified homemade milkshakes between meals.
- Provide encouragement and assistance with eating and drinking when appropriate.

14. Palliative care and ONS prescribing

The use of ONS in palliative care should be assessed on an individual basis. The aim of the nutritional care plan changes as a patient progresses through the stages of palliative care (see table below). Emphasis should always be on the enjoyment of nourishing food and drinks and maximising quality of life.

Table 7: Nutritional management in different stages of palliative care:

Early Palliative Care Patient is diagnosed with a terminal disease, but death is not imminent. Patients may have months or years to live and maybe undergoing palliative treatment to improve quality of life.	Follow the Nutritional Support Flowchart (Page 2) and address the underlying causes of malnutrition. <ul style="list-style-type: none">• Nutritional screening and assessment in this patient group is a priority and appropriate early intervention could improve the patient's response to treatment and potentially reduce complications.• However, if a patient is unlikely to consistently manage 2 servings of ONS per day, they are unlikely to derive any significant benefit to well-being or nutritional status from the prescription.• Over the counter ONS can be recommended if required.
Late Palliative Care The patient's condition is deteriorating, and they may be experiencing increased symptoms such as pain, nausea and reduced appetite.	Nutritional screening, provision of nutritional support advice and initiating ONS is NOT recommended. <ul style="list-style-type: none">• The goal of nutritional management should NOT be weight gain, but improve quality of life.• Patients should be encouraged to eat and drink the foods they enjoy in amounts they are able to comfortably manage.• Avoid prescribing ONS for the sake of 'doing something' when other dietary advice has failed – be aware that family or carers may request ONS. It is important to sensitively discuss with families and carers issues around eating and the need for comfort and enjoyment of food. Too much focus on nutritional intake can cause anxiety which could affect quality of life.
Last Days Of Life The patient is likely to be bed-bound, very weak and drowsy with little desire for food or fluid.	The aim should be to provide comfort for the patient and offer mouth care and sips of fluid or mouthfuls of food, as desired. <ul style="list-style-type: none">• The patient is unlikely to benefit from ONS• Avoid prescribing ONS for the sake of 'doing something' when other dietary advice has failed – be aware that family or carers may request ONS. It is important to sensitively discuss with families and carers issues around eating and the need for comfort and enjoyment of food. Too much focus on nutritional intake can cause anxiety which could affect quality of life.

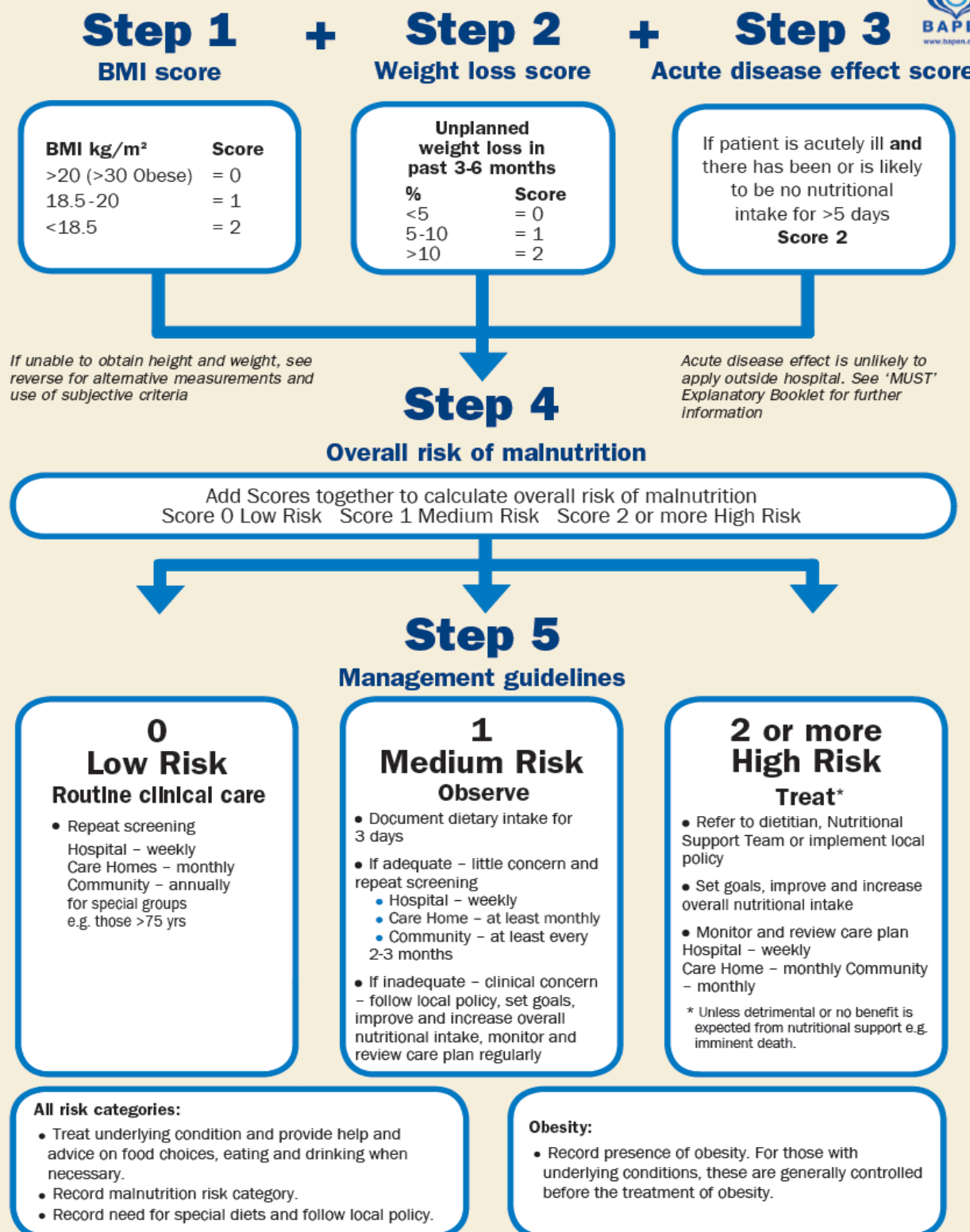
References

1. Nutrition Support for Adults. Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition. NICE CG32. February 2006
2. PrescQIPP bulletin 261 Guidelines for the appropriate prescribing of oral nutritional supplements (ONS) for adults in primary care. October 2021

Reviewed in consultation with dietetic team at UHDB and CRHFT

Document control	Date
Ensure Plus Crème/ yoghurt style, resource fibre 2.0 discontinued- remove	April 2024
First line powdered 200ml, powdered low volume 100ml, ready made 200ml and ready made compact 125ml added. Product prices updated and discontinued products removed	April 2025

Appendix 1: Calculating MUST Score



Re-assess subjects identified at risk as they move through care settings

See The 'MUST' Explanatory Booklet for further details and The 'MUST' Report for supporting evidence.

© BAPEN

Big Nutrition for Small Appetites

If you are not eating very much and losing weight it is important to increase the calorie and protein content of your diet. Fortifying foods will do this without increasing the amount you eat.

You may need to fortify your diet if:

You have a poor appetite, eating less food and losing weight unintentionally.

You have a good appetite but are still losing weight unintentionally.

- You can be more susceptible to health problems such as infections, tiredness and depression. Being underweight can also lead to avoidable hospital admissions.
- Healthy eating guidelines which recommend a low fat diet are not appropriate for you.
- Choose full fat products.
- Remember to try to have 6-8 cups of fluid per day.
- A glass of fresh fruit juice is a rich source of vitamin C and can be helpful for healing wounds and sores.

Here are **5 easy** ways to help you to add more calories and protein to your food.

1. Make up and take a pint of fortified milk every day (see recipe below). You can use it for all your drinks, on cereals, to make puddings, sauces, soups, milk jellies and in other recipes that require milk.

(A pint of this milk per day provides almost 600 calories and 40g protein)

Fortified milk

1. Take one pint of full cream/whole milk.
2. Add 4 tablespoons of skimmed milk powder to a small amount of milk and mix to a paste.
3. Top up with the remaining milk from the 1 pint.

Store in the fridge and use throughout the day.



2. Choose high calorie drinks – milkshakes, milky coffee, malted milk, hot chocolate or soup made with fortified milk. Aim for two of these every day.

Milkshake - 380 calories

200mls fortified milk
3 teaspoons milkshake powder
2 tablespoons double cream

- 1) Mix all the ingredients together and serve cold.



Milky Coffee - 450 calories

150mls fortified milk
1 teaspoon coffee powder
4 tablespoons of double cream

- 1) Mix the milk and cream
- 2) Warm in a microwave or pan
- 3) Stir in the coffee powder



Hot Chocolate or Malted Milk 520 calories

150mls fortified milk
4 teaspoons of hot chocolate
4 tablespoons of double cream

- 1) Mix the milk and cream
- 2) Warm in a microwave or pan
- 3) Stir in the hot chocolate powder



3. Fortify your foods. Here are some suggestions:

Use these to add calories...		Add them to
2 tablespoons of double cream	150 calories, 0.5g protein	<ul style="list-style-type: none"> • Porridge and cereals • Soups, mashed potato, sauces • Custard, milky puddings, yogurt, mousse • Fruit, cake, desserts
2 teaspoons of butter or spread	75 calories, 0g protein	<ul style="list-style-type: none"> • Eggs, tinned tomatoes, beans • Vegetables, potatoes, sauces • Extra thick on toast, crumpets, sandwiches, malt loaf
2 heaped tablespoons of grated cheese	160 calories, 8g protein	<ul style="list-style-type: none"> • Eggs, beans, toast • Soup, potatoes, vegetables, sauces • Sprinkle on main meals
1 heaped tablespoon of skimmed milk powder	50 calories, 2.5g protein	<ul style="list-style-type: none"> • Custards, rice puddings • Creamy sauces
<p>Other high calorie foods to add liberally to your existing foods include: Mayonnaise, peanut and other nut butters, dripping, chocolate spread, jam, honey, evaporated milk</p> <p>A video regarding food fortification is available at: https://www.youtube.com/watch?v=2tS7fP7aUy8</p>		

4. Aim for 3 small meals a day and snacks in between. Little and often is more appealing for a small appetite:

Examples of high calorie snacks	
Sweet snacks	Savoury snacks
<ul style="list-style-type: none"> • High calorie biscuits (e.g. Chocolate coated, cookies, shortbread) • Flapjacks, cakes and pastries • Scone with butter, jam and cream • Malt loaf or teacake with butter • Chocolate bar • Thick and creamy yogurt or fruit fool • Rice pudding or custard pot • Mousse (not low fat) • Trifle • Toast with butter and jam, honey or chocolate spread 	<ul style="list-style-type: none"> • Cheese and biscuits • Cheese straw • Cheese scone with butter • Scotch Egg • Cocktail sausages • Quiche • Sausage roll • Cheese and onion roll • Pork pie • Crisps, nuts or Bombay mix • Toast with butter and peanut butter, meat paste, pate or soft cheese

5. You can buy Meritene Energis Shakes, Aymes Retail, Complan, Nurishment and Nurishment Extra from your supermarket or chemist. If there are any specific dietary concerns regarding diabetes, Coeliac Disease or renal disease or modified texture diet ask for further guidance from your G.P or Dietitian.

Scan QR code for food fortification and fortified milk video →

For comments on this leaflet please contact PALS: 0800 032 32 35
THER-DIET-PIL-64

Date Reviewed: Sept 2023

Review Date: Sept 2025



Big Nutrition for Small Appetites for Lactose and Dairy Free (Vegan) Diets

If you are not eating very much and losing weight it is important to increase the calorie and protein content of your diet. Fortifying foods will do this without increasing the amount you eat.

This information sheet is designed for those of you who may not be able to tolerate dairy products or you may choose to follow a dairy free or vegan diet. The aim of this information is to give you ideas on how to fortify your existing dietary intake without consuming milk products.

You may need to fortify your diet if:

You have a poor appetite, eating less food and losing weight unintentionally or you have a good appetite but are still losing weight unintentionally.

- You can be more susceptible to health problems such as infections, tiredness and depression. Being underweight can also lead to avoidable hospital admissions.
- Healthy eating guidelines may not be appropriate for you if you are losing weight or struggling with a poor nutritional intake.
- Choose full fat or higher calorie foods at the supermarket.
- Remember to try to have 6-8 cups of fluid per day.
- A glass of fresh fruit juice is a rich source of vitamin C and can be helpful for healing wounds and sores.

Here are **4 easy** ways to help you to add more calories and protein to your food.

1. **Use a pint of high calorie lactose or dairy free milk** daily (containing over 55kcal/100ml). Some plant-based milks are lower in protein and calories therefore it is important to choose a high calorie lactose free or dairy free milk. These may include:

Lactose and Dairy Free Milks – per 100ml (Correct as of Jan 2023)			
Name	Kcals	Protein	Other Nutrients
Alpro Junior Growing Up Milk (soya based)	64kcal	2.5g	Vitamin C, D, B2, B12, calcium, iron and iodine
Oatly Barista	61kcal	1.1g	Vitamins B2, B12, D and calcium
Oatly Oat Drink Whole	60kcal	1.1g	Vitamins B2, B12, D and calcium
Moma Oat Barista Edition (oat based)	62kcal	1g	Vitamins B2, B12, D and calcium
Alpro Growing up Oat Drink	60kcal	1.8g	Vitamins A, B2, B12, C, D and calcium, Iodine, Iron and Zinc
Arla Lacto-Free Whole Milk (cow's milk based and only suitable in lactose free diet)	56kcal	3.3g	Vitamin B12 and calcium
Alpro This Is Not M*Lk Whole Oat Drink	62kcal	0.7g	Vitamin D and Iodine
Alpro Plant Protein Original Soya Drink	57kcal	5.0g	Vitamin B2, B12, D and Calcium

Fortify these milk alternatives by adding soya/oat/coconut cream e.g. 350ml high calorie soya milk mixed with 250ml soya cream. **This can increase the calories to around 600kcal and over 10g protein.**

Choose high calorie drinks. You can make more nutritious drinks at home from the fortified milk than shop brought alternatives. Here are some examples:

<p>Hot Cocoa 300kcal, 6g protein</p> <ul style="list-style-type: none"> - 150mls fortified plant milk - 4 teaspoons of cocoa - 4 teaspoons sugar <ol style="list-style-type: none"> 1) Mix the milk and cocoa 2) Warm in a microwave or pan 3) Stir in the sugar 	<p>Banana Milkshake 430kcal, 5.5g protein</p> <ul style="list-style-type: none"> - 200mls fortified plant milk - 1 banana - 80g dairy free vanilla ice-cream <ol style="list-style-type: none"> 1) Add all of ingredients into a blender and blitz until smooth 2) Pour into a glass
<p>Smoothie 500kcal, 9g protein</p> <ul style="list-style-type: none"> - 80g raspberries - 70g dried apricots - 10g ground linseed/ flaxseed - 200ml fortified plant milk <ol style="list-style-type: none"> 1) Add all of ingredients into a blender and blitz until smooth 2) Pour into a glass 	<p>Cuppa Soup 390kcal, 30g protein</p> <ul style="list-style-type: none"> - 150mls fortified plant milk - 1 sachet vegan appropriate Cuppa Soup - 30g soya protein powder <ol style="list-style-type: none"> 1) Add both powders together in a mug 2) Heat milk in microwave or on the hob until warm 3) Add milk into mug and whisk.

2. Fortify your foods. It is recommended to add foods to your diet to increase the calorie content throughout the day. Here are some suggestions:

Use these to add...		Add them to
1 tablespoon of vegan mayonnaise	66kcal, 0g protein	Eggs, mashed potatoes and sandwiches
2 teaspoons of vegetable spread	50kcal, 0g protein	Vegetables, potatoes, sauces, soups, toast, crumpets, sandwiches
Matchbox size piece of vegan cheese	90kcal, 0.5g protein	Eggs, beans, toast, soup, potatoes, vegetables, sauces or sprinkle on main meals
1 tablespoon of peanut, almond, cashew, hazelnut or other nut butters	95kcal, 3.5g protein	Fruit, sandwiches, toast, crumpets, smoothies
1 tablespoon of ground or whole seeds	50kcal, 3g protein	Yoghurts, soups, cereals, smoothie
30g soya / pea protein powder	110kcal, 25g protein	Milkshakes, smoothies, yoghurts, soups, cereals, sauces

Other high calorie foods to add to foods include:

Hummus, dripping (only if lactose/dairy free and not avoiding animal products), jam, golden syrup, cream cheese alternatives, olive, sunflower or vegetable oil, plant based creams.

A video regarding food fortification is available at: <https://www.youtube.com/watch?v=2tS7fP7aUy8>

- 3. Aim for 3 small meals at least 2 snacks daily. Little and often is more appealing for a small appetite.** Most supermarkets have their own 'free from' section with products which don't contain milk. Alternatively, many own brand products happen to be milk free and can be cheaper options. Examples of suitable snacks include:

Examples of high calorie snacks (Correct as of Jan 2023)	
Sweet snacks	Savoury snacks
<ul style="list-style-type: none"> • Dried fruits • Fry's chocolate creams • Lotus biscuits • Fox's Ginger Crinkle Crunch and Party Rings • Bourbon Biscuits (check brand) • Oreo Cookies • Jacobs Fig rolls • McVities Ginger Nuts, Fruit Shortcakes, Fig Rolls and Chocolate Chip Hobnobs • Dairy free ice cream • Fruit toast with dairy free spread and jam • Trail Mix • Soya desserts • Plain chocolate • Turkish Delight (check brand) • Soya or coconut yogurt • Suitable 'free from' sponges and cakes. 	<ul style="list-style-type: none"> • Nuts • Crisps flavour depending– check label • Cream cracker (check brand) • Rice cakes with nut butter • Ryvita with cream cheese alternative, hummus, avocado, tahini or bean dip • Nut butter with veg sticks • Toast with vegetable spread and nut butter, meat paste or pate (if not avoiding animal products)

Please note: Always check the food label!

Milk and all other milk products will appear on the food label in **bold type** if contained in the product. Look out for:

- | | | |
|-------------------------------|-----------------------------|-------------------|
| • Buttermilk | • Cow's Milk (Fresh Or UHT) | • Condensed Milk |
| • Cream / Artificial Cream | • Evaporated Milk | • Butter |
| • Butter Oil | • Ghee | • Margarine |
| • Cheese | • Fromage Frais | • Ice Cream |
| • Yoghurt | • Casein (Curds) | • Caseinates |
| • Calcium Or Sodium Caseinate | • Hydrolysed Whey Protein | • Lactoglobulin |
| • Lactalbumin | • Lactose | • Milk Powder |
| • Skimmed Milk Powder | • Milk Protein | • Milk Sugar |
| • Milk Solids | • Non-Fat Milk Solids | • Modified Milk |
| | • Whey Solids | • Hydrolysed Whey |
| | • Whey | |

If there are any specific dietary concerns regarding diabetes, Coeliac Disease or renal disease or modified texture diet ask for further guidance from your G.P or Dietitian.

Scan QR code for food fortification and fortified milk video →



For comments on this leaflet please contact PALS: 0800 032 32 35

THER-DIET-PIL-172

Reviewed: Sept 2023

Review Date: September 2025

Appendix 4: Standard ONS Products For Adults (*Please read section 9 before prescribing*)

POWDERED 200ml products						
NAME	COST per unit	PRESENTATION	FLAVOURS	Energy per unit with 200ml full fat milk	Protein per unit with 200mls of full fat milk	ADDITIONAL INFORMATION
Aymes Shake	57p	7 x 57g sachets	Banana, strawberry, chocolate, vanilla, neutral	384 - 389 kcal	15.6 - 16.0g	<ul style="list-style-type: none"> Gluten free Not lactose free
Foodlink Complete	58p	7 x 57g sachets	Banana, chocolate, natural, strawberry, vanilla	383 kcal	19g	<ul style="list-style-type: none"> Gluten free Not lactose free
POWDERED low volume 100ml products						
NAME	COST per unit	PRESENTATION	FLAVOURS	Energy per unit with 100ml full fat milk	Protein per unit with 100mls of full fat milk	ADDITIONAL INFORMATION
Aymes Shake Compact	57p	7 x 57g sachet	Banana, chocolate, ginger, neutral, strawberry, vanilla	317-320 kcal	15.1-15.4g	<ul style="list-style-type: none"> Gluten Free
Foodlink Complete Compact	58p	7 x 75g sachet	Banana, chocolate, natural, strawberry, vanilla	318Kcal	15.0g	<ul style="list-style-type: none"> Gluten free Not lactose free
STARTER PACK products. Starter Packs should only be issued for and acute 1-2 week prescription to determine flavour preference. These usually give a shaker to aid with mixing						
Aymes Shake Starter Pack	76p	6 x 57g sachets	Banana, strawberry, chocolate, vanilla, neutral	384 - 389 kcal	15.6 - 16.0g	<ul style="list-style-type: none"> Gluten free Not lactose free
Foodlink Complete Starter Pack	90p	5x 57g 1 x 63g (fibre)	Banana, chocolate, natural, strawberry, vanilla	378 - 386 kcal	18.3 - 18.7g	<ul style="list-style-type: none"> Gluten free Not lactose free

READY MADE products. Suitable as a sole source of nutrition if recommended by dietitian						
NAME	COST PER UNIT	VOLUME	FLAVOURS	Energy per unit	Protein per unit	ADDITIONAL INFORMATION
Altraplen energy	£0.99	200ml	Vanilla, strawberry, banana, chocolate	300kcal	12g	<ul style="list-style-type: none"> Gluten free Lactose free
EnergieShake Complete 1.5kcal	£0.89	200ml	Vanilla, chocolate, strawberry, banana	300kcal	12g	<ul style="list-style-type: none"> Gluten free Lactose free

READY MADE products – compact volume of 125ml per serving						
Altraplen Compact Daily	£1.60	250ml (tetrapack contains two 125ml servings)	Banana, Hazel chocolate, strawberry, vanilla	300kcal per 125ml serving	12g per 125ml serving	<ul style="list-style-type: none"> Gluten free Not lactose free Formulary alternative to Fortisip Compact
Aymes Actagain 2.4 daily	£1.60	250ml (bottle contains two 125ml servings)	Banana milkshake, Smooth vanilla, strawberry burst	300kcal per 125ml serving	12g per 125ml serving	<ul style="list-style-type: none"> Gluten free Not lactose free Formulary alternative to Fortisip Compact
Fresubin Pro Compact drink	£1.65	125ml	Apricot-peach, cappuccino, vanilla	300kcal	18g	<ul style="list-style-type: none"> Gluten free Lactose free High Protein Low potassium Formulary alternative to Fortisip Compact Protein
Plant based Vegan options						
Aymes ActaSolve High Energy (made up with 240ml 'milk')	£1.60	6 x 85g sachets	Banana, chocolate, strawberry, vanilla	585 – 596 kcal	12.3-12.4g	<ul style="list-style-type: none"> Gluten Free Vegan Option Not lactose free
Aymes Actagain 1.5 Plant Powered	£1.54	200ml	Café Latte, Madagascan Vanilla, Salted caramel	300kcal	13.4g	<ul style="list-style-type: none"> Gluten Free Lactose Free Soy Free Vegan

Prices correct at time of review April 2025. Product availability and details are subject to change at any time and should be checked by the person prescribing.

Appendix 5: Specialist Nutritional Products.

Other products, such as those listed below, should be prescribed **ONLY on the advice of a Dietitian**. Pre-thickened supplements should be prescribed only after a formal dysphagia assessment.

Examples of specialist products:

Altrajuce	Ensure Plus Advance	Fresubin 2kcal Crème	
Altraplen Protein	Ensure Plus Fibre	Fresubin 5kcal Shot	
Altrashot	Ensure Plus Juce	Fresubin Energy Fibre	Nutrilis Fruit Level 4
Aymes Actacal Crème	Ensure TwoCal	Fresubin Jucy Drinks	Nutricrem
Aymes Actagain Juce	Forticreme Complete	Fresubin Original Drink	Peptamen
Calogen	Fortijuce	Fresubin Protein Energy	Polycal Liquid
Calogen Extra	Fortisip 2kcal	Fresubin YoCreme	Polycal Powder
Calshake	Fortisip Compact	Fresubin YoDrink	Pro-cal Powder
Duocal Super Soluble	Fortisip Compact Fibre	Liquigen	Pro-cal Shot
Elemental 028 Extra	Fortisip Compact Protein	Maxijul Powder	Scandishake Mix
Enshake	Fortisip Extra	Modulen IBD	
Ensure Cans	Fresubin 2 kcal +/- Fibre	Nutrilis Complete Drink Level 3	

Examples of specialist dysphagia products: (for information only, please follow Speech and Language Therapist and Dietitian recommendations).

DYSPHAGIA PRODUCTS						
Please follow recommendations for consistency as per Speech and Language Therapy						
NAME	COST /unit	PRESENTATION	FLAVOURS	IDDSI Descriptor	Energy per unit	Protein per unit
Aymes Shake Compact	57p	57g sachet	Strawberry, vanilla, banana, chocolate, neutral	Level 1	316kcal	12.6g
Aymes ActaSolve Savoury	93p	57g sachet	Chicken, potato & leek and vegetable	Level 1	250kcal	8.5g
Foodlink Complete Fibre	98p	63g sachet	Banana, chocolate, natural, strawberry, vanilla	Level 1	399kcal	18.6g
Altraplen Protein	£2.38	200ml	Strawberry, vanilla	Level 1	300kcal	20g
Aymes Actasolve Smoothie	£1.08	66g sachets	Mango, peach, pineapple and strawberry, cranberry	Level 2	297kcal	10.7g
Altraplen Compact	£1.61	125ml	Hazel chocolate, vanilla, strawberry, banana	Level 2	300kcal	12g
Fresubin Thickened Level 2	£2.64	200ml	Wild strawberry, vanilla	Level 2	300kcal	20g
Nutlis Complete Crème Level 3	£2.87	125g	Vanilla, strawberry, chocolate	Level 3	300kcal	18g
Nutlis Complete Drink Level 3	£2.87	125ml	Vanilla, strawberry, chocolate, lemon tea, mango passion fruit	Level 3	300kcal	18g
Fresubin Thickened Level 3	£2.64	200ml	Wild strawberry, vanilla	Level 3	300kcal	20g
EnergieShake Dessert	£1.10	125g	Caramel, chocolate	Level 4	188kcal	9.4g
Aymes Actacal Crème	£1.54	125g	Chocolate, vanilla	Level 4	188kcal	9g
Nutricrem	£2.37	125g	Chocolate orange, mint chocolate, strawberry, vanilla	Level 4	225kcal	12.5g
Fresubin 2kcal Crème	£2.04	125g	Vanilla, wild strawberry, cappuccino, praline, chocolate	Level 4	250kcal	12.5g
Fresubin Dessert Fruit	£2.73	125g	Apple-prune	Level 4	200kcal	8.8g
Fresubin Yocrema	£2.70	125g	Apricot-peach, biscuit, lemon, raspberry	Level 4	188kcal	9.4g
Nutlis Fruit Level 4	£3.36	150g	Apple, strawberry	Level 4	200kcal	10g