

GP Details including ODS if available.

Referring organisation or ICS logo

Request for Oral Nutrition Supplement (ONS) Prescription

PATIENT DETAILS

Title: Patient's title
Patient First name: Patient's forename
Patient Surname: Patient's surname
Telephone number: Patient's telephone number (preferred contact and NOK are usually available also)

NHS Number: Patient's NHS number
Date of Birth: Patient's DOB
Address: Patient's address
Gender: Patient's gender

Educational Establishment: Name and address where available in EPR, or by free text. Optional (for paediatrics only).

ACTIONS FOR GP

ONS name	Presentation	Dose	Frequency
Name of product	Product type	Scoops, bottles etc.	Doses per day
Total volume per 28 days	Swap for ICS formulary equivalent?	Date of planned review (if known)	Allow repeat prescription?
Volume in g or ml	Yes <input type="checkbox"/> No <input type="checkbox"/>	DD/MM/YY	Yes <input type="checkbox"/> No <input type="checkbox"/>

ACBS Criteria for ONS Request: Drop down list of ACBS criteria for selection.

FOLLOW UP

Secondary care dietetic team ☐ Referred to community dietetic team ☐ (Include a copy of referral)
No dietetic follow up ☐ (N.B., no repeat prescription, patient to self-screen every 3/12 and see GP if concerned) *

Nutrition Screening Tool Score: full data set and final score OR

Height: Patient's height Weight: Patient's weight BMI: Patient's BMI Centile: Patient's growth centile
% Weight change: % weight change (time) or centile change (time) (for paediatric patients only)

Food Based Strategy Advised: Yes ☐ No ☐

Other nutritional advice: Any provided to the patient by the referring team. Imports from EPR where possible.

GOALS

Desired goals/outcomes; patient centred treatment goal/evidence of shared decision making where possible.

MEDICOLEGAL

Is the patient currently subject to a DOLS authorisation Yes ☐ No ☐

Power of attorney for health and welfare details? import where specified. Set to state no qualifying information if unavailable.

Advance Care Plan Details: import where specified. Set to state no qualifying information if unavailable.

Accessible Information Standard: coded value for reasonable adjustment and any free text details. Set to state no qualifying information if unavailable.

CLINICAL INFORMATION	
PMHx/Problems/ Diagnosis list (N.B. in a request for ONS, an appropriate malnutrition related diagnosis should be coded on the patient record as a requirement). Allergies	
<div style="text-align: right;"> Name (first name, surname): Lois Lane Profession (specify job title): Specialist Renal Dietitian Grade: Band 7 Professional Identifier: HCPC 123456 Contact: email teamrenaldietitians@nhs.net </div>	

N.B. this is an example of how to integrate a digital document, and your local design decisions may change the appearance, including layout and format.

Supporting Notes:

Green text denotes data typically available within an EPR, either as part of the PDS (Personal Demographics Service), PAS (Patient Administration System) or in the clinical module.

Purple text represents data that is not readily available as a piece of core information from the patient record. It is still possible to automate this into patient records or build capability to make these fields selectable from a set of pre-agreed fields e.g., types of ONS, dietetic outcomes etc.

* The [Patient Association Nutrition Checklist](https://healthinnovationwessex.org.uk/img/projects/NutritionChecklist-MUST-EvaluationReport.pdf) is a free tool which was developed for use by patients to self-screen for malnutrition risk. It is mainly designed for use with people living in the community over the age of 65 years. There is also a version for use by healthcare professionals, and the tool has been validated against the MUST <https://healthinnovationwessex.org.uk/img/projects/NutritionChecklist-MUST-EvaluationReport.pdf>

There are other self-screening tools available which could be recommended to people who have been discharged from acute or community dietetic care.

Although making recommendation about clinical pathways of care is out with the scope of this implementation working group, we recognise that many dietetic services are looking for ways to discharge people who may no longer meet criteria for follow up or referral, or ONS prescription, but who wish to counsel their patients on how to identify changes in their malnutrition risk in the future. For this reason, we have included this useful advice from one of the stakeholder organisations who have implemented this approach with success.