

Oral Nutritional Supplement Replacement in Care Homes

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Position Statement: Use of prescribed Oral Nutritional Supplement (ONS) in Care Homes

Leicester, Leicestershire and Rutland (LLR) ICB does not support the use of prescribed ONS for care home residents. Food-based interventions (which contain a similar range of nutrients) should be provided for residents by care homes instead

Recommendations

- **Do not prescribe** ONS for residents in care homes unless one of the following clinical criteria is met:
 - a. The resident is **tube-fed**; or
 - b. The resident has been diagnosed with **swallowing difficulty (dysphagia)** requiring **thickened ONS**, and has been identified as **malnourished** using a validated screening tool (e.g., MUST)
- **Instead**, advise care home staff to following the [LLR Care Home Malnutrition Management Pathway](#). Where clinically indicated, provide **nutritionally complete homemade supplements** as an **alternative to prescribed ONS**.
- **Support** staff and relatives to understand that homemade supplements (prepared using the [LLR recipes](#)) have an almost identical nutritional profile to comparable prescribed ONS.

Rationale

Malnutrition is a common problem for care home residents. Many care home residents are admitted (or readmitted) from hospital and staff and relatives are likely to have experienced ONS provision in hospital.

However, most people are unaware that due to favourable contracts between ONS providers and hospitals (which are not available to primary care) hospitals tend to pay a lot less for ONS than primary care does, and also a lot less than the cost of providing equivalent food-based interventions.

In the community food is likely to be both a more cost-effective and a more acceptable and familiar choice for many patients for managing malnutrition.

In addition, there are no nutrients found in prescribed ONS which cannot be found in ordinary food, and there is no absolute requirement for care home residents to need to have ONS prescribed as their nutritional requirements can almost always be met using food.

Food and mealtimes remain a highlight of the day for many care home residents and eating meals and snacks enable continued social contact, which is of equal importance to a resident's nutritional intake, and which cannot be provided by ONS.

When admitting a resident, care homes have accepted that they will meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for each resident. Regulation 14 which states: "A variety of nutritious, appetising food should be available to meet people's needs... Snacks or other food should be available between meals for those who prefer to eat 'little and often'... Where a person is assessed as needing a specific diet [which includes the guidance within [LLR Care Home Malnutrition Management Pathway](#)], this must be provided in line with that assessment..."

A food-based approach to treating identified malnutrition is also supported by NICE:

NICE Clinical Guideline 32 (2006) states: "Healthcare professionals should ensure that the overall nutrient intake of oral nutrition support offered contains a balanced mixture of protein, energy, fibre, electrolytes, vitamins and minerals."

NICE Quality Standard 24 (2012) states: "It is important that nutrition support goes beyond just providing sufficient calories and looks to provide all the relevant nutrients that should be contained in a nutritionally complete diet."

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Key Updates Effective from the 1st of September 2025

ONS Replacement in Care-homes scheme to be launched via phased approach commencing in Primary Care from 1/9/25 with acute + community hospital discharges following at a later date. From this date:

New care-home residents AND existing residents not on ONS:

- All new patients in care-homes to be assessed for Malnutrition risk using this pathway and follow appropriate management plan as per the pathway (except for acute + community hospital discharges- see below).
- All existing patients in care-homes not on ONS to be assessed for Malnutrition risk using this pathway and follow appropriate management plan as per the Pathway.

Care-home resident already on ONS:

- All existing patients already on ONS and under the care of a community dietitian (Leicestershire Nutrition and Dietetics Service) to continue with ONS until scheduled review where suitability to switch to home-made replacement drinks will be assessed by the dietitian.
- All existing patients already on ONS but NOT under the care of a community dietitian (Leicestershire Nutrition and Dietetics Service) to be referred via Care-home- to Dietetics direct referral form for assessing suitability .

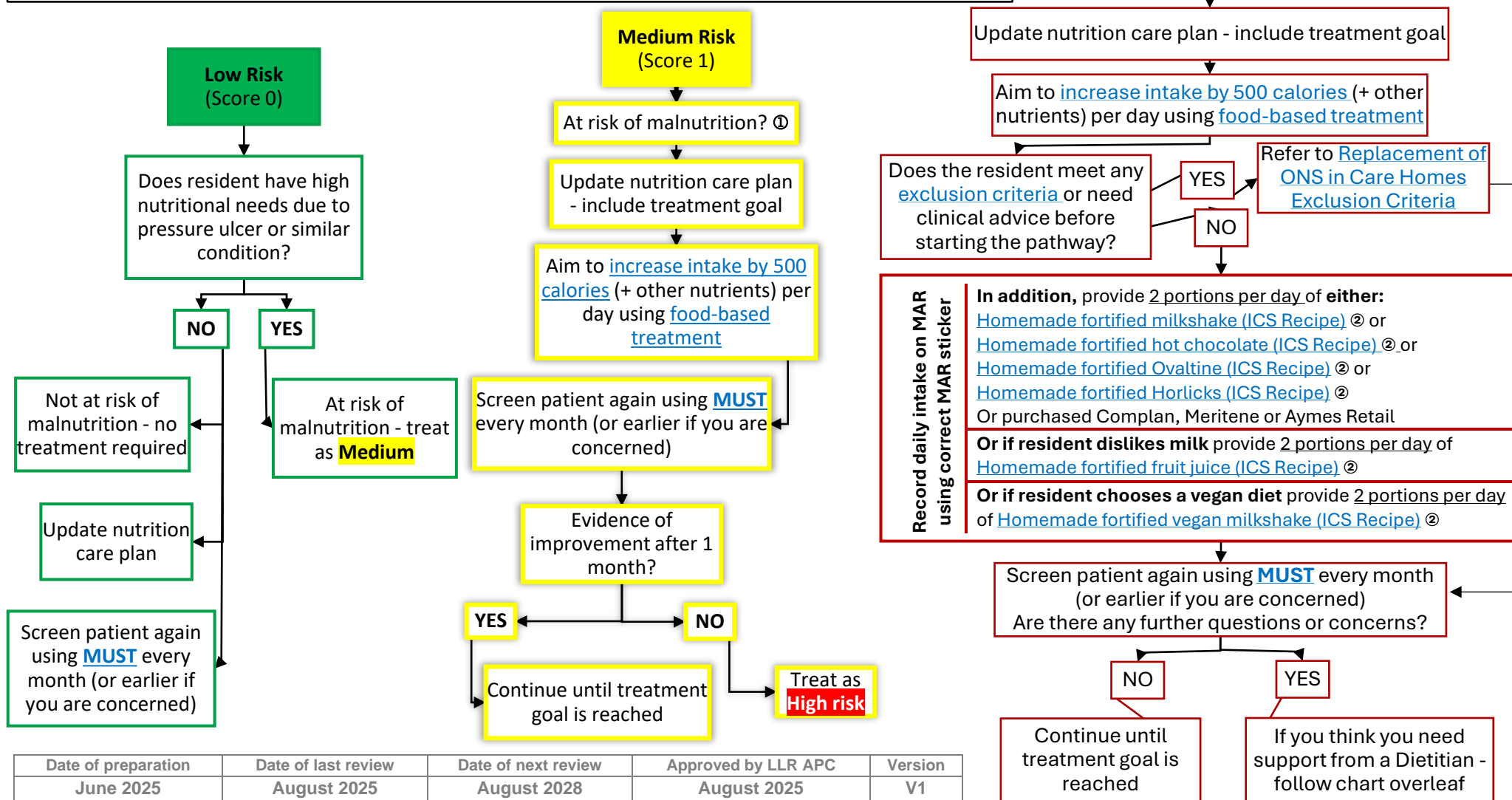
Acute/Community hospital discharges:

- As part of a phased launch, all patients who are discharged from acute or community hospitals on TTO's- to take these as prescribed until further notice.
- If a further ongoing prescription is requested on discharge, GP to review and prescribe if appropriate as per current practice. If no further ongoing prescription is required, then care-home to assess for Malnutrition risk using this pathway and follow appropriate management plan as per the pathway.

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Care Home Malnutrition Management Pathway (based on MUST) - Pathway must be followed before referring to the Dietitian

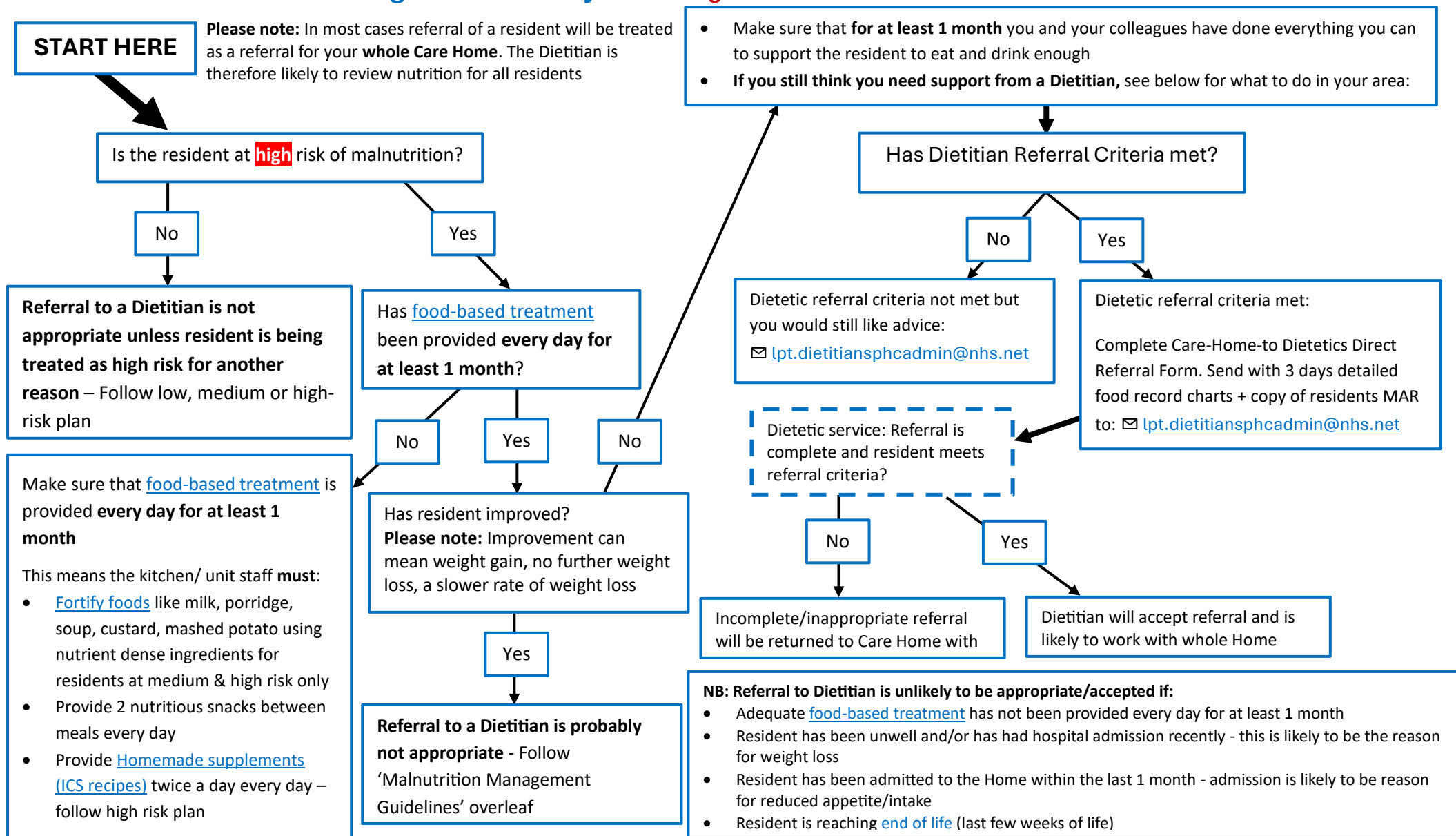
- ① If a resident is currently **overweight**/was overweight prior to unplanned weight loss, is regaining weight in their best interests? If weight regain is not in the resident's best interests, treat resident as lower risk category to avoid significant weight regain. **Record what you are advising and why** in the resident's nutrition care plan
- ② All **Homemade Supplements must** be made **exactly** according to the [recipes provided by LLR ICS](#)



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Care Home Malnutrition Management Pathway – Referring a care home resident to the Dietitian because of malnutrition



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LLR Care Home Malnutrition Management Pathway: Exclusion Criteria and Key Considerations

1) Clinical Criteria for exclusion:

Any residents meeting the following criteria would be excluded from the pathway:

Tube fed patients	<p>Resident will usually already be referred to Leicestershire Nutrition and Dietetics Home Enteral Tube Feeding Dietetic Team/ other Home Enteral Tube Feeding Dietetic Team if under out of area care.</p> <p>If not please see 'enteral feeding' section on LNDS Adult referral criteria https://www.lnds.nhs.uk/HealthProfessionals-ClinicalServicesAvailable-PrimaryHealthCareincludingReferralInformationandHomeVisitCriteria.aspx</p> <p>Or contact Home Enteral Nutrition Service (HENS) Team on hens.team@nhs.net contact: 0116 2227161.</p>
The resident has been diagnosed with swallowing difficulty (dysphagia) requiring thickened ONS and has been identified as malnourished using a validated screening tool (e.g., MUST).	<p><u>For Care-home staff:</u> Please complete care-home to dietetics direct referral form.</p> <p><u>For Other Healthcare Professionals:</u> Please see LLRAPC Managing Adult Malnutrition in Primary Care Guidelines for guidance on pre-thickened dysphagia specific oral nutritional supplements (See Appendix 3) if urgent prescription is required whilst awaiting dietetic input.</p>
Exceptional Circumstances:	<p><u>For Healthcare Professionals:</u> In very exceptional circumstances where a clinical assessment indicates the need to consider alternative intervention to home-made nutritional supplements as part of a food-based approach, this must be decided on a case-by case basis with a clear rationale to justify recommended action plan and aims of treatment in supporting the resident to meeting their nutritional needs. A clear justification must be provided outlining why home-made nutritional alternative is unsuitable and therefore requires prescribed oral nutritional supplements to be considered for a specified time period in order to meet a specific need.</p> <p><u>For Care-home Staff:</u> If you are unclear on whether there may be exceptional circumstances to exclude a resident from this pathway, please:</p> <ul style="list-style-type: none"> - Review section 2 below which may support decision making with specific clinical conditions and complete a care-home to Dietetics direct referral form where a clear need has been identified for further input from Dietetics. Please also see section 3 for additional guidance. - If any queries, please contact: Leicestershire Nutrition and Dietetics Service (LNDS) in the Community for further guidance via lpt.dietitiansphcadmin@nhs.net

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2) Clinical considerations where further guidance from a Dietitian may be required prior to implementation of the pathway:

Please review information below which may support decision making with specific clinical conditions/scenarios and complete a care-home to dietetics direct referral form where a clear need has been identified for further input from Dietetics. Please note a referral to Dietetics does NOT automatically warrant that Oral Nutritional Supplements will need prescribing. The Dietitian will assess and advise on whether tailored dietary advice as part of a food-based approach is required OR whether exceptional circumstances are indicated to exclude a patient from this scheme.

<u>Clinical condition/ consideration:</u>	<u>Things to consider:</u>
Diabetes	<ul style="list-style-type: none"> - Please consider splitting the dose of homemade milkshakes throughout the day, this will spread out the individual carbohydrate load to reduce spikes in blood glucose levels. - Please consider the food safety aspect of this and ensure that drinks are kept chilled between offers. - If you have residents with Type 1 Diabetes or those on Insulin, please consider a referral to community Dietetics where tailored guidance may be required.
Pancreatic Enzyme Replacement Therapy (PERT)	<ul style="list-style-type: none"> - If your resident is taking PERT (e.g., Creon®, Nutrizym® and Pancrex®), please consider if these should be offered alongside the homemade drinks in order for them to digest and absorb the nutrients correctly. - Please consider a referral to community Dietetics if dietary advice is required for general advice only. Dietitians are unable to make prescription adjustments as the responsibility for this lies with the prescriber (usually GP).
CKD (stages 3-5)	<ul style="list-style-type: none"> - If your resident has CKD stage 3, please consider a referral to Dietetics to ensure that the homemade nourishing drinks are suitable for them to take. - If your resident has CKD stage 4 or 5, and they are currently under renal consultant care, please ask consultant to refer to secondary care specialist Dietitians. If they are no longer under a consultant and they are for community care, please consider a referral to community Dietetics.
Inflammatory Bowel Disease (IBD)	<ul style="list-style-type: none"> - Residents with acute inflammatory bowel disease (IBD) where a liquid/elemental diet is required- please consider a referral to community Dietetics.
Neurological conditions	<ul style="list-style-type: none"> - The Community Integrated Neurology and Stroke Service (CINSS) see patients with terminal neurological conditions such as Motor Neurone Disease, Progressive Supranuclear Palsy and Corticobasal Degeneration. This patient group often have higher nutritional requirements, and their intake can also be further affected by a deterioration in their swallow. - Please consider a referral to community Dietetics if patient is not already under specialist CINSS Dietitian.
Huntingdon's Disease	<ul style="list-style-type: none"> - Due to increased nutritional requirements, please consider referring your resident to the Dietitians if they have Huntingdon's disease
Mental Health	<ul style="list-style-type: none"> - Please consider a referral to the Dietitians if your resident has a mental health condition which would affect their intake of the homemade nourishing drinks. Some examples may include: <ul style="list-style-type: none"> o Patients with paranoia where they may not be accepting of homemade foods or fluids, only accepting those in sealed containers. o Patients who view prescribed ONS as 'medicine' and will accept it but won't accept food.
Learning Disabilities and Autism	<ul style="list-style-type: none"> - If your resident will not accept homemade nourishing drinks from a sensory aspect, please consider a referral to Dietitians for further guidance. - Please ensure you are making any reasonable adjustments necessary to enable your resident to optimise their oral intake" If you notice a changes in behaviour (e.g. reduced mood and oral intake), this may be a sign of pain, and you should use a method that is suitable for the person to identify this if required (i.e. DisDAT tool).
Refeeding risk	<ul style="list-style-type: none"> - If your resident has had little to no oral intake in 5 days, please consider if they are at risk of re-feeding syndrome and would require a referral to Dietitians.

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3) Other considerations:

Please review information below for some ideas that you might want to keep in mind for residents and some changes you could make to ensure the homemade supplements are suitable for them.

<u>Clinical consideration:</u>	<u>Things to consider:</u>
Significant unexplained weight loss	<ul style="list-style-type: none"> - If your resident has experienced significant unexplained weight loss recently, please consider involving the GP to investigate any causes of the weight loss.
Extremely restricted dietary intake	<ul style="list-style-type: none"> - If a resident has an extremely restricted dietary intake, please consider the use of multivitamin and mineral supplement to meet their micronutrient requirements.
Food Allergy/Intolerance	<ul style="list-style-type: none"> - If your resident has an allergy or intolerance to the ingredients in any of the homemade nourishing drinks, please consider if they would enjoy an alternative recipe e.g. if they are intolerant of dairy foods (i.e. milk) would they tolerate a vegan milkshake? - If none of the recipes would be suitable, please consider a referral to the Dietitians.
Coeliac Disease	<ul style="list-style-type: none"> - If your resident has coeliac disease, please ensure that you have checked all of the ingredients to ensure that they are gluten free. - Please ensure that you are avoiding cross contamination of gluten by using separate cutlery if a particular drink is being made without gluten.
Pressure ulcer	<ul style="list-style-type: none"> - Please see additional dietary advice: https://www.malnutritionpathway.co.uk/library/protein.pdf - If additional concerns or support required, please complete referral to the Dietitians for further input and advice.
Bowel changes	<ul style="list-style-type: none"> - Ensure sufficient fluid and fibre intake if identified as problem - Seek medical advice if required
Swallow changes	<ul style="list-style-type: none"> - If your resident is showing changes with their swallow or you are concerned about their swallow, please ensure you are considering a referral to Speech and Language Therapy to investigate this prior to Dietetic Referral.
Dementia	<ul style="list-style-type: none"> - Please see additional guidance: Dementia UK Eating and Drinking guide
If a resident is currently overweight/was overweight prior to unplanned weight loss	<ul style="list-style-type: none"> - Patients with BMI above 25kg/m² to aim for weight maintenance rather than weight regain.
Chewing problems/ Sore mouth / Poor Dentition	<ul style="list-style-type: none"> - Assess Oral Hygiene, treat as needed - Get sore mouth / mouth ulcers treated - Check teeth/dentures-refer to Dentist if needed
Unable to feed independently	<ul style="list-style-type: none"> - Position correctly-consider referral to Occupational Therapist or Physiotherapist - Provide appropriate cutlery/crockery - Provide assistance/supervision at meal and snack times
Consistently not finishing meals despite assistance	<ul style="list-style-type: none"> - Assess comfort at mealtimes – e.g. need to empty bowels, pain, positioning - Consider environment & minimise distractions - Find out likes/dislikes & mealtime preferences from patient or relatives - Use verbal or visual prompts to help eating - Explore anxieties or communication difficulties - If signs of depression or pain seek medical advice - Encourage 3 small, fortified meals/snacks a day and at least 2 nutritious snacks and 2 nourishing drinks a day
Consistently refusing food or fluid	<ul style="list-style-type: none"> - As above - If at risk of dehydration: Encourage drinks after and in between each meal aiming for 6-8 cups/day & seek medical advice
Other:	<ul style="list-style-type: none"> - Consider if a medical condition is: <ul style="list-style-type: none"> a) Increasing nutritional requirements (e.g. pressure ulcer, infection) b) Affecting dietary intake (e.g. vomiting, diarrhoea, constipation, depression, pain) - Seek medical advice if required - Ensure treatment to control or treat any identified condition is provided - Consider side-effects of medications. Request a medication review.

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Relative/carer information: How healthcare staff support care homes to treat malnutrition

As you may be aware, your relative/friend is at high risk of malnutrition because they have a low body weight and/or have lost weight without trying to.

How is malnutrition treated?

Healthcare staff are working with carers, caterers, nurses and managers at the home to help support your relative/friend's nutritional intake using a food-based approach. This is one of the most important treatments for malnutrition.

A food-based approach means encouraging nutritious drinks and between meal snacks, and "fortifying" food using extra, nutrient-dense household ingredients. "Food fortification" should provide a range of nutrients including calories, protein, vitamins and minerals. "Fortifying" food enables someone with malnutrition to improve their nutritional intake without the need to increase the amount they eat, so it still works even when someone's food intake is quite small. The "fortified" food still looks and tastes good and will still be enjoyable.

Food and mealtimes are vital for us for lots of reasons, beyond simply providing nutrition. Sharing food with others is part of what makes us human, so supporting people to continue to eat with others can help people to enjoy mealtimes and can help improve nutritional intake.

What will be monitored?

Your relative/friend should be weighed more frequently to keep a close eye on their weight. Staff may complete food record charts for a short time (usually 3 – 5 days) to monitor how much, when and what sort of things they eat and drink. The care staff will review this to make sure the changes made are still appropriate for your relative/friend.

What about oral nutritional supplements?

Oral nutritional supplements are prescribed medicines that can come in a variety of forms, the most common of which are milkshakes. Just like ordinary food, they provide a range of nutrients including calories, protein, vitamins and minerals - but there is nothing in them which cannot be obtained from food.

Some people may need oral nutritional supplements in addition to food, but these products are much less likely to be needed for people living in care homes compared with people living in their own homes. This is because in care homes catering staff can produce homemade supplements using ordinary household ingredients, which often contain the same or more nutrition than prescribed products. Homemade versions are often also tastier because they are freshly made.

A prescription of oral nutritional supplements does not guarantee an improvement in nutritional intake or weight gain and is no more likely to achieve these aims or any other improvements in health and wellbeing than when a "food based" approach is used.

My relative has swallowing problems and has been advised to take thickened fluids – what should they have?

For people who are at high risk of malnutrition and who have been advised to have thickened fluids due to diagnosed swallowing difficulties, pre-thickened oral nutritional supplements exist. These may be helpful for residents with swallowing difficulties compared with trying to thicken homemade products.

Who can I contact for more information?

Staff at the homework closely with healthcare staff and should be able to answer any questions you have regarding your relative/friend. If you require further information, please ask a member of staff from the home.

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Patient /care information: Homemade supplements

Due to illness or a poor appetite, you may be at risk of malnutrition because you cannot, or do not, eat enough to meet your body's needs

Homemade supplements can provide a range of nutrients to help you meet your body's needs

Following the advice in this leaflet should help you improve your food intake & support a healthy weight for you

Follow the recipes as they are written (using the exact products and quantities stated) as other milkshake flavourings /hot drink powders /fruit juices do not contain the same vitamins & minerals

The next 3 recipes are the most nutritionally complete choices

Fortified milkshake (ICS recipe)

Ingredients—makes 1 portion

⅓ pint/180ml full fat milk
2 generous tablespoons/30g skimmed milk powder
4 heaped teaspoons/20g vitamin fortified milkshake powder (Aldi Cowbelle Milkshake Mix, Asda Milkshake Mix, Lidl Goody Cao, or Nesquik)

Directions

Mix milk powder and milkshake powder together in a glass.
Gradually mix in cold milk and stir well.

1 portion = 220ml

Serve 2 portions per day



Fortified hot chocolate (ICS recipe)

Ingredients—makes 1 portion

⅓ pint/180ml full fat milk
2 generous tablespoons/30g skimmed milk powder
4 heaped teaspoons/20g vitamin fortified chocolate flavour milkshake powder (Aldi Cowbelle Milkshake Mix, Asda Milkshake Mix, Lidl Goody Cao, or nesquik)

Directions

Mix milk powder and milkshake powder together in a mug.
Gradually mix in hot milk and stir well.

1 portion = 220ml

Serve 2 portions per day



Fortified Ovaltine or Horlicks (ICS recipe)

Ingredients—makes 1 portion

⅓ pint/180ml full fat milk
2 generous tablespoons/30g skimmed milk powder
5 heaped teaspoons (25g) 'Ovaltine Original Add Milk' powder or 'Horlicks Malted Food Drink' powder

Directions

Mix milk powder and Ovaltine or Horlicks powder together in a mug.

Gradually mix in hot milk and stir well.

1 portion = 220ml

Serve 2 portions per day



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Fortified vegan milkshake (ICS recipe)

Ingredients—makes 1 portion

⅓ pint/180ml Alpro Growing Up Soya Drink
20g soya milk powder
40ml undiluted premium cordial (**not** sugar free/diet/
no added sugar) e.g. Belvoir, Bottlegreen, Ribena, Rocks
Organic

Directions

Gradually mix soya milk powder together
with Alpro Growing Up Soya Drink. Mix in
the undiluted cordial.

1 portion = 220ml

Serve 2 portions per day

Serve 2 portions per day



Product comparison, per portion	Calories	Protein	Carbohydrate	Fat	Cost
Fortified milkshake/hot chocolate	295 - 310kcal	17g	39.4 - 44.2g	6.9g	£0.45
Homemade fortified Horlicks	319kcal	19.3g	43.8g	8.6g	£0.53
Homemade fortified Ovaltine	319kcal	18.4g	44.3g	7.9g	£0.65
Fortified vegan milkshake	297kcal	17.1g	56.4g	9.3g	£1.10
Purchased Complan + full fat milk	310kcal	12.5g	44g	8.1g	£1.15
Purchased Meritene + full fat milk	247kcal	16.6g	26g	8.3g	£1.32

The next recipe is the most nutritionally complete choice for those who do not like or cannot take milky drinks

Fortified fruit juice (ICS recipe)

Ingredients—makes 1 portion

⅓ pint/180ml pure fruit juice (using Kubus 100%
Multivitamin Juice (Tesco), Naturis Multivitamin juice (Lidl) or
Tropicana Multivitamin Boost will provide more vitamins)
40ml undiluted premium cordial (not sugar free/diet/no
added sugar) e.g. Belvoir, Bottlegreen, Ribena, Rocks Organic
10g (2 x 5g sachets) egg white powder (find in the home
baking section of most supermarkets or larger, better value
packs can be purchased online)

Directions

Put egg white powder in a glass.
Gradually stir in undiluted cordial
(do not whisk). Add the fruit juice
slowly and stir well.

1 portion = 220ml

Serve 2 portions per day



Product comparison, per portion	Calories	Protein	Carbohydrate	Fat	Cost
Fortified Fruit juice	178 - 250kcal	8.4 - 9.4g	38 - 52g	0 - 0.2g	£0.84 - £1.00
Fortified Fruit juice using Kubus 100% Multivitamin Juice/Naturis Multivitamin Juice/Tropicana Multivitamin Boost	191 - 246kcal	8.4 - 9.4g	38 - 52g	0 - 0.2g	£1.06 - £1.45

Leaflet provided by:

Profession:

Contact Number:

Date:

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Patient/carer information: Eating well—Quick guide

Putting food-based treatment into practice - Increasing your intake every day

People who are at risk of malnutrition usually need to increase their intake by about another 500 calories per day (in addition to their current intake) using **nutrient dense foods** (foods that contain a range of energy, protein, vitamins and minerals). This should be enough to stop or slow unplanned weight loss.

Increasing your intake by 500 calories per day, using **nutrient dense foods** can seem quite hard, but it actually only means making 3—4 changes to what you usually eat and drink each day.

How can I increase the nutrients in my food?

- ❑ Fortifying foods - by adding extra **nutrient dense foods** to them - can make it easier for you to eat enough every day (see suggestions overleaf)
- ❑ Try to have 2 - 3 small snacks each day in between your meals & try to choose **nutrient dense snacks** (see suggestions overleaf)

The following are simple examples of how you can increase your usual intake by 500 calories per day using **nutrient dense foods**.

If you like milk and milk products – try having:	Energy added (Kcals)	Protein added
1 mug (200mL) of hot chocolate made with fortified milk	254	13
1 small tub of Greek yoghurt	198	9.2
1 tablespoon skimmed milk powder added to custard	55	5.5
Total	507	27.7

If you like savoury flavours – try having:	Energy added (Kcals)	Protein added
1 small handful of mixed nuts	246	8.6
1 cheese scone	161	5.8
1 tablespoon pea protein powder added to vegetable soup	60	11
½ tablespoon peanut butter added to toast or crackers	47	1.4
Total	514	26.8

If you like sweet flavours – try having:	Energy added (Kcals)	Protein added
1 mug (200mL) of hot chocolate made with fortified milk	254	13
1 tub (150g) of custard	146	4.2
2 tablespoons of Greek yoghurt (with honey)	122	4
Total	522	21.2

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This shows **nutrient dense** food items to use as fortifiers, and the amount of energy and protein that each will add:

Food fortifier	Quantity to add to 1 portion of food	Try adding to a portion of:	Energy content added per portion (Kcals)	Protein content added per portion (grams)
Almond butter	1 tablespoon (15g)	Porridge, soup, curry & dahl	98	3.4
Cashew butter	1 tablespoon (14g)	Porridge, soup, curry & dahl	94	2.8
Cheese, grated	1 tablespoon (10g)	Potatoes, vegetables, curry & dahl	40	2.5
Egg	1 egg	Custard, milk pudding, mashed potato	75	6
Dried, skimmed milk powder	1 tablespoon (15g)	Custard, milk pudding/sweets, 'cream of' soup, porridge, mashed potato	55	5.5
Greek yoghurt	1 tablespoon (45g)	Porridge, pasta sauce, casserole, curry & dahl	61	2
Ground almonds	1 tablespoon (15g)	Vegetable soup, stew, casserole, porridge, curry & dahl	92	3
Peanut butter	1 tablespoon (15g)	Porridge, curry & dahl	94	4
Pea protein powder	1 tablespoon (17g)	Vegetable soup, stew, casserole, curry & dahl	60	11
Soy protein powder	1 tablespoon (14g)	Vegetable soup, stew, casserole, curry & dahl	50	14

This shows ideas for **nutrient dense** snack choices and the amount of energy and protein that each will add

Snack suggestion	Amount	Energy content (Kcals)	Protein content (grams)
Cheese & cracker	1 cracker + small chunk cheese	112	5.5
Cheese scone	1	161	5.8
Custard	150g tub	144	3.6
Falafel	1	111	3.8
Greek yoghurt	150g tub	198	9.2
Hard-boiled egg	1	75	7.2
Mixed nuts	Small handful (40g)	246	8.6
Rice pudding	150g tub	141	4.7

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Patient/carer information: Eating well for small appetites

If you have any food allergies, intolerances, kidney disease, diabetes, or any other health condition that requires a specific diet, please seek advice from a dietitian before following this guidance. Further details can be found in the [Exclusion Criteria](#) document.

Why do I need this advice?

Due to illness or a poor appetite, you may be at risk of malnutrition because you cannot, or do not, eat enough to meet your body's needs.

Not eating enough can cause you to lose weight without trying to and/or for your weight to be too low.

Malnutrition increases risk of illness and makes it harder for the body to fight infection and heal itself, so it will take longer to recover from any illness. Malnutrition can also reduce energy levels, muscle strength and mobility.

Treating malnutrition can be very simple, and ordinary food can provide all the extra nutrition you need. This is called 'food based' treatment - it just means using ordinary foods to increase your intake of all nutrients.

What about healthy eating?

When someone has or is at risk of malnutrition, 'normal' healthy eating guidelines (eating a diet that is low in fat and sugar, avoiding snacking between meals etc) won't help them meet their needs.

The advice provided here is healthy eating for someone who is at risk of malnutrition.

What do I need to eat?

Our bodies need us to have a range of different foods every day.

These include:

- ☐ Starchy carbohydrate such as bread, pasta, rice, cereals, potatoes
- ☐ Protein such as meat, fish, eggs, nuts, beans/lentils, Quorn, soya such as tofu
- ☐ Milk and milk containing foods such as yogurt, fromage frais, cheese
- ☐ Fruit and vegetables
- ☐ Fluid

Aim to have:

- ☐ 3 meals and 2 – 3 small snacks in between your meals every day
- ☐ A serving of protein food and a serving of starchy food (see left for examples) at each meal
- ☐ 5 small portions of fruit and vegetables every day

Snacks from the snack ideas listed below

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Should I take a vitamin supplement?

If your appetite is very small or you find it difficult to eat enough to meet all your vitamin and mineral needs, you can purchase a [once-a-day multivitamin and mineral tablet](#).

Supermarket 'own brands' are good choices and do not cost as much as the "big brands".

Many pharmacies also stock 'own brands'.

How can I make my mealtimes easier?

If you have a small appetite, it can sometimes be difficult to eat enough. However, there are many simple changes that can help make sure that you can eat enough to meet your body's needs.

- ☐ [Serve small portions](#) as these can be easier to manage than larger portions – you can always go back for a second helping
- ☐ Choose foods which you know you enjoy
- ☐ If you eat slowly, [give yourself enough time for each meal and snack](#). To keep your food warm while you are eating try to serve hot food on a warmed plate or try commercially available heated dishes or plate warmers
- ☐ [Try to eat with others if you can](#), as this can help encourage your appetite
- ☐ Try to make sure that where you eat is as pleasant for you as possible

Which snacks should I choose?

Try to have 2 - 3 small snacks each day in between your meals

Try to choose [nutrient dense snacks \(ones that contain lots of nutrients\)](#) such as:

Snack suggestion	Amount	Energy content (Kcals)	Protein content (grams)
Cheese & cracker	1 cracker + 1 small chunk cheese	112	5.5
Cheese scone	1	161	5.8
Custard	150g tub	144	3.6
Falafel	1	111	3.8
Greek yoghurt	150g tub	198	9.2
Hard-boiled egg	1	75	7.2
Mixed nuts	Small handful (40g)	246	8.6
Rice pudding	150g tub	141	4.7



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What about drinks?

- All fluids count towards meeting your body's needs including tea, coffee, soft drinks, fruit juice, milk, water and low strength alcohol (less than 4%)
- [Try to choose some nutrient dense drinks](#) from the list below, in place of lower energy choices like water, tea, sugar free soft drinks such as squash or fizzy drinks

How much fluid should I drink?

- Women should aim to drink [at least 1,600mL of fluid every day](#)
= 3 pints/ 7 full standard size mugs/ 11 full teacups
- Men should aim to drink [at least 2,000mL fluid every day](#)
= 3½ pints/ 8 full standard size mugs/ 13–14 full teacups

I don't drink that much usually, what should I do?

- Drinking enough is important to help you feel as well as you can, so try to gradually increase the amount you drink
- If you don't drink very much fluid, any increase in your intake is good
- Some people find it helpful to make a point of having a drink with each meal and snack, and to also have a full drink when they take their medications

Snack suggestion	Energy content (Kcals)	Protein content (grams)
Horlicks*	235	9
Ovaltine*	230	8.5
Milkshake*	200	7
Hot Chocolate*	180	7
Bournvita*	170	8.5
Cocoa*	168	7
Full fat milk*	140	7
Milky coffee *	140	5
Fruit juice	65 – 120	0
Fruit smoothie	100	0.5

* Made with full fat milk

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Fortifying milk

You can add extra nutrition to full fat milk by adding skimmed milk powder to it

- Add 4 generous tablespoons (60 grams) skimmed milk powder to each pint (568mL) full fat milk
- Fortified milk can be used to make any of the milky drinks listed above, or can be used in tea and coffee or with breakfast cereal

How can I increase the nutrients in my food?

If you have a small appetite, fortifying foods – by adding extra energy, protein, vitamins and minerals to them – can make it easier for you to eat enough every day.

This table shows the everyday food items to use as fortifiers, and the amount of energy and protein that each will add:

Food fortifier	Quantity to add to 1 portion of food	Try adding to a portion of:	Energy content added per portion (Kcals)	Protein content added per portion (grams)
Almond butter	1 tablespoon (15g)	Porridge, soup, curry & dahl	98	3.4
Cashew butter	1 tablespoon (14g)	Porridge, soup, curry & dahl	94	2.8
Cheese, grated	1 tablespoon (10g)	Potatoes, vegetables, curry & dahl	40	2.5
Egg	1 egg	Custard, milk pudding, mashed potato	75	6
Dried, skimmed milk powder	1 tablespoon (15g)	Custard, milk pudding/sweets, 'cream of' soup, porridge, mashed potato	55	5.5
Greek yoghurt	1 tablespoon (45g)	Porridge, pasta sauce, casserole, curry & dahl	61	2
Ground almonds	1 tablespoon (15g)	Vegetable soup, stew, casserole, porridge, curry & dahl	92	3
Peanut butter	1 tablespoon (15g)	Porridge, curry & dahl	94	4
Pea protein powder	1 tablespoon (17g)	Vegetable soup, stew, casserole, curry & dahl	60	11
Soy protein powder	1 tablespoon (14g)	Vegetable soup, stew, casserole, curry & dahl	50	14



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Putting food-based treatment into practice – Increasing your intake every day

People who are at risk of malnutrition usually need to increase their intake by another 500 calories per day (in addition to their current intake) using nutrient dense foods. This should be enough to stop or slow unplanned weight loss.

Increasing your intake by 500 calories per day can seem quite hard, but it actually only means making 3 – 4 changes to what you usually eat and drink each day.

The following are simple examples of how you can increase your intake by 500 calories per day using nutrient dense foods.

If you like milk and milk products – try having:

Energy added (Kcals)

Protein added

1 mug (200mL) of hot chocolate made with fortified milk

254

13

1 small tub of Greek yoghurt

198

9.2

1 tablespoon skimmed milk powder added to custard

55

5.5

Total

507

27.7

If you like savoury flavours – try having:

Energy added (Kcals)

Protein added

1 small handful of mixed nuts

246

8.6

1 cheese scone

161

5.8

1 tablespoon pea protein powder added to vegetable soup

60

11

½ tablespoon peanut butter added to toast or crackers

47

1.4

Total

514

26.8

If you like sweet flavours – try having:

Energy added (Kcals)

Protein added

1 mug (200mL) of hot chocolate made with fortified milk

254

13

1 tub (150g) of custard

146

4.2

2 tablespoons of Greek yoghurt (with honey)

122

4

Total

522

21.2

Following the advice in this leaflet should help you improve your food intake and support you to meet your body's needs.

If you are not able to follow this advice or you are still losing weight after a month of following this advice, contact your Dietitian.

Leaflet provided by:

Profession:

Contact Number:

Date:

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Care home information: Fortifying food

What is food fortification? Adding ordinary, nutrient dense household ingredients to food and drinks to increase nutrient content, without increasing the amount of food which needs to be eaten.

What is the aim of food fortification? Together with 2 – 3 small, between-meal snacks and milky drinks, to increase nutritional intake by 500 calories and a range of other nutrients per day.

Should we give food fortification to everyone? No – it is only needed for those at medium or high risk of malnutrition according to MUST. Nutritional care should always be person-centred.

How to fortify food — top tips

- Identify which foods/drinks the person likes and eats well & identify the best ingredient(s) to use to fortify that food or drink (see below)
- Use **nutrient dense** ingredients (see list below) to fortify food. Cream and butter can make foods taste nice, however because they only contain calories with no protein and very few vitamins/minerals extra cream/butter should not be used to fortify foods
- Use the amount of the fortifier per portion stated below
- Ensure the food still tastes good after fortification (try the food before serving it)
- Ensure that the person is also encouraged to take 2 – 3 between-meal snacks every day
- Use fortified milk for all residents who are at medium or high risk of malnutrition. Make fortified milk by mixing 4 tablespoons skimmed milk powder into each pint of full milk and use in hot drinks, on cereal and in cooking
- **You do not need to fortify every food which someone eats**

Food fortifier	Quantity to add to 1 portion of food	Try adding to a portion of:	Energy content added per portion (Kcals)	Protein content added per portion (grams)
Almond butter	1 tablespoon (15g)	Porridge, soup, curry & dahl	98	3.4
Cashew butter	1 tablespoon (14g)	Porridge, soup, curry & dahl	94	2.8
Cheese, grated	1 tablespoon (10g)	Potatoes, vegetables, curry & dahl	40	2.5
Egg	1 egg	Custard, milk pudding, mashed potato	75	6
Dried, skimmed milk powder	1 tablespoon (15g)	Custard, milk pudding/sweets, 'cream of' soup, porridge, mashed potato	55	5.5
Greek yoghurt	1 tablespoon (45g)	Porridge, pasta sauce, casserole, curry & dahl	61	2
Ground almonds	1 tablespoon (15g)	Vegetable soup, stew, casserole, porridge, curry & dahl	92	3
Peanut butter	1 tablespoon (15g)	Porridge, curry & dahl	94	4
Pea protein powder	1 tablespoon (17g)	Vegetable soup, stew, casserole, curry & dahl	60	11
Soy protein powder	1 tablespoon (14g)	Vegetable soup, stew, casserole, curry & dahl	50	14

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Carer Information: Eating and Drinking at the End of Life

End of life

In the final stages of a life-limiting illness, when someone is approaching the end of their life the focus of care for the person may change and tends to be centred on helping them to be as comfortable as possible.

Food and drink

At this time, people often experience a decrease in appetite and a loss of interest in food and drink. This can be worrying for families and carers, but it is a natural and expected part of the dying process. Most people at the end of life do not experience hunger or thirst. The body is slowing down, and if someone eats or drinks more than they really want to it can cause them discomfort. Families and carers may be concerned about the effects of reduced food intake or dehydration on the person who is dying, and it is natural for families to want to continue providing nourishment at this time.

Nutrition or nourishment?

At this stage of life, meeting nutritional needs becomes less important than providing comfort, and even very small amounts of the person's favourite food and drink can provide comfort.

Prescribed nutritional products do not contain anything which can't be found in food, and most people seem to prefer the flavour of ordinary food. Food means much more to most people than simply nutrition, and at the end-of-life enjoyment of even small amounts of food and fluid is more important than its nutritional content.

Tube feeding Fluid via a drip or 'food' via a feeding tube do not usually provide comfort, improve quality of life or prolong life and can be distressing for the person who is dying.

Many families find it helpful to look at other ways in which they can provide 'nourishment', comfort and support for their loved one.

Other ideas that may help

Keep asking "what is helpful for this person at this time?" - there is no single 'right' answer as it depends on each person's individual situation

Continue to offer other forms of support such as gentle massage, skin care, music and conversation

Keep the person company - talk to them, read to them, watch films together, or simply sit and hold their hand

Even when people cannot speak or smile, their need for companionship remains. The person may no longer recognise you, but may still draw comfort from your touch or the sound of your voice

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What about food?

- Let the person choose if and when they want to eat or drink
- Offer small amounts of food, especially the person's favourite flavours
- Don't worry about providing a balanced diet or having set mealtimes
- See below for ideas for small snacks and nutritious drinks and see [Homemade supplements](#) for recipes

What about drinks?

- Frequent mouth care (gently brushing teeth with a soft toothbrush) can prevent the person feeling thirsty, even if they cannot drink very much
- Keep lips moist with lip balm
- Use a small spray bottle to mist the mouth with water, being careful not to give too much
- Offer small pieces of ice or small ice lollies

Small snacks

Small portions of food, which do not need a lot of chewing may be easier to manage

Suggestions:

- Mini tub of yogurt, fromage frais, dessert or custard (often sold in multipacks)
- Mini ice cream lolly or mini tub of ice cream
- Small pieces of prepared, soft fruit e.g. mango, melon, grapes, orange segments
- Favourite sweets or squares of chocolate
- Small pieces of scone with butter and jam or lemon curd
- Mini tub of cream cheese or cheese spread – these could be served with soft bread
- Quarter of a sandwich with a soft filling e.g. egg mayonnaise, tuna mayonnaise, pâté
- Cocktail sausages, mini sausage rolls, mini quiches or mini scotch eggs
- Squares of cheese

Nutritious drinks

Small cups or glasses may be easier to manage. If the person can only manage half a glass or cup, they may still find it easier to drink from a full cup or glass. This can make swallowing easier because the person does not have to tip their head back as far. Sips of citrus flavour drinks may help if the person has a dry mouth.

Suggestions:

- Milkshakes
- Milky coffee
- Hot chocolate
- Malted milk drinks
- Smoothies
- Fizzy drinks or fruit squash (try to avoid sugar free, diet and no-added-sugar varieties)
- Fruit juice

Acknowledgements: Victoria Hospice, Vancouver www.helpguide.org, End of life care Marie Curie, End of Life preparation

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Care-Home-to-Dietetics Direct Referral Form

Leicestershire Nutrition and Dietetic Service, OSL House, East Link, Meridian Business Park, Leicester, LE19 1XU. Contact number: 0116 222 7170

Please note this form for direct referral to Leicestershire Nutrition and Dietetics Service (LNDS) is ONLY for patients requiring nutrition support advice in relation to malnutrition, who meet referral criteria after following the [LLR Management of Malnutrition in Care Homes pathway](#).

For all other dietetic referral requests, please ask the patient's GP to refer in line with [LNDS Adult referral criteria](#).

PLEASE NOTE:

- **All questions (pages 1-3) on this form must be answered**
- **Copy of current MAR chart must be included with each referral**
- **3 days detailed food and fluid record charts must be included with each referral**

Please email completed pages with 3 days detailed food and fluid record charts and a copy of current MAR to: lpt.dietitiansphcadmin@nhs.net

1) Referrer's Details:			
Date of Referral:		Care Home:	
Referrers Name:		Address:	
Referrers Job title:		Contact number:	
Care home e-mail address for communication:			

2) Resident's Details:			
Resident's full Name:		GP name and address:	
Date of Birth:			
NHS number:			

3) Pre-Referral checklist			
Is the resident at HIGH risk of malnutrition (assessed via a MUST screening tool)			
Yes		No	
Have meals been fortified every day for at least 1 month?			
Yes		No	
Have nourishing snacks been offered twice a day for at least 1 month?			
Yes		No	
Have homemade supplements been offered twice a day for at least 1 month? (unless: 1. patient meets exclusion criteria OR 2. Patient is on prescribed ONS OR 3. Further guidance from dietitian required before starting home-made replacement drinks -see note below)			
Yes		No	
<p>Please Note: If you have answered 'no' to any of the above questions, please do not refer to the Dietitians, and instead please visit the LLR Care Home Management of Malnutrition Pathway and ensure this has been followed thoroughly before considering a referral to Dietetics.</p> <p>HOWEVER,</p> <p><input type="checkbox"/> if any of the exclusion criteria is met, OR</p> <p><input type="checkbox"/> the resident is on prescribed oral nutritional supplements (ONS) and is not currently under a dietitian, OR</p> <p><input type="checkbox"/> further guidance is required</p> <p>then please complete this referral.</p>			

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4) Reason for Referral: (please select)

- [Exclusion criteria met](#) – if yes please provide further details:
OR
- Resident is on prescribed oral nutritional supplements (ONS) and is not currently under a dietitian
OR
- Further guidance is required from dietitian before starting home-made replacement drinks- if yes please provide further details of clinical condition/factors which require further guidance/support with:
OR
- Food based treatment has been in place for 1 month, but patient has not made any improvements
- **Other: Please provide further details:**

Past Medical History:

Allergies or intolerances:

Dietary Preferences: (e.g. resident is following a vegan diet/halal diet/lactose free)

5) Weight/MUST Score:

Most recent Weight:		Date weight taken:	
Current Height:		Current BMI:	
Current MUST score:			

Please provide the last 6 months weights (and dates taken) below:

Weight:		Date:		Weight:		Date:	
Weight:		Date:		Weight:		Date:	
Weight:		Date:		Weight:		Date:	

***Please note:** If you are unable to weigh the resident, please fill in the above information using their **MUAC measurements** instead of weights.

***Useful Tip:** If a resident's weight has dropped significantly in 1 month, or their MUST score has increased from 0-2 in one month, please consider re-checking weight and re-calculating MUST to ensure this is accurate.

6) Weight details:

If the resident has **lost weight**, have you notified the GP and made them aware of any nutritional concerns?

Yes

No

If the resident has **lost weight**, did anything happen at the time of **weight loss**?

No

☐

Hospital admission

☐

Chest infection/UTI

☐

Vomiting/ Diarrhoea

☐

Please State:

Other

☐

If you have selected any option other than 'no' above, please specify if this issue has resolved or is ongoing (if applicable)?

Resolved

Ongoing

Does the resident currently have **oedema** (fluid swelling in legs/feet)?

Yes

No

Does the resident take **diuretics** (water tablets) for this oedema?

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Yes		No	
Has this dose/medication recently been changed?			
Yes		No	
Did the resident recently have oedema which has now gone?			
Yes		No	

7) Swallowing difficulties:			
Does the resident have a modified texture diet or thickened fluids?			
Yes		No	
If yes, why does the resident have a modified texture diet or thickened fluids ?			
SLT advice (because of diagnosed swallowing difficulty) + resident wishes to follow this advice <input type="checkbox"/>	Resident requested it <input type="checkbox"/>	Other health professional advice <input type="checkbox"/>	
If yes, What IDDSI level food is the patient currently on:		If yes, What IDDSI level fluid is the patient currently on:	
Please specify the date that current IDDSI food level was put in place:		Please specify the date that current IDDSI fluid level was put in place:	

8) Oral Nutritional Supplements:			
Does this resident currently have Oral Nutritional Supplements (ONS) prescribed?			
Yes		No	
If yes, please outline any prescribed ONS below, with doses:			
Has this resident previously been prescribed ONS in the last 6 months?			
Yes		No	
If yes, please state the date when these ONS were stopped below:			