

MUST ≥ 2 ORAL NUTRITION SUPPORT (ONS) STARTER

Patient Name: _____

Hospital No: _____

Ward: _____

Patients screened as MUST ≥ 2, before starting ONS (sip feeds):

Please tick when completed

1. Refer patient to the dietitian using the online referral form on the intranet
2. Follow MUST care plan for patients scoring MUST ≥ 2
3. If patient requires **thickened fluids** please highlight this on referral form
4. Refer to the patient's Lead Clinical team to assess refeeding syndrome risk and implement plan, as per Trust refeeding protocol

Prescriber's signature: _____ **Date:** _____ **Prescriber's name:** _____ **Bleep number:** _____

Expected duration: Until dietetic review Until hospital discharge **Please note:** Discharge should not be delayed if awaiting dietetic assessment; please provide 'Food as Treatment' booklet (on intranet) as support until dietetic input in the community, **DO NOT** prescribe Fortisip on TTO's.

Day # / date	Name of ONS (sip feed)	Volume per bottle	Number bottles per day	Kcal per day	Protein per day	Time ONS dose given	RGN signature	Food chart completed?
Day 1 __/__/__	Fortisip Compact	125ml	1	300 kcal	12 g	:		
Day 2 __/__/__	Fortisip Compact	125ml	1	300 kcal	12 g	:		
Day 3 __/__/__	Fortisip Compact	125ml	1	300 kcal	12 g	:		
Day 4 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		
Day 5 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		

IF AFTER 5 DAYS PATIENT IS:

A) Continuing to lose weight or has had an increase in their MUST score **OR**

B) Is not managing to take full prescribed dose of ONS and WILL NOT TAKE Meritene Energis shakes or soups

Please inform / update your ward dietitian using the online referral form on Trust intranet

Food Allergies / Intolerances and IDDSI level:

Fortisip Compact are Gluten free and Level 0 i.e. unsuitable for patients requiring Level 1 / 2 thickened fluids. If patient requires a lactose-free supplement please substitute with Fortisip 200ml bottles (clinically gluten and lactose-free) unless the patient is on a fluid restriction in which case consult with medical team.



Brighton and Sussex
University Hospitals



NHS Trust

Day # / date	Name of ONS (sip feed)	Volume per bottle	Number bottles per day	Kcal per day	Protein per day	Time ONS dose given	RGN signature	Food chart completed?
Day 6 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		
						:		
Day 7 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		
						:		
Day 8 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		
						:		
Day 9 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		
						;		
Day 10 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		
						:		
Day 11 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		
						:		
Day 12 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		
						:		
Day 13 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		
						:		
Day 14 __/__/__	Fortisip Compact	125ml	2	600 kcal	24 g	:		
						:		