

# HILLINGDON PCT

## GUIDELINES FOR SIP FEED PRESCRIBING

The prescribing of sip feeds, or nutritional supplements, is often initiated in a hospital or care home, and continued by GPs and community nurses. When patients return to normal eating and no longer require the feeds, prescriptions should stop. This guidance sets out the criteria for when sip feed prescribing is appropriate, and when it can be withdrawn following strict review processes.

### Conditions for which Sip Feeds may be Prescribed

The Advisory Committee of Borderline Substances (ACBS) recommends that nutritional supplements can be prescribed for the conditions below, with FP10s endorsed ACBS:

- \* Disease related malnutrition
- \* Dysphagia
- \* Pre operative prep of undernourished patients
- \* Intractable malabsorption
- \* Bowel fistulae
- \* Short bowel syndrome
- \* Treatment following total gastrectomy
- \* Continuous ambulatory peritoneal dialysis
- \* Haemodialysis
- \* Proven inflammatory bowel disease

### Management Plan

Patients identified at risk of malnutrition need to be assessed using a validated nutritional screening tool such as the MUST tool (Malnutrition Universal Screening Tool). Alternatively looking at % weight loss or a low BMI

For management of malnutrition and those at risk:

**First Line** - food fortification to increase calorie intake and improve nutritional status e.g. frequent snacks, milky drinks, cakes, chocolates, soups, custard etc. Refer to a registered Dietitian as appropriate.

**Second Line** – Sip feeds in addition to fortified foods and immediate referral to a Dietitian

### It is recommended that sip feeds should be:

- \* Prescribed only for patients who have a HIGH risk of malnutrition and who have lost weight despite trying dietary modification.
- \* Prescribed only one month at a time.
- \* Not be put on the repeat prescription system.
- \* Not be prescribed for poor appetite. Try food fortification, especially for the frail elderly or with long term illnesses.
- \* Reviewed for benefit and appropriateness every month By GP or Dietitian

**The use of oral nutritional supplements should ONLY be considered when the food first dietary approach has failed to improve the nutritional status or achieve the treatment goals**

### NICE Guidance

February 2006 NICE recommended that nutritional support should be considered in malnourished people as defined by:

- \* BMI < 18.5kg/m<sup>2</sup>
- \* Unintentional weight loss greater than 10% within the last 6 months
- \* BMI < 20kg/m<sup>2</sup> and unintentional weight loss greater than 5% within last 3 to 6 months

Or at risk of malnutrition as defined by:

- \* Having eaten little or nothing for more than 5 days and unlikely to for next 5 days **or**
- \* Having poor absorptive capacity and/or high nutrient losses and/or increased nutritional needs e.g. catabolism

### Monitoring

Continued prescribing without review could result in inappropriate use of sip feeds. To ensure that all sip feeds continue to be necessary for patients, GP practices or dietitian should check regularly e.g. every 3 months that:

- \* BMI & weight is recorded
- \* the MUST tool measures are recorded.
- \* the ACBS criteria are recorded
- \* an endpoint is agreed e.g. weight gain, improved dietary intake etc.
- \* regular reviews are recorded

All patients should be reviewed monthly (weight, screening under-nutrition, compliance) before further prescriptions are issued.

At review, sip feeds can be withdrawn if the patient's weight has increased by > 2kg / month, they can maintain this increase and their appetite has returned to normal.

Any patients prescribed sip feeds for longer than 6 months should be referred to a registered dietitian for assessment.