



Guidance for appropriate prescribing of oral nutritional supplements in Palliative Care

Palliative care is provided for people with progressive, non-curative conditions.

This guidance is intended to help health care professionals (HCP) support the nutritional needs of people, including use of oral nutritional supplements (ONS) where appropriate, during the various stages of palliative care.

Nutritional management is divided into three stages:

- Proactive nutritional care
- Conservative nutritional care
- Comfort nutritional care

The nutritional goals of care change through these stages, thus assessment of potential change should be regularly reviewed and agreed.

Loss of appetite is a complex issue in advanced disease and HCPs should provide evidence-based information to support people and those who care for them to manage this.

Nutrition forms a part of the holistic care which often involves family members/carers in decision making.

The use of ONS in palliative care should always be person centred with a focus on comfort and pleasure.

Proactive Nutritional Care

For people identified as possibly having years of life or could be in the last year of life.

- Follow Regional Guidance: Suggested 7 Steps to Appropriate Prescribing of Adult Oral Nutritional Supplements [9.4 Oral Nutrition | NI Formulary \(hscni.net\)](#)
- Assess for malnutrition using ['MUST' Toolkit \(bapen.org.uk\)](#)
- Follow food first guidance [9.4.4-Step 4-Discuss 'Food First' dietary advice | NI Formulary \(hscni.net\)](#)
- Consider need for assistance with meals, or meal-time supervision
- Discuss future management of nutrition as appropriate
 - Consider providing the leaflet “Your guide to making the most of your food.” [Making the most of your food - advice for community settings and - Watch out for weight loss advice | HSC Public Health Agency \(hscni.net\)](#)
- Correct reversible factors and consider a referral to other HCPs as appropriate:
 - **Dietitian**, if symptoms persist despite following the above 7 steps
 - **Speech and Language Therapist and Dietitian**, if dysphagia is disease related. If dysphagia is present, assess for reversible causes, for example dry/sore mouth/ oral candida
 - **Occupational Therapy**, if functional performance during activities of daily living has changed, for example difficulty with self-feeding, difficulty with posture during meals, difficulty preparing meals
 - **Social Work**, if extra support is required with accessing food for example, domiciliary care/financial support
 - **Physiotherapy**, if functional status has changed or muscle wasting is evident.
- Only initiate ONS in line with the above guidance or on the recommendation of a Dietitian
 - Choose [9.4.5.1-ONS First Line Products | NI Formulary \(hscni.net\)](#)

Conservative Nutritional Care

For people identified as possibly in the last months of life.

Many people with advanced disease manage a high symptom burden in the last months of life. Nutritional goals should:

- Minimise food related distress
- Identify and manage symptoms that may be limiting oral intake
 - sore/dry mouth/ oral candida
 - nausea/ vomiting/ early satiety
 - constipation/ diarrhoea/ steatorrhoea
 - pain
- Encourage discussion about food and drinks enjoyed by the person and encourage consumption as tolerated
- Encourage the person to eat little and often
- Explain that serious illness often causes a gradual loss of appetite and weight loss that may **not** be reversible:
 - Consider providing the leaflet "When illness affects your appetite."
- Review currently prescribed ONS. This is essential to support its effective use:
 - Explore ONS preferences, such as flavour, volume, and timing
 - Review tolerance, amend prescribed quantities where appropriate.
- Before initiating ONS consider the following:
 - ONS may **not** reverse weight loss
 - ONS should only be prescribed if they promote comfort and are tolerated
 - ONS may benefit some people on psychological grounds as they may find it less burdensome and this may reduce mealtime anxiety
- If initiating ONS consider:
 - Prescribing small quantities of mixed flavours (7 days)
- If symptoms persist despite optimal treatment, this might indicate a changing phase of illness moving towards comfort care.

Comfort Nutritional Care

For people identified as probably last few weeks / days / hours

In the final stages of life the body slows down and this affects the person's ability to eat and drink.

Advise the person and family that care should focus on enjoyment of food rather than quantity of food consumed or reversal of weight loss.

The goal of nutritional care should focus on:

- Food for comfort and tastes for pleasure
- The persons wishes - consider whether the person is currently taking ONS? Are these tolerated or are they contributing to the symptom burden? Ask the person whether they wish to continue or would they prefer to stop ONS
- Provide good mouth care for comfort
- Consider providing the leaflet "Eating and drinking towards end of life"
- Prescribing ONS is **not** generally recommended at this stage

To note: This document was developed and reviewed by the Clinical Specialist Palliative Care Dietitians of Northern Ireland.

Adapted with kind permission from Macmillan Durham Cachexia Pack Durham and Darlington NHS Foundation Trust, 2007, Dysphagia Support Team of SHSCT 2021 and from the HSE Ireland.