

# Sip Feeds Prescribing Guidance

November 2013

## Food fortification and high calorie advice tips

If nausea/vomiting consider medication review first  
Ask the patient to keep a food record to enable you to provide targeted and specific advice. Please refer to the link:

<http://www.focusonundernutrition.co.uk/how-to/food-as-treatment-for-undernutrition>

which provides tips on high energy foods to include more often; ways to fortify foods with additional fat (eg oil, margarine, cream) and additional protein (skimmed milk powder); tips on eating little and often; quick and easy meal and snack ideas. The leaflet at [www.bda.uk.com/foodfacts](http://www.bda.uk.com/foodfacts) can be printed off for patients.

### Prescribing

GPs should only prescribe sip feeds where the indication meets (ACBS) criteria.

The conditions specified by the Advisory Committee on Borderline Substances (ACBS) for prescribing nutritional sip feeds include:

- \* Short bowel problems
- \* Intractable malabsorption
- \* Pre-operative preparation of undernourished patients
- \* Proven inflammatory bowel disease
- \* Following total gastrectomy
- \* Dysphagia
- \* Disease-related malnutrition

Other factors to consider:

- Do not use repeat prescriptions for sip feeds
- Provide 'open' prescriptions where possible to allow the patient to choose their favourite flavours in conjunction with their local pharmacy
- Prescribe between 1-3 cartons of sip feed per day
- **Review progress after 2-4 weeks**
- Advise patients to chill sip feeds

### Sip feeds should be stopped when:

- **Patient is not taking them (but do consider how the nutritional needs will be met without them);**
- **When weight stabilises over a 3-6 month period;**
- **Patient's appetite returns to normal and they are achieving a balanced, nutritionally adequate diet;**
- **Their medical condition has resolved eg pressure sore healed and patient is eating well;**
- **MUST score is low risk**

## NICE guidance on sip feeds

NICE released CG32 'Nutrition Support in Adults' in February 2006. <http://www.nice.org.uk/page.aspx?o=cg032>

The guideline recommends that nutritional support should be considered in people who are malnourished or at risk of malnutrition. Malnutrition is defined by:

- **BMI less than 18.5.**
- **Unintentional weight loss greater than 10% within last 6 months.**
- **BMI less than 20 and unintentional weight loss greater than 5% within last 3 – 6 months.**

or

people at risk of malnutrition, as defined by:

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

### Screening

It is important that patients thought to be at risk of malnutrition are screened using a validated nutritional screening tool such as the Malnutrition Universal Screening Tool "MUST", [http://www.bapen.org.uk/must\\_tool.html](http://www.bapen.org.uk/must_tool.html)

### Intervention

Where patients are identified, using MUST, as being in need of nutritional support, it is recommended:

A suitable treatment aim is discussed and agreed with the patient/carer considering the patients usual weight  
**FIRST LINE** - Use of food fortification **and some simple advice** before the use of sip feeds is considered. (See food fortification tips)

**Consider recommending non prescribable supplements such as Build Up or Complian**

**SECOND LINE** - Use of prescribable sip feeds if meets ACBS requirement (see above). **This is in addition to food fortification advice.**

Sip feeds should be provided taking account of the prescribing tips contained within this guidance

Explain that supplements are only necessary during periods of illness and regular review is necessary, they are not a long term treatment for malnutrition unless on the advice of a dietician.