

Freedom of Information Request: Our Reference CTHB_429_17

You asked:

Please provide Cwm Taf's:

1. Formulary and/or guidance on Oral Nutrition Supplements to be prescribed for patients within the health board.

Please find attached the following relevant documents:-

Attachment 1 - Formulary for use of Oral Nutritional Supplements and Enteral Feeds in Secondary Care

Attachment 2 - Guidance on the appropriate use and Prescribing of Specialist Infant Formula in Primary Care

Attachment 3 - Guide to Appropriate Prescribing of Oral Nutritional Supplements (ONS) for Adults in the Community

Attachment 4 - Malnutrition in the Community Pathway

2. When the next formulary/guidance review will take place for the health board.

Please see individual documents above for individual review dates.



Therapies Directorate

Department of Nutrition & Dietetics

Formulary for use of Oral Nutritional Supplements and Enteral Feeds in Secondary Care

Date Created: January 2017
Next review: January 2018

Guidance Notes

The purpose of this document is to provide a list of products available in addition to clinical guidance, on the appropriate prescribing of oral nutritional supplements and enteral feeds, for use in both adults and children within Cwm Taf University Health Board Secondary Care

The document is to be used by the Department of Nutrition and Dietetics, Pharmacy and Medical teams within the hospital setting.

Any new requests/exemptions must be made via Angela Bell, Head of Nutrition and Dietetic Services.

If you have any clinical patient queries, please contact the dietetic department directly for further information and advice.

Department of Nutrition & Dietetics

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Standard ACBS indications:

Disease-related malnutrition, intractable malabsorption, pre-operative preparation of malnourished patients, dysphagia, proven inflammatory bowel disease, following total gastrectomy, short-bowel syndrome, bowel fistula

Paediatric ACBS indications:

Disease-related malnutrition, intractable malabsorption, growth failure, pre-operative preparation of malnourished patients, dysphagia, short-bowel syndrome, bowel fistula

Adult Range

1.Oral Nutritional Supplements (ONS)

Milk Based:

- Fortisip Compact (Nutricia) 125ml bottle.
 - Nutritional supplement for standard ACBS indications (see guidance notes).
 - To be considered in fluid restricted patients
 - *Flavours: Vanilla, banana, strawberry, mocha, apricot, forest fruits, chocolate, neutral*
- Fresubin 2kcal (Fresenius Kabi) 200ml bottle. (South Sites only)
 - Nutritional supplement for standard ACBS indications (see guidance notes) continuous ambulatory peritoneal dialysis and haemodialysis.
 - *Flavours: Apricot-peach, cappuccino, fruits of the forest, toffee, vanilla.*

Juice Based:

- Ensure Plus Juce (Abbott) 220ml bottle.
 - Nutritional supplement for standard ACBS indications (see guidance notes)
 - Fruit based alternative to milk based product
 - *Flavours: Apple, fruit punch, lemon-lime, orange, peach, pineapple, strawberry.*

Powder Style:

- Calshake Powder (Fresenius Kabi) 87g sachet.
 - For disease-related malnutrition, malabsorption states or other conditions requiring fortification with a fat/carbohydrate supplement.
 - Alternative milk based product - Should be made up with 240mls full cream milk.
 - *Flavours: Strawberry, vanilla, neutral, banana, chocolate.*

Fibre Drink:

- Fresubin 2kcal fibre drink (Fresenius Kabi) 200ml bottle.
 - Nutritional supplement for standard ACBS indications (see guidance notes), continuous ambulatory peritoneal dialysis and haemodialysis.
 - Milk based supplement with added fibre
 - *Flavours: Chocolate, cappuccino, vanilla, lemon.*

Yoghurt Style:

- Ensure Plus Yoghurt (Abbott) 220ml bottle.
 - Nutritional supplement for standard ACBS indications (see guidance notes) continuous ambulatory peritoneal dialysis or haemodialysis.
 - Alternative to milk based supplement
 - *Flavours: Orange Burst, pineapple twist, orchard peach, strawberry swirl.*

Puddings:

- Fresubin 2kcal Crème (Fresenius Kabi) 125g pot.
 - Nutritional supplement for standard ACBS indications (see guidance notes) continuous ambulatory peritoneal dialysis or haemodialysis
 - Pudding style supplement, useful in patients requiring a texture modified diet.
 - *Flavours: Wild strawberry, vanilla, cappuccino, praline, chocolate.*

Pre-thickened supplements:

Ensure that the level of thickened fluids required by the patient has been assessed prior to providing any Nutilis products.

- Nutilis Complete Stage 1 (Nutricia) 125ml bottle
 - Nutritional supplement for standard ACBS indications (see guidance notes)
 - *Flavours: Vanilla, strawberry, chocolate*
- Nutilis Complete Stage 2 (Nutricia) 125g pot
 - Nutritional supplement for standard ACBS indications (see guidance notes)
 - *Flavours: Vanilla, strawberry, chocolate*

2. Specialist Feeds

The following are to be ordered in as and when required

- ProSure (Abbott) 240ml carton.
 - Nutritional supplement for patients with pancreatic cancer
 - Can be used for enterally fed oncology patients
 - *Flavour: Vanilla*
- Supportan (Fresenius Kabi) 200ml bottle.
 - Indicated for tube or sip feeding in patients with cancer, chronic catabolic disease and/or tumour cachexia and for patients at risk of malnutrition with high energy and protein needs including patients with:
 - Radiation therapy
 - Chemo therapy
 - Chewing and swallowing disorders
 - Obstructions in the upper gastrointestinal tract
 - *Flavours: Tropical fruits, pineapple-coconut, cappuccino*
- Pre-Op (Nutricia) 200ml carton
 - An iso-osmolar carbohydrate drink, for preoperative preparation
 - *Flavours: lemon*

3. Modular Sources

- Calogen Extra (Nutricia) 200ml bottle.
 - Nutritional supplement for standard ACBS indications (see guidance notes)
 - Caution: suggested dose 30mls QDS
 - Note: Calogen and Calogen Extra are available, please ensure appropriate product is being prescribed/administered
 - *Flavours: Neutral, Strawberry*
- Maxijul Super Soluble (Nutricia) 200g tin
 - Nutritional supplement powder for disease-related malnutrition, malabsorption states or other conditions requiring fortification with high or readily available carbohydrate

- Polycal (Nutricia) 200ml carton.
 - Nutritional supplement for standard ACBS indications (see guidance notes)
 - *Flavours: Neutral, orange*

The following modular sources are to be ordered in as and when required:

- Resource Optifibre (Nestle Nutrition) 250g powder canister
 - Nutritional supplement for standard ACBS indications (see guidance notes) except dysphagia
- Protifar (Nutricia) 225g powder tin
 - Nutritional supplement for use in biochemically proven hypoproteinaemia
- Liquigen (SHS Nutrition) 250ml bottle
 - Nutritional supplement for use in patients with steatorrhoea associated with cystic fibrosis of the pancreas, intestinal lymphangiectasia, intestinal surgery, chronic liver disease, liver cirrhosis, other proven malabsorption syndromes, ketogenic diet in epilepsy, and in type 1 lipoproteinaemia.
- Elemental 028 Extra Liquid (SHS) 250ml carton.
 - Amino acid based nutritional supplement for use in patients with short bowel syndrome, intractable malabsorption, proven inflammatory bowel disease, bowel fistula
 - Note only to be used as a sip feed, not enteral feed
 - *Flavours: Grapefruit, orange-pineapple and summer fruits*
- Elemental 028 Extra Powder (SHS) 100g sachet
 - Amino acid based nutritional supplement for use in patients with short bowel syndrome, intractable malabsorption, proven inflammatory bowel disease, bowel fistula
 - Note can be used as a sip or enteral feed once reconstituted
 - *Flavours: Unflavoured, Banana, Citrus, Orange*
- Modulen IBD (Nestle) 400g powder tin
 - Whole protein nutritional supplement powder for use in active phase of Crohn's disease, and in remission if malnourished

- Vital 1.5kcal (Abbott) 200mls bottle
 - 1.5 kcal/ml complete, balanced, peptide-based liquid, sip feed
 - For use in patients with disease-related malnutrition, short bowel syndrome, intractable malabsorption, bowel fistulae, dysphagia, pre-operative preparation for patients who are malnourished.
 - *Flavour: Vanilla*
- Nestle Nutrition Flavour Mix (Nestle) 60g tub.
 - *Flavours: Banana, chocolate, coffee, lemon & lime, strawberry (to be used with Modulen IBD and Peptamen Vanilla Cup)*

3. Vitamin and Mineral Supplements

- Forceval (Alliance Pharmaceuticals) Capsules*
- Forceval Soluble (Alliance Pharmaceuticals)*

***Requires a doctors signature**

4. Alcoholic Beverages

- Whiskey
- Brandy
- Sherry

5. Borderline Foods

Gluten free and low protein products provided for individual patients as appropriate, following discussion with the Dietitian.

6. Tube Feed Range

- Osmolite (Abbott) RTH 500ml/1000ml/1500ml
 - A sole source or nutritional supplement for standard ACBS indications
- Osmolite 1.5 (Abbott) RTH 500ml/1000ml/1500ml
 - A sole source or nutritional supplement for standard ACBS indications
- Osmolite Plus (Abbott) RTH 500ml/1000ml/1500ml
 - A sole source or nutritional supplement for standard ACBS indications

- Osmolite HP (Abbott) RTH 500ml
 - A sole source or nutritional supplement for standard ACBS indications
- Jevity (Abbott) RTH 500ml/1000ml/1500ml
 - A sole source or nutritional supplement for standard ACBS indications, with added fibre
- Jevity 1.5kcal (Abbott) RTH 500ml/1000ml/1500ml
 - A sole source or nutritional supplement for standard ACBS indications, with added fibre
- Jevity Plus HP (Abbott) RTH 500ml
 - A sole source or nutritional supplement for standard ACBS indications, also CAPD and haemodialysis, with added fibre
- Jevity Promote (Abbott) RTH 1000ml
 - A sole source or nutritional supplement for standard ACBS indications, with added fibre
- Jevity Plus (Abbott) RTH 500ml/1000ml/1500ml
 - A sole source or nutritional supplement for standard ACBS indications, with added fibre
- Perative (Abbott) RTH 500ml
 - A complete semi-elemental sole source or nutritional supplement for standard ACBS indications
- Pulmocare (Abbott) RTH 500ml
 - A high fat/low carbohydrate sole source or nutritional supplement for standard ACBS indications, in patients with pulmonary disease.
- Nepro (Abbott) RTH 500ml
 - A high energy sole source or nutritional supplement for standard ACBS indications, for patients who require electrolyte and fluid restrictions.
- Oxepa (Abbott) RTH 500ml
 - A high fat/ low carbohydrate sole source or nutritional supplement for standard ACBS indications, for patients with acute lung injury.
- Nutrison Low Sodium (Nutricia) RTH 1000ml
 - A sole source or nutritional supplement for standard ACBS indications, for patients requiring a low sodium diet.
- Nutrison Soya (Nutricia) RTH 1000ml

- A sole source or nutritional supplement for standard ACBS indications, for patients with cows' milk protein and lactose intolerance
- Twocal (Abbott) RTH 1000ml
 - A 2.0kcal/ml sole source or nutritional supplement for standard ACBS indications, in patients who require fluid restriction.
- Vital 1.5kcal (Abbott) RTH 1000ml
 - 1.5 kcal/ml complete, balanced, peptide-based liquid, enteral feed
 - For use in patients with disease-related malnutrition, short bowel syndrome, intractable malabsorption, bowel fistulae, dysphagia, pre-operative preparation for patients who are malnourished

6. Additional products

Artificial Saliva Glandosane (Fresenius Kabi) 50ml aerosol spray
 Saliva Stimulating Tablets (Medac) Tablets
 Biotene Oralbalance (Anglian) 12.4ml tube

Thickener Nutilis Clear (Nutricia) 175g powder tin

7. Others

- Super Soluble Duocal (SHS) 400g powder tin
 - A nutritional supplement for disease related malnutrition, malabsorption states or other conditions requiring fortification with fat/carbohydrate supplement
- Pro-Cal Shot (Abbott) 250ml bottle.
 - A nutritional supplement for disease related malnutrition, malabsorption states or other conditions requiring fortification with fat/carbohydrate supplement
 - Caution: See BNF or liaise with dietitian for suggested dose
 - *Flavours: Strawberry, neutral, banana*
- Calogen (Nutricia) 200ml bottle/500ml bottle.
 - Nutritional supplement for standard ACBS indications (see guidance notes)
 - Caution: See BNF or liaise with dietitian for suggested dose

- Note: Calogen and Calogen Extra are available, please ensure appropriate product is being prescribed/administered
- *Flavours: Neutral, strawberry, banana*

Paediatric Range

All that is available for adults, with the exception of alcoholic drinks, plus:

1. Oral Nutritional Supplements (ONS)

Milk Based:

- Paediasure (Abbott) 200ml bottle.
 - A nutritional supplement for standard paediatric ACBS indications (see guidance notes)
 - For use in children aged 1-10 years, body weight 8-30Kg
 - *Flavours: Strawberry, banana, chocolate, vanilla*
- Paediasure Plus (Abbott) 200ml bottle.
 - A higher energy nutritional supplement for standard paediatric ACBS indications (see guidance notes)
 - For use in children aged 1-10 years, body weight 8-30Kg
 - *Flavours: Strawberry, vanilla, banana, unflavoured*

Fruit Based:

- Paediasure Plus Juce (Abbott) 200ml bottle.
 - A higher energy fruit based nutritional supplement for standard paediatric ACBS indications (see guidance notes)
 - For use in children aged 1-10 years, body weight 8-30Kg
Flavours: Apple, very berry
- Fortini Smoothie Multifibre (Nutricia) 200ml bottle.
 - A nutritionally complete 1.5kcal/ml drink with added fibre, for standard paediatric ACBS indications (see guidance notes)
 - For use in children aged 1-6 years, body weight 8-20kg
Flavours: Berry fruit, summer fruit

2. Infant Formulas

- SMA Alfamino (Nestle) 400g tin
 - A powdered amino-acid based formula for sole source or nutritional supplement feeding in infants with cows' milk allergy, multiple food protein intolerance, and conditions requiring an elemental diet
- Neocate Advance (Nutricia) 100g sachet
 - A powdered amino-acid based formula for sole source nutrition in children with cows' milk allergy, multiple food protein intolerance, and conditions requiring an elemental diet
 - Not suitable for use in children under 1 year
- Similac Alimentum (Abbott) 400g tin
 - An extensively hydrolysed powdered formula for sole source or nutritional supplement feeding in infants with disaccharide and/or whole protein intolerance
- Aptamil Pepti (Cow & Gate) 900g Eazypack
 - A partially hydrolysed powdered formula for sole source or nutritional supplement feeding in infants with established cows' milk protein intolerance, with or without secondary lactose intolerance
- Infatrini (Nutricia) 100ml glass bottle/200ml plastic bottle
 - An alternative high energy sole source or nutritional supplement for infants and children up to 8 kg in weight (or 18 months of age)
- Infatrini Peptisorb (Nutricia) /200ml plastic bottle
 - A peptide based high energy sole source or nutritional supplement for infants and children up to 8 kg in weight (or 18 months of age)
- Similac High Energy (Abbott) 60ml bottle/200ml bottle
 - A high energy sole source or nutritional supplement for infants and children up to 8 kg in weight (or 18 months of age).
- Pregestimil (Mead Johnson) 400g tin
 - A powdered formula for use in infants with disaccharide and/or whole protein intolerance, or where amino acids or peptides are indicated in conjunction with medium chain triglycerides

- Peptijunior (Cow & Gate) 450g tin
 - A powdered formula for use in infants with disaccharide and/or whole protein intolerance, or where amino acids and peptides are indicated in conjunction with medium chain triglycerides
- Nutriprem 1 Formula (Cow & Gate) 60ml bottle
 - A low birth weight formula for use in pre-term infants
- Nutriprem 2 (Cow & Gate) 100ml bottle/900g Eazypack
 - A nutrient rich, post-discharge formula for use in pre-term infants
 - For use until 6 months corrected age
- Nutriprem breast milk fortifier (Cow & Gate) 2.1g sachets
 - A breast milk supplement for low birthweight and pre-term infants
- SMA Gold Prem Pro 1 (SMA/Nestle Nutrition) 70ml bottle
 - A low birth weight formula for use in pre-term infants
- SMA Gold Prem 2 (SMA/Nestle Nutrition) 90ml bottle/400g Can
 - A nutrient rich, post-discharge formula for use in pre-term infants
 - For use until 6 months corrected age
- SMA breast milk fortifier (Cow & Gate) 1g sachets
 - A breast milk supplement for low birthweight and pre-term infants
- MCT Pepdite 1+ (SHS) 400g tin
 - A nutritionally complete, powdered feed consisting of low molecular weight peptides

3. Vitamins and Minerals

- Paediatric Seravit (SHS) 200g powder tub
- Abidec (Chefaro UK) 25ml bottle*
- Ketovite (Paines and Bryne) 150ml bottle of syrup and tablets*
- Forceval Junior* (Alliance Pharmaceuticals) – to be ordered on request
- Forceval Soluble Junior* (Alliance Pharmaceuticals) – to be ordered on request

***Require a doctors signature**

4. Infant Products

- Ketocal (SHS Nutrition) 300g powder tin
 - An enteral feed or nutritional supplement as part of a ketogenic diet in management of epilepsy resistant to drug therapy, in children over 1 year
 - Caution: only on the advice of secondary care physician with experience of ketogenic diet
- PKU Anamix Infant (SHS Nutrition) 400g powder tin
 - A nutritional supplement for the dietary management of proven phenylketonuria in children from birth to 3 years
- Enfamil A.R. (Mead Johnson) 400g powder tin
 - A powdered formula for use in infants with significant gastro-oesophageal reflux
- Instant Carobel (Cow & Gate) 135g box of powder
 - A powder for thickening feeds in the treatment of vomiting

5. Tube feeds (Abbott)

- Paediasure (Abbott) RTH 500ml
 - A sole source or nutritional supplement for standard paediatric ACBS indications (see guidance notes)
 - For use in children aged 1-10 years, body weight 8-30Kg
- Paediasure Plus (Abbott) RTH 500ml
 - A higher energy sole source or nutritional supplement for standard paediatric ACBS indications (see guidance notes)
 - For use in children aged 1-10 years, body weight 8-30Kg
- Paediasure Fibre (Abbott) RTH 500ml
 - A fibre containing sole source or nutritional supplement for standard paediatric ACBS indications (see guidance notes)
 - For use in children aged 1-10 years, body weight 8-30Kg

- Tentrini (Nutricia) RTH 500ml
 - A sole source or nutritional supplement for standard paediatric ACBS indications (see guidance notes) *also* growth failure
 - For use in children aged 7–12 years, body-weight 21–45 kg

The following feeds are to be ordered in as and when required:

- Tentrini Energy (Nutricia) RTH 500ml
 - A higher energy sole source or nutritional supplement for standard paediatric ACBS indications (see guidance notes) *also* growth failure
 - For use in children aged 7–12 years, body-weight 21–45 kg
- Paediasure Plus Fibre (Abbott) RTH 500ml
 - A higher energy, fibre containing sole source or nutritional supplement for standard paediatric ACBS indications (see guidance notes)
 - For use in children aged 1-10 years, body weight 8-30Kg
- Paediasure Peptide (Abbott) 200ml bottle/ RTH 500ml
 - A 1kcal/ml feed for children with malabsorption
 - For use in children aged 1-12 years, body weight 8-30kg
Flavour: vanilla
- Peptamen Junior Advance (Nestle) RTH 500ml
 - A nutritionally complete 1.5ml/ml feed for children with compromised or impaired gastro-intestinal function
 - For use in children aged 1-10 years, body weight 8-30kg



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Ref:PharmMM79

GUIDANCE ON THE APPROPRIATE USE AND PRESCRIBING OF SPECIALIST INFANT FORMULA IN PRIMARY CARE

INITIATED BY:	Paediatric Dietitians Cwm Taf LHB
APPROVED BY:	Medicines Management Committee
DATE APPROVED:	13-01-12
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(Prince Charles Hospitals (PCH) and Royal Glamorgan Hospitals (RGH formulary for use of Specialist Infant Formulas)		

Guidelines Definition

Clinical guidelines are systemically developed statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions.

They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

Minor Amendments

If a minor change is required to the document, which does not require a full review please identify the change below and update the version number.

Type of change	Why change made	Page number	Date of change	Version 1 to 1.1	Name of responsible person

1. Statement

- The Local Health Board promotes breastfeeding as the best form of nutrition for a good start in life for every child.
- In general, all new cases of milk intolerance should be referred for specialist advice, with the exception of simple cases of secondary lactose intolerance.
- Secondary lactose intolerance should be treated in primary care with lactose-free formula and dairy-free diet. Re-challenge after 3-6 months.
- Soya based formula should not be prescribed unless advised by a consultant or dietitian
- Infants discharged into the community on Nutriprem 2 should be prescribed the powdered formulation, unless the ready to feed formulation is specifically requested by a consultant or paediatric dietitian.

2. **Introduction**

This guideline has been developed following local concerns about the high expenditure and inequitable prescribing of infant formulae due to lack of guidance, little evidence.

The guideline provides information on some common conditions requiring the use of infant formula. It also sets out circumstances in which prescribing is inappropriate and advises primary care practitioners on products available and policies followed in secondary care.

In general it is advisable that all cases, where intolerance is suspected, should be referred for specialist advice to ensure appropriate assessment and diagnosis of the condition. It is recommended that General Practitioners (GP) do not initiate changes of formula in these instances, but await consultant advice. Infants less than 0.4th centile should be referred urgently. Frequent changes of formula are not advised in primary care due to the level of parental support required.

Some GPs may feel competent to assess and treat simple cases of lactose intolerance, which will resolve before specialist input could be sought

3. **Lactose Intolerance**

Primary lactose intolerance is genetically inherited. It usually develops after the age of 2 years old although symptoms may not be noticeable until several years later. It occurs when you lose the ability to produce lactase. Lactose intolerance can also be a congenital condition, due to absence of the lactase enzyme, but this is very rare.

Secondary lactose intolerance is the commonest form of lactose intolerance and occurs following an infectious gastrointestinal illness. Damage to the small bowel mucosa causes a temporary deficiency in lactase.

Symptoms

Abdominal bloating, stomach cramps, increased wind and frothy, loose stools which may in turn cause perianal irritation and redness. Blood or slime in stools is **NOT** a feature of lactose intolerance.

Diagnosis

Lactose intolerance should be suspected in children who have a diarrhoeal illness lasting more than 2 weeks. Resolution of symptoms, usually within 48 hours, when lactose is removed from the diet is the gold standard for diagnosis. Children should be referred if there are any concerns about significant weight loss or if symptoms do not improve.

Treatment

Infants should be given a lactose-free formula. Secondary lactose intolerance in infants usually lasts 6-8 weeks but may last as long as 3-6 months, so parents will also need to understand how to follow a low-lactose diet. Low lactose dietary advice can be given by the child's health visitor. If symptoms persist after 8 weeks refer to a paediatric dietitian.

Formula available at Prince Charles Hospital and Royal Glamorgan Hospital for Lactose Intolerance: Mead Johnson **Nutramigen 1 and 2.**

4. Cow's milk protein intolerance (CMPI)

Symptoms of CMPI in infancy are common and include:

Gastrointestinal	<ul style="list-style-type: none"> • Persistent Colic • Frequent regurgitation, gastro-oesophageal reflux • Vomiting • Diarrhoea • Constipation (with / without perianal rash) • Blood in stool • Iron deficiency anaemia
Dermatological	<ul style="list-style-type: none"> • Atopic dermatitis • Angio oedema/urticaria unrelated to acute infections, drug intake or other causes.
Respiratory (not infection related)	<ul style="list-style-type: none"> • Rhinitis • Chronic cough • Wheezing
General	<ul style="list-style-type: none"> • Persistent distress or colic (wailing/irritable for > 3 hrs per day) at least 3 days per week over > 3 weeks

Diagnosis

CMPI should be suspected after careful history taking for the above symptoms and their association with the introduction of cow's milk into the diet. Diagnosis of CMPI may be made if symptoms resolve after 2-4 weeks on a cow's milk protein elimination diet.

Treatment

Infants should be given a cow's milk protein-free diet for at least 6 months. This should include alternative formula milk which will be prescribed on diagnosis, and referral to a dietitian for advice on following a dairy-free diet. Children can be re-challenged to see if they've recovered from 12 months of age onwards and cow's milk protein is gradually introduced as tolerated. Most children will grow out of their intolerance by 18 months to 2 years of age.

Breast fed babies

Exclusively breast fed infants can have CMPI, as some cow's milk proteins from mother's diet pass into the breast milk. Mothers should be encouraged to continue to breast feed as there are many other benefits to be gained from this, whilst following a cow's milk free diet with calcium and vitamin D supplementation. However, if symptoms persist with breast feeding a milk free formula may be required. Babies should be weaned onto a cow's milk free diet. Referral to a paediatrician is indicated to exclude other conditions and for dietetic advice.

Formula available at PCH/RGH for Cow's Milk Protein Intolerance (Product choice depends on assessment and clinical symptoms):

- Extensively Hydrolysed Formulas (eHF) e.g. Mead Johnson **Nutramigen 1 and 2** or Milupa **Aptamil Pepti 1 and 2**.
- Amino Acid Formulas (AAF) e.g. Nutricia **Neocate LCP** or Mead Johnson **Nutramigen AA**.

Further information about diagnosis and treatment is available from SW Guidelines for CMP Allergy 2011.

5. Special Patient Groups

Secondary care will lead prescribing for several groups of patients:

- Premature and low birth weight infants
- Complex medical cases
- Disease-specific conditions
- Complex food intolerances and allergies
- Faltering growth

Paediatric dietitians may not be involved in the care of all premature and low birth weight infants, unless there are problems achieving optimal growth, but are involved in the care of all other patient groups above, where dietary requirements will be assessed and a formula will be chosen on an individual patient basis.

All specialist feeds should be initiated by the hospital. Once stabilised, the GP will be contacted and asked to continue prescribing. The letter should include details of monitoring planned and follow-up intended. The infant will continue to be seen and assessed by the hospital until the formula is stopped and the infant is discharged.

Premature (<35 weeks gestation) and low birth-weight (<1800g) infants:

Infant formula

In infants < 35 weeks /less than 1.8kg who are not breast-fed, or where supplementation to breast-feeding is required, Nutriprem 1 will be initiated. This will be continued until the infant reaches 1800g. When the infant reaches 1800g, the formula will be switched to Nutriprem 2. Infants will receive ready-made formula in hospital. However, 900g tins of Nutriprem 2 powder are suitable for prescribing in the community. On discharge from hospital, the patient's GP will be sent a letter requesting that Nutriprem 2 powdered formulation is prescribed until 6 months corrected age and parents will be given 2 x 900g tins of Nutriprem 2 for use whilst their prescription is being processed. Appropriate vitamins and iron supplements should also be prescribed, as advised by the hospital – see below.

Infants will continue to be assessed by a paediatrician or paediatric dietitian until optimal growth and adequate dietary intake is achieved. Infants may be changed to normal formula before 6 months if their growth is assessed as optimal. Once Nutriprem 2 is stopped, parents are advised to purchase normal formula.

N.B. Nutriprem 2 is required until at least 3 months corrected age but should not be prescribed beyond 6 months' corrected age.

Infants who are not gaining adequate weight to maintain their centile will be referred to a paediatric dietitian for assessment and advice on appropriate formula. The dietitian may recommend a prescribable product.

Iron and vitamin supplementation

The policy on supplementation recommends the following:

- Breast-fed infants: 1ml Sytron daily until 1 years corrected age (i.e. 1 year from EDD) + 0.6 mls Abidec until 1 year corrected age
- Nutriprem 2 as sole source of nutrition: no supplementation required (intake approximately 165ml/kg/day)
- Breast milk supplemented with Nutriprem 2: 1ml Sytron daily until 1 years corrected age (i.e. 1 year from EDD) + 0.3mls Abidec until 1 year corrected age.
- Term infant formula: 1ml Sytron daily until 1 years corrected age (i.e. 1 year from EDD) +0.3mls Abidec

Details for individual patients should be provided on discharge.

Monitoring

Twice weekly weighings are performed during the inpatient stay. An average weight gain of 18g/kg/day is expected up to 2kg then 30g/day thereafter, or as appropriate for the infant's age. The family's Health Visitor will take on the responsibility for supporting the family; advise on frequency of weighing/monitoring and ensuring the infant is gaining weight appropriately. They will liaise with the paediatric dietitian or paediatrician responsible for the infant's care if there are any concerns.

Mothers are encouraged to breastfeed or express breastmilk (EBM) and fortification is used when birth weight is low or growth is poor. EBM may be fortified in hospital with powdered breastmilk fortifiers.

Formula	Indication	Notes
Cow and Gate Nutriprem Breastmilk Fortifier	Fortification of EBM	Not available on prescription In hospital – boxes of 50 X 2.1g sachets

For mothers who wish to continue breastfeeding or expressing, but their infant's weight gain is poor, every effort will be made to find suitable alternative methods of EBM fortification in the community.

If mothers are unable to breastfeed or express, a first stage preterm formula is used.

Formula	Indication	Notes
Cow and Gate Nutriprem 1 Low Birth weight Formula	Preterm or low birth weight infants until 1800-2000g weight achieved	Ready to use 60ml bottles

Upon discharge, or once the infant reaches 1800g in weight, they can be changed to a second stage preterm formula

Formula	Indication	Notes
Cow and Gate Nutriprem 2	Preterm or low birth weight infants, post discharge until 6months corrected age.	900g powder tins

Feed	Supplements and Vitamins
Breastfed or Unfortified Expressed Breast Milk (EBM)	0.6 mls Abidec 1ml Sytron until 1 year corrected age 50 mcg Folic Acid until term
NEPDF (Nutriprem 2)	No supplementation required
High energy infant formula	1.0ml Sytron until 1 year corrected age
Term/ Specialist Formula	0.3mls Abidec 1.0ml Sytron until 1 year corrected

For infants receiving combined milk i.e. EBM and preterm or high energy formula:

- No vitamin supplementation is required if the total amount taken is at least 50% formula
- Vitamin supplementation as per the above regime is required for infants receiving <50% of feeds as formula

Other vitamin and mineral supplements:

- Persistently high levels of Alkaline Phosphate may need bd phosphate 1mmol/kg phosphate od. If Alkaline Phosphate >400 – titrate with blood results
- Vitamin E is used to treat deficiency in cholestatic liver disease (10mg/kg od)

6. Soya-based formula

In 2004 the Chief Medical Officer issued a statement advising against the use of soya-based formula in infants with cow's milk protein sensitivity or lactose intolerance. Soya formula is no longer indicated for infants who are milk intolerant or allergic. The incidence of coincident soya allergy is around 20-30% and there are concerns about the presence of endogenous phyto-oestrogens. As a result the FSA and British Dietetic Association do not advise on the use of soya milk for those under the age of six months.

Use of soya formula should be limited to exceptional circumstances to ensure adequate nutrition, for example, infants of vegan parents who are not breastfeeding, or infants who find alternatives unacceptable. Parents wishing to feed their infant on soya-based formula should be advised of the risks and instructed to buy the formula over the counter. Soya-based formula is prescribable for galactosaemia only, on the advice of a consultant.

For those infants prescribed soya formula most should convert to supermarket-bought soya or oat calcium-enriched milk when they reach the age of 2 years. If they are growing well and their diet is adequate the only soya milk suitable for over 1 year olds is Alpro Soya 1+. Only children with specific rare medical conditions require a prescribed soya formula after this age.

7. Powders vs. liquids

- Powder feeds to be used routinely
- Liquid feeds should only be used when advised by the neonatal unit, e.g. for immunocompromised patients
- Health visitors should give advice about appropriate reconstitution and sterilisation to avoid contamination. See also advice in Birth to Five (DH 2009).

8. Referral

Refer all cases where intolerance is suspected (with the exception of self-limiting secondary lactose intolerance).

Prince Charles and Royal Glamorgan Hospitals:

Consultant Paediatrician, via normal referral process.

9. Definitions

Corrected age = actual age adjusted by number of weeks child was born before 40 weeks gestation (EDD).

10. Acknowledgements

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<http://www.derbyshiremedicinesmanagement.nhs.uk/images/content/files/prescribing%20Guidelines/Baby%20milk%20guideline%202010.pdf>

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Department of Health: CMO's Update 37 (2004). *Advice issued on soya-based infant formulas*. Available from:

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Paediatric Group Position Statement on the use of Soya Protein for Infants. *British Dietetic Association: February 2004*

Guidelines for the diagnosis and management of cow's milk protein allergy in infants. *Vandenplas et al. Arch Dis Child 2007; 92:902-908*

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Food Standards Authority & Department of Health (2005). *Guidance for health professionals on safe preparation, storage and handling of powdered infant formula*. Available from:

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Appendix 1

Formulary for use of Specialist Infant Formulas

Infant Formulas

- Neocate LCP (Nutricia) 400g tin
 - A powdered amino-acid based formula for sole source or nutritional supplement feeding in infants with cows' milk allergy, multiple food protein intolerance, and conditions requiring an elemental diet
- Neocate Advance (Nutricia) 100g sachet
 - A powdered amino-acid based formula for sole source nutrition in children with cows' milk allergy, multiple food protein intolerance, and conditions requiring an elemental diet
 - Not suitable for use in children under 1 year
- Nutramigen 1 (Mead Johnson) 400g tin
 - An extensively hydrolysed powdered formula for sole source or nutritional supplement feeding in infants with disaccharide and/or whole protein intolerance
- Nutramigen 2 (Mead Johnson) 400g tin
 - An extensively hydrolysed powdered formula for sole source or nutritional supplement feeding in infants with disaccharide and/or whole protein intolerance
 - Not suitable for use in children under 6 months
- Aptamil Pepti (Cow & Gate) 900g Eazypack
 - A partially hydrolysed powdered formula for sole source or nutritional supplement feeding in infants with established cows' milk protein intolerance, with or without secondary lactose intolerance
- Infatrini (Nutricia) 100ml glass bottle/200ml plastic bottle
 - An alternative high energy sole source or nutritional supplement for infants and children up to 8 kg in weight (or 18 months of age)
- Similac High Energy (Abbott) 120ml glass bottle/200ml bottle

- A high energy sole source or nutritional supplement for infants and children up to 8 kg in weight (or 18 months of age).
- Pregestimil (Mead Johnson) 400g tin
 - A powdered formula for use in infants with disaccharide and/or whole protein intolerance, or where amino acids or peptides are indicated in conjunction with medium chain triglycerides
- Peptijunior (Cow & Gate) 450g tin
 - A powdered formula for use in infants with disaccharide and/or whole protein intolerance, or where amino acids and peptides are indicated in conjunction with medium chain triglycerides
- Nutriprem 1 Formula (Cow & Gate) 60ml bottle
 - A low birth weight formula for use in pre-term infants
- Nutriprem 2 (Cow & Gate) 100ml bottle for use in secondary care only/900g Eazypack
 - A nutrient rich, post-discharge formula for use in pre-term infants
 - For use until 6 months corrected age
- Nutriprem breast milk fortifier (Cow & Gate) 2.1g sachets
 - A breast milk supplement for low birthweight and pre-term infants

Guide to Appropriate Prescribing of Oral Nutritional Supplements (ONS) for Adults in the Community

INTRODUCTION:

This guide aims to support general practitioners and other health care professionals in the management of patients who are malnourished or at high risk of malnutrition, and the decision making process in relation to prescribing ACBS approved oral nutritional supplements.

Diabetics – choose fibre containing, milk-style supplements as first line i.e. Fresubin 2kcal Fibre. If the patient has poor glycaemic control, they may not gain weight using oral nutritional supplements, therefore please consider reviewing their diabetic medications, and/or referral to Diabetes Specialist Nurse.

Renal Disease -DO NOT prescribe AYMES Shake/ Complan Shake/ Foodlink Complete/ Ensure Shake (powdered supplements) as first line oral nutritional supplement for patients with **renal disease** due to high potassium content. Please consider a juice based supplement such as Ensure Plus Juice.

Only consider dessert style supplements for patients who present with swallowing difficulties, or who require texture modified diet or fluids

The table below illustrates categories of ACBS approved oral nutritional supplements.

- The **green** category indicates those that can be prescribed as first line, cost-effective oral nutritional supplements for any patient who is malnourished or at high risk of malnutrition, as per ACBS prescribing criteria.
- Products in the **amber** category are for prescription only when requested by a Dietitian.
- Products in the **red** category should not be prescribed in Cwm Taf Health Board.
-

INDICATION FOR PRESCRIPTION OF ORAL NUTRITIONAL SUPPLEMENTS:

Diagnosis of malnutrition or high risk of malnutrition must be confirmed using the Malnutrition in the Community Care Pathway (including GP flowchart/Malnutrition Universal Screening Tool (MUST), BMI and weight loss charts, food first dietary information sheet and department referral form)

FLEXIBILITY OF PRESCRIBING:

Some flexibility in allowing changes to the prescription is necessary to reflect patients' variable therapeutic and nutritional needs, taste preferences, lifestyle, activity and seasonal changes in eating habits.

Changes may include:

- Addition of, or substitution with new or alternative products, within the green or amber categories
- Reductions or increases in quantities of each product, within recommended volumes
- Recommendations by the Dietitian following reassessment of needs

	Milkshake Style			Juice Style	Desserts/Yoghurt	Modular/Other
To be prescribed as first-line Oral Nutritional Supplements	Powders	Ready to drink	Starter packs	Ensure Plus Juce	Nutricrem	
	AYMES Shake	Fortisip Compact Fresubin 2kcal fibre	AYMES Shake (5 x 57g + shaker) Fortisip Compact (8 x 125ml)			
To be prescribed ONLY if requested by a Dietitian (following the receipt of a department prescription request letter)	Complan Shake Calshake Ensure Plus Advance Ensure Plus Milkshake Ensure Plus Fibre Ensure Shake Ensure TwoCal Ensure Plus Savoury Ensure Compact Enshake Foodlink Complete Fortisip Compact Fibre Fortisip Compact Protein Fortisip Extra (<i>name changing to Fortisip 2kcal April 2016</i>) Fortisip Bottle Fortisip Multifibre (<i>name changing to Nutrison Energy Multi Fibre from March 2016</i>) Fortisip Savoury Multifibre Forticare		Fresubin 2kcal Fresubin Energy Fresubin Energy Fibre Fresubin Protein Energy Fresubin Powder Extra Fresubin Thickened 1 Fresubin Thickened 2 Nutilus Complete Stage 1 Nutricia preOp Nutriplen Nutriplen Protein Pre-op ProSure Resource Energy Resource 2.0 Fibre Renilon 7.5 Respifor Scandishake Supportan Survimed Vital 1.5kcal	Fresubin Jucy Fortijuce Resource Fruit Elemental 028 Extra	Ensure Plus Crème Ensure Plus Yoghurt Forticreme Complete Fortisip Fruit Dessert Fortisip Yoghurt Style Fresubin 2kcal Creme Fresubin Yocreme Nutilus Complete Stage 2 Nutilus Fruit Stage 3 Resource Dessert Energy Resource Dessert Fruit	Calogen Calogen Extra Calogen Extra Shot DuoCal DuoCal Super Soluble Fresubin 5kcal Shot Liquigen Maxijul Liquid Maxijul Super Soluble Modulen IBD Nestle Flavour Mix Peptamen Polycal Liquid Polycal Powder Pro-Cal Shot Pro-Cal Powder ProSource Protifar Resource Optifibre Vitasavoury
Should NOT be prescribed	Ensure Liquid Fortimel Regular Fresubin Original		Resource Protein Resource Senior Activ		Clinutren Dessert	

ENDORSED BY:

Prescribing Support Dietitians, Cwm Taf University Health Board
Head of Nutrition and Dietetics, Cwm Taf University Health Board
Medicines Management Directorate, Cwm Taf University Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

Malnutrition in the Community Pathway

If you are concerned that a patient may be at risk of Malnutrition...

Screen patient using Malnutrition Universal Screening Tool (MUST), if able/if training has been carried out in the practice
(Useful Resource: MUST calculator at www.bapen.org.uk)

Step 1

Weigh patient and determine BMI (**Appendix 1**)



Step 2

Measure percentage weight loss (**Appendix 2**).

If 10% or greater unintentional weight loss in past 3-6 months, provide with
Food First diet sheet (**Appendix 3**)



Step 3

Review in 1 month

If weight still falling, start patient on Oral Nutritional Supplements, two a day

FIRST LINE RECOMMENDED PRODUCTS

- **Aymes Shake BD (Make with full cream milk – 774kcal, 31.2g protein)**
Starter pack available to prescribe which includes all flavours and a shaker.
- **Fortisip Compact BD** (Low volume ready to drink milkshake – 600kcal, 24g protein)
- **Ensure Plus Juce BD (Juice style - 600kcal, 19.2g protein)**

Pudding style supplements only recommended for patients diagnosed with dysphagia



Step 4

Review 1 month

If still losing weight or appetite still poor, **refer to Dietitian** (**Appendix 4**) and consider referring to any relevant resources/agencies

Monitor weight, dietary intake and compliance at regular intervals, i.e. monthly/3-6 monthly, stop/gradually reduce supplements when they reach a healthy BMI or aims met

Link to Welsh Assembly Government, Nutrition in Community Settings March 2011

<http://wales.gov.uk/docs/dhss/publications/nutritioninthecommunity/110512finpublishedbooken.pdf>

Appendix 1

	4'10 1/2	4'11	5'0	5'0 1/2	5'1 1/2	5'2	5'3	5'4	5'4 1/2	5'5 1/2	5'6	5'7	5'7 1/2	5'8 1/2	5'9 1/2	5'10	5'11	5'11 1/2	6'0 1/2	6'1	6'2	6'3	
100	46	44	43	42	41	40	39	38	37	36	35	35	34	33	32	32	31	30	30	29	28	28	15 10
99	45	44	43	42	41	40	39	38	37	36	35	34	33	33	32	31	31	30	29	29	28	27	15 8
98	45	44	42	41	40	39	38	37	36	36	35	34	33	32	32	31	30	30	29	28	28	27	15 6
97	44	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	15 4
96	44	43	42	40	39	38	38	37	36	35	34	33	32	32	31	30	30	29	28	28	27	27	15 2
95	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	26	15 0
94	43	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	14 11
93	42	41	40	39	38	37	36	35	35	34	33	32	31	31	30	29	29	28	27	27	26	26	14 9
92	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	14 7
91	42	40	39	38	37	36	36	35	34	33	32	31	31	30	29	29	28	27	27	26	26	25	14 5
90	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	25	14 2
89	41	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	14 0
88	40	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	13 12
87	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	13 10
86	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	13 8
85	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	24	13 6
84	38	37	36	35	35	34	33	32	32	31	30	30	29	28	28	27	27	26	25	25	24	23	13 3
83	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	23	23	13 1
82	37	36	35	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	12 13
81	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	12 11
80	37	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	12 8
79	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	22	12 6
78	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	12 4
77	35	34	33	32	32	31	30	29	29	28	27	27	26	25	25	24	24	23	23	22	22	21	12 1
76	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	23	23	22	22	22	21	11 13
75	34	33	32	32	31	30	29	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	11 11
74	34	33	32	31	30	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	11 9
73	33	32	32	31	30	29	29	28	27	26	26	25	25	24	24	23	23	22	22	21	21	20	11 7
72	33	32	31	30	30	29	28	27	27	26	26	25	24	24	23	23	22	22	21	21	20	20	11 4
71	32	32	31	30	29	28	28	27	26	26	25	25	24	23	23	22	22	21	21	21	20	20	11 3
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68	31	30	29	29	28	27	27	26	25	25	24	24	23	22	22	21	21	21	20	20	19	19	10 10
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64	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	10 1
63	29	28	27	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	18	17	9 13
62	28	28	27	26	25	25	24	24	23	22	22	21	21	20	20	20	19	19	18	18	18	17	9 10
61	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	9 8
60	27	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	18	17	17	17	9 6
59	27	26	26	25	24	24	23	22	22	21	21	20	20	19	19	19	18	18	17	17	17	16	9 4
58	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	9 1
57	26	25	25	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	9 0
56	26	25	24	24	23	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	16	16	8 11
55	25	24	24	23	23	22	21	21	20	20	19	19	19	18	18	17	17	17	16	16	16	15	8 8
54	25	24	23	23	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	8 7
53	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	8 4
52	24	23	23	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	8 3
51	23	23	22	22	21	20	20	19	19	19	18	18	17	17	16	16	16	15	15	15	14	14	8 0
50	23	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	15	15	15	14	14	14	7 13
49	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	15	15	15	14	14	14	14	7 10
48	22	21	21	20	20	19	19	18	18	17	17	17	16	16	15	15	15	14	14	14	14	13	7 7
47	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	15	14	14	14	13	13	7 6
46	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	7 3
45	21	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	7 1
44	20	20	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	6 13
43	20	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	6 11
42	19	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	12	6 8
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38	17	17	16	16	16	15	15	14	14	14	13	13	13	13	12	12	12	11	11	11	11	11	6 0
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36	16	16	16	15	15	14	14	14	13	13	13	12	12	12	12	11	11	11	11	10	10	10	5 9
35	16	16	15	15	14	14	14	13	13	13	12	12	12	12	11	11	11	11	10	10	10	10	5 7
34	16	15	15	14	14	14	13	13	13	12	12	12	11	11	11	11	10	10	10	10	10	9	5 5
	1.48	1.50	1.52	1.54	1.56	1.58	1.60	1.62	1.64	1.66	1.68	1.70	1.72	1.74	1.76	1.78	1.80	1.82	1.84	1.86	1.88	1.90	

Step 2 – Weight loss score

	SCORE 0 Wt Loss < 5%	SCORE 1 Wt Loss 5-10%	SCORE 2 Wt Loss > 10%
34 kg	<1.70	1.70 – 3.40	>3.40
36 kg	<1.80	1.80 – 3.60	>3.60
38 kg	<1.90	1.90 – 3.80	>3.80
40 kg	<2.00	2.00 – 4.00	>4.00
42 kg	<2.10	2.10 – 4.20	>4.20
44 kg	<2.20	2.20 – 4.40	>4.40
46 kg	<2.30	2.30 – 4.60	>4.60
48 kg	<2.40	2.40 – 4.80	>4.80
50 kg	<2.50	2.50 – 5.00	>5.00
52 kg	<2.60	2.60 – 5.20	>5.20
54 kg	<2.70	2.70 – 5.40	>5.40
56 kg	<2.80	2.80 – 5.60	>5.60
58 kg	<2.90	2.90 – 5.80	>5.80
60 kg	<3.00	3.00 – 6.00	>6.00
62 kg	<3.10	3.10 – 6.20	>6.20
64 kg	<3.20	3.20 – 6.40	>6.40
66 kg	<3.30	3.30 – 6.60	>6.60
68 kg	<3.40	3.40 – 6.80	>6.80
70 kg	<3.50	3.50 – 7.00	>7.00
72 kg	<3.60	3.60 – 7.20	>7.20
74 kg	<3.70	3.70 – 7.40	>7.40
76 kg	<3.80	3.80 – 7.60	>7.60
78 kg	<3.90	3.90 – 7.80	>7.80
80 kg	<4.00	4.00 – 8.00	>8.00
82 kg	<4.10	4.10 – 8.20	>8.20
84 kg	<4.20	4.20 – 8.40	>8.40
86 kg	<4.30	4.30 – 8.60	>8.60
88 kg	<4.40	4.40 – 8.80	>8.80
90 kg	<4.50	4.50 – 9.00	>9.00
92 kg	<4.60	4.60 – 9.20	>9.20
94 kg	<4.70	4.70 – 9.40	>9.40
96 kg	<4.80	4.80 – 9.60	>9.60
98 kg	<4.90	4.90 – 9.80	>9.80
100 kg	<5.00	5.00 – 10.00	>10.00
102 kg	<5.10	5.10 – 10.20	>10.20
104 kg	<5.20	5.20 – 10.40	>10.40
106 kg	<5.30	5.30 – 10.60	>10.60
108 kg	<5.40	5.40 – 10.80	>10.80
110 kg	<5.50	5.50 – 11.00	>11.00
112 kg	<5.60	5.60 – 11.20	>11.20
114 kg	<5.70	5.70 – 11.40	>11.40
116 kg	<5.80	5.80 – 11.60	>11.60
118 kg	<5.90	5.90 – 11.80	>11.80
120 kg	<6.00	6.00 – 12.00	>12.00
122 kg	<6.10	6.10 – 12.20	>12.20
124 kg	<6.20	6.20 – 12.40	>12.40
126 kg	<6.30	6.30 – 12.60	>12.60

Weight before weight loss (kg)

	SCORE 0 Wt Loss < 5%	SCORE 1 Wt Loss 5-10%	SCORE 2 Wt Loss > 10%
5st 4lb	<4lb	4lb – 7lb	>7lb
5st 7lb	<4lb	4lb – 8lb	>8lb
5st 11lb	<4lb	4lb – 8lb	>8lb
6st	<4lb	4lb – 8lb	>8lb
6st 4lb	<4lb	4lb – 9lb	>9lb
6st 7lb	<5lb	5lb – 9lb	>9lb
6st 11lb	<5lb	5lb – 10lb	>10lb
7st	<5lb	5lb – 10lb	>10lb
7st 4lb	<5lb	5lb – 10lb	>10lb
7st 7lb	<5lb	5lb – 11lb	>11lb
7st 11lb	<5lb	5lb – 11lb	>11lb
8st	<6lb	6lb – 11lb	>11lb
8st 4lb	<6lb	6lb – 12lb	>12lb
8st 7lb	<6lb	6lb – 12lb	>12lb
8st 11lb	<6lb	6lb – 12lb	>12lb
9st	<6lb	6lb – 13lb	>13lb
9st 4lb	<7lb	7lb – 13lb	>13lb
9st 7lb	<7lb	7lb – 13lb	>13lb
9st 11lb	<7lb	7lb – 1st 0lb	>1st 0lb
10st	<7lb	7lb – 1st 0lb	>1st 0lb
10st 4lb	<7lb	7lb – 1st 0lb	>1st 0lb
10st 7lb	<7lb	7lb – 1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb – 1st 1lb	>1st 1lb
11st	<8lb	8lb – 1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb – 1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb – 1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb – 1st 3lb	>1st 3lb
12st	<8lb	8lb – 1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb – 1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb – 1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb – 1st 4lb	>1st 4lb
13st	<9lb	9lb – 1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb – 1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb – 1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb – 1st 5lb	>1st 5lb
14st	<10lb	10lb – 1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb – 1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb – 1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb – 1st 7lb	>1st 7lb
15st	<11lb	11lb – 1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb – 1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb – 1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb – 1st 8lb	>1st 8lb
16st	<11lb	11lb – 1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb – 1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb – 1st 9lb	>1st 9lb

Weight before weight loss (st lb)

Food First

Food is very important to help you maintain your health. It contains essential vitamins and minerals as well as protein to help the body repair itself and recover from illness.

Eating well also helps to maintain weight and to fight infections. However, when you feel unwell you may not feel like eating – just when you need food the most!

If you have diabetes or high cholesterol, speak with your Dietitian or doctor before starting.

If You Have A Small/reduced Appetite

When you do not feel hungry

- Eat little and often
- Make the most of times when your appetite is at its best, by eating your biggest meal at this time
- Boost your appetite by making food look attractive. If you find large portions off-putting try serving your meals on a smaller plate
- Eat food slowly, chew well and relax for a time after eating
- If able, some gentle exercise may help to increase your appetite
- Alcohol in small amounts can stimulate your appetite. Check with your GP if this is suitable for you.

Tips to eat more

Try to have some or all of the following -

- 3 meals a day
- 2-3 snacks a day
- 1 pint of milk a day
- Try to have puddings after meals
- Have supper

Snack Ideas

Snacking between meals is very helpful if you have a small appetite as it helps to increase your overall intake of food and nutrients.

- Cheese and crackers
- Dried fruit and nuts
- Cereal bar or flapjack
- Crisps
- Fruit
- Chocolate, biscuits
- Crackers and dip
- Crumpets, pancakes, scones with spread
- Thick and creamy yoghurt
- Custard or rice pudding



Tips to make your food more nourishing

- Add high fat and sugary ingredients to meals and snacks
- Choose full fat options
- Avoid "low fat", "diet" or "sugar free" foods or drinks

Fortified Milk

To 1 pint of full cream milk, add 4 tablespoons of milk powder e.g. Marvel/ Five Pints/ supermarket own brands. Whisk together and use for all your drinks and cooking in place of ordinary milk.

Making the most of your food

To Breakfast Cereals

add-

Fortified milk
Thick and creamy
yoghurt
Double Cream
Nuts
Dried fruit
Sugar
Jam
Syrup
Honey



To Sauces add-

Fortified milk
Cheese
Butter
Evaporated milk
Double Cream



To Puddings add –

Fortified milk
Sugar/jam/honey/
syrup
Butter
Double Cream
Ice cream
Evaporated milk
Custard
Thick and creamy
yoghurt
Dried fruit



To Soups add-

Fortified milk
Grated cheese
Milk powder
Beans/lentils/rice
Butter
Double Cream
Dumplings/croutons
Chopped or diced
meat



To Mashed potato

add –

Fortified milk
Grated cheese
Double Cream
Butter
Cream cheese

To Vegetables add-

Grated cheese
Butter
Salad cream /
dressings
Sauces



Patient's Name

Doctor/Dietitian

Contact Details

Referral Form



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

CONFIDENTIAL – PATIENT INFORMATION

Please complete ALL sections. Unfortunately incomplete forms will be returned to the Referring Agent for completion. This will result in a delay in patients being assessed. Referrals will also be accepted in different formats if the following information is included.

Patient Information:

Hospital/NHS Number:			
Title: Mr/Mrs/Miss/Ms	Surname:	Forename:	DOB:
Address:			
Post Code:		Home Tel Number: Mobile Tel Number:	
Does this patient require a home visit: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide further information:			
Patient aware of and consents to referral Yes <input type="checkbox"/> No <input type="checkbox"/>			
Patient seen a Dietitian previously Yes <input type="checkbox"/> No <input type="checkbox"/>			
Relevant Medical History:		Medication (Attach prescription if available):	
Clinical Information (as appropriate):			
Weight (Kg):	Height (m)	BMI:	MUST score:
LDL:	HDL:	TG:	Other:
Fasting BG:	HbA1c:	Total Cholesterol:	
Reason for referral:			
Is patient suitable for groups? (Weight Reducers and Diabetes only) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Any other relevant information, e.g. <u>weight history</u> ; social circumstances, etc:			
GP Name:			
Address:			
Post Code:		Telephone:	Fax:
Name of Referrer (Please Print):			Signature:
Designation:			Date:
Please send completed form to your nearest hospital:-			
Nutrition and Dietetics Royal Glamorgan Hospital Ynysmaerdy Llantrisant CF72 8XR		Nutrition and Dietetics Prince Charles Hospital Gurnos Merthyr Tydfil CF47 9DT	
		Nutrition and Dietetics Ysbyty Cwm Rhondda Partridge Road Llwynypia CF40 2LU	