The care plan

2. Treat any underlying conditions.
3. Treat malnutrition with food and/or oral nutritional supplements (ONS). Subjects who are unable to meet their nutritional requirements orally may require artificial nutritional support e.g. enteral or parenteral nutrition. None of these methods are exclusive and combinations of any or all may be needed. If subjects are overweight or obese, follow local guidelines for weight management.
5. Reassess subjects identified at nutritional risk as they move through care settings.

Oral nutritional interventions

Food and fluid
Consider the following:
- Provide help and advice on food choices, eating and drinking.
- Ensure tasty, attractive food of good nutritional value during and between meals. It is important to ensure that the full range of nutrients (including macro and micro nutrients) are provided during the day.
- Ensure provision of adequate fluids
- Offer assistance with shopping, cooking and eating where appropriate.
- Provide a pleasant environment in which to eat - in hospital, at home, in dining clubs or via other organisations.

Oral nutritional supplements
Consider the following:
- Use ONS if it is not possible to meet nutritional requirements from food. Typically an additional daily intake of 250-600 kcal can be of value. Intake of ONS can be improved by varying the texture and flavours offered. The use of energy and protein dense ONS should be considered for patients who are unable to consume the volume of a standard ONS.
- Dietary advice and counselling should be given when recommending ONS.

Artificial nutritional support (enteral and parenteral nutrition)
If required, follow local policy.

Monitoring
All subjects identified as being at risk of malnutrition should be monitored on a regular basis to ensure that their care plan continues to meet their needs.