

Oral Nutrition Supplements: A Practice Tool for Clinicians

Oral Nutrition Supplements (ONS) are commercially manufactured products available in liquid, powder, or solid form. They contain a combination of carbohydrates, proteins, fats, fiber, vitamins, and minerals.¹ ONS are used across the healthcare spectrum for patients who can consume nutrition orally, providing them with additional nutritional support.

The purpose of this practice tool is to educate clinicians on the role and application of ONS for their patients.



Role of ONS: An Overview

Complement dietary intake

ONS provide energy, protein, and nutrients to complement oral dietary intake, especially in patients with inadequate oral intake.²

Prevent and treat malnutrition

ONS help to prevent the onset of malnutrition and can be effective in correcting nutritional deficits and reducing the health risks associated with malnutrition.²

Support recovery and healing

ONS can play a role in muscle preservation, wound healing, and recovery.^{3,4}

Improve clinical outcomes

Use of ONS may improve clinical outcomes such as hospital stay, clinical complications, mortality, and quality of life.⁵

Specific Evidence-Based Benefits of ONS

Addressing and managing malnutrition

Early oral nutrition supplementation preserves weight and nutritional status in head and neck cancer patients.⁶

Protein-enriched oral nutritional supplements support healthy aging by helping to maintain muscle mass and body composition in middle-aged and older women.³

Support recovery and healing

ONS reduce complications in community settings such as infections, pressure ulcers, and issues with wound/fracture healing.⁶

The incidence and evolution of pressure ulcers can be improved by oral dietary supplementation in patients who have undergone hip fracture surgery.⁷

Economic and healthcare system benefits

Malnutrition poses a significant burden on healthcare systems. Implementation of ONS is a cost-effective intervention that can extend the lives of malnourished hospitalized patients.⁸

Improves clinical and functional outcomes

In at-risk community dwelling older adults, a randomized placebo-controlled trial showed that daily specialized oral nutrition supplementation with dietary counseling significantly improved nutritional and functional outcomes.⁹

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Aspects of Care to be Discussed With the Patient

- Clearly explain the clinical indication for oral nutrition supplementation that is recommended (e.g., support weight gain, aid healing pressure ulcers, improve oral intake).
- Discuss the expected benefits from ONS such as weight gain, muscle preservation, improvement in wound healing or recovery, and improvement in clinical outcomes.
- Inform the patient on the volume and frequency of ONS based on energy/protein gaps.
- Address concerns that may come up such as intolerances or allergies.
- Discuss access to these products and potential reimbursement options.
- Present tips on how to make the ONS more tolerable if needed.
- Provide an overview of self-monitoring, such as documenting intake, tolerance, and weight measurements.

Oral nutrition supplements are an evidence-based intervention that can close nutritional gaps and improve outcomes in patients who are at risk for malnutrition or other conditions.

References

1. American Society for Parenteral and Enteral Nutrition (ASPEN). *Definition of Terms, Style, and Conventions Used in ASPEN Board of Directors–Approved Documents*. May 2018. Accessed May 27, 2025. <https://nutritioncare.org/wp-content/uploads/2024/12/ASPEN-Definition-of-Terms-Style-and-Conventions-Used-in-ASPEN-Board-of-Directors%E2%80%93Approved-Documents.pdf>
2. Wang Y, Liu Y, Jiang H, Chen W. Oral nutritional supplements improve clinical outcomes and are cost-effective for hospitalized patients in China. *Nutrition*. 2024;125:112503.
3. Kang M, Rho H, Kim M, Lee M, Lim Y, Chon J, Lim H. Effectiveness of protein-enriched oral nutritional supplements on muscle function in middle-aged and elderly women: a randomized controlled trial. *J Nutr Health Aging*. 2025;29(5):100508.
4. Moran JM, Trigo-Navarro L, Diestre-Morcillo E, Pastor-Ramon E, Puerto-Parejo LM. Nutritional interventions for pressure ulcer prevention in hip fracture patients: a systematic review and meta-analysis of controlled trials. *Nutrients*. 2025;17(4):644.
5. Schuetz P, Kerr KW, Cereda E, Sulo S. Impact of nutrition interventions for malnourished patients: Introduction to health economics and outcomes research with findings from nutrition care studies. *Nutr Clin Pract*. 2024 Dec;39(6):1329-1342.
6. Jiang W, Zhang H, Dou S, et al. Effectiveness of early oral nutritional supplementation in preventing weight loss in head and neck cancer patients undergoing postoperative radiotherapy or chemoradiotherapy: A prospective randomized controlled trial. *J Am Nutr Assoc*. Published online February 4, 2025. Fernández Jiménez R, García-Rey S, Vegas Aguilar IM, et al. Impact of an oral nutritional supplement on the recovery of the nutritional status of older patients with fragility hip fracture: controlled and randomized clinical trial: Impact of a Nutritional Supplement on the Recovery of the Nutritional Status of Patients With Spontaneous Hip Fracture (IRENE). *Clin Nutr ESPEN*. Published online May 19, 2025.
7. Zhong Y, Cohen JT, Goates S, Luo M, Nelson J, Neumann PJ. The cost-effectiveness of oral nutrition supplementation for malnourished older hospital patients. *Appl Health Econ Health Policy*. 2017;15(1):75-83.
8. Chew STH, Tan NC, Cheong M, et al. Impact of specialized oral nutritional supplement on clinical, nutritional, and functional outcomes: A randomized, placebo-controlled trial in community-dwelling older adults at risk of malnutrition. *Clin Nutr*. 2021;40(4):1879-1892.

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