

Appendix 3: Eating disorder risk checklist for emergencies

Confidential Draft for Stakeholder review – July 2021

Assessing

Does the patient have an eating disorder?

Yes AN BN Other

Not sure: Request psychiatric review

Is the patient medically compromised?

- BMI >13 (adults); mBMI <70% (under 18)?
- Recent loss of >1kg for 2 consecutive weeks?
- Acute food or fluid refusal/intake <400kcal per day?
- Pulse <40?
- BP low, BP postural drop >20mm, dizziness?
- Core temperature <35.5°C?
- Na <130mmol/L?
- K <3.0mmol/L?
- Raised transaminase?
- Glucose <3mmol/L?
- Raised urea or creatinine?
- Abnormal ECG?
- Suicidal thoughts, behaviours?

Is the patient consenting to treatment?

Yes

No: Mental health assessment requested

Refeeding

High risk for refeeding syndrome?

- Low initial electrolytes
- BMI <13 or mBMI <70%
- Little or no intake for >4 days
- Low WBC
- Serious medical comorbidities, e.g. sepsis

High risk? Management:

- <20 kcal per kg per day
- Monitor electrolytes twice daily
- build up calories swiftly
- avoid underfeeding

Lower risk? Management:

- Start at 1,400–2,000kcal per day (50 kcal/kg/day) and build by 200 kcal/day, to 2,400kcal/day or more
- Aim for weight increase of 0.5–1kg/week
- Avoid underfeeding

Monitoring

- Electrolytes (especially P, K, glucose)
- ECG
- Vital signs
- BMI

Managing

Are medical and psychiatric staff collaborating in care?

Yes

No: Psych. consultation awaited

Are nurses trained in managing medical and psychiatric problems?

Yes

No and appropriately skilled staff requested/training in place

Are there behaviours increasing risk?

- Falsifying weight
- Disposing of feed
- Exercising
- Self-harm, suicidality
- Family to stress/anxiety
- Safeguarding concerns

Mobilise psychiatric team to advise on management

Annexe 1: Summary sheets for assessing and managing patients with severe eating disorders

13: Summary sheet for emergency department staff, on-call medical and paediatric staff



Who is this for?

Doctors in the emergency department, on-call medical and paediatric registrars

Introduction

Patients with eating disorders will be very anxious and frightened about being in the emergency department. They may feel that they do not deserve treatment, so ensure that you do not trivialise their illness by suggesting that they are not sick enough, that they do not have a low enough BMI or that they appear too well for treatment.

a. Risk assessment

Patients with eating disorders can appear well even when close to death. Consult the risk assessment framework checklist (Appendix 4) and use measures most relevant to the patient that you are assessing. Anyone with one or more Red ratings or several Amber ratings should probably be considered high risk, with a low threshold for admission. Once

July 2021 - please do not share

