







# Managing Emergencies in Eating Disorders (MEED) (Based on RCPsych Report CR 233). Pan-Age Physical and Psychiatric Risk Assessment Tool for Eating Disorder Patients

The Faculty of Eating Disorders of the Royal College of Psychiatrists

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PHYSICAL HEALTH RISK RATING	HIGH IMPENDING RISK TO LIFE	ALERT TO HIGH CONCERN FOR IMPENDING RISK TO LIFE	LOW IMPENDING RISK TO LIFE	CLINICIAN'S NOTES
BMI	BMI < 13 (in >18 years) m%WFH <70% (<18 years)	m%WFH 70-80% (<18 years) Over 18 BMI 13-14.9	m%WFH 80-85% (<18 years) Over 18 BMI >15	
Weight change for last 2 weeks	Loss 1 kg or more/week	Loss 0.5kg - 1kg/week	Loss <0.5kg/week	
Heart rate (change on standing)	<40 bpm >30 rise (35bpm in <16 years old)	40-50 bpm 10 - 30 rise	50-60 bpm Normal postural change	
Syncope history	Recurrent syncope	Occasional syncope	No syncope	
BP	< 0.4th centile for age, Systolic < 90,	<0.4th centile for age. <90 Systolic	Normal BP and pulse	
Postural drop	>20 mmHg	Systolic 15 - 20 mmHg	Normal postural change	
ECG (not sinus arrhythmia)	Arrhythmia or evidence biochem abnormality			
QTC (consider FH and medication)	>460ms (girl) in <18 years >450 in >18 years >440ms (boy) in <18 years >430 in >18 years	>460ms (girl) in <18 years >450 in >18 years >450ms (boy) in <18 years >430 in >18 years	<460ms (girl) in <18 years <450 in >18 years <450ms (boy) in <18 years <430 in >18 years	
Hydration Status	Fluid refusal Severe dehydration >10% reduced urine output, dry mouth, Reduced Skin Turgor, Sunken eyes	Fluid restriction, Moderate dehydration (5-10%) Reduced urine output, Dry mouth, Normal Skin Turgor	Fluid restriction, May have dry mouth Mild dehydration <5%	
Temp (tympanic)	<35.5°C	<36°C	>36* C	
PO <sup>4</sup> mmol/L	Hypophosphatemia	Hypophosphatemia		
K <sup>+</sup> mmol/L	< 2.5 Hypokalemia	Hypokalemia		
Na <sup>+</sup> mmol/L	Hyponatremia	Hyponatremia		
Corr Ca <sup>2+</sup> mmol/L	Hypocalcemia	Hypocalcemia		
Mg <sup>2+</sup> mmol/L	Hypomagnesemia	Hypomagnesemia		
Glc mmol/L	< 3 in patients with diabetes mellitus: HbA1C >10% (86mmol/mol)	2.7 - 3.0		
	 Please refer to A&E and also consult Medical/Paediatric Specialist for follow-up	 Please Consult Medical/Paediatric specialist urgently for review or refer to A&E	 Repeat investigations/BP/Pulse/monitor weekly	

PSYCHIATRIC RISK RATING	HIGH IMPENDING RISK TO LIFE	ALERT TO HIGH CONCERN FOR IMPENDING RISK TO LIFE	LOW IMPENDING RISK TO LIFE	CLINICIAN'S NOTES
Disordered eating behaviours	Acute food refusal or estimate calorie intake (<500kCal/day) in last 2 days.			
Engagement with management plan	<ul style="list-style-type: none"> <li>Violent when parents or carers try to limit exercising behaviour or encourage food/fluid intake</li> <li>Staff or parents/carers struggle to implement meal plans prescribed</li> <li>Poor insight and motivation</li> <li>Fear leading to resistance to weight gain</li> </ul>	<ul style="list-style-type: none"> <li>Poor insight or motivation</li> <li>Resistance to weight gain</li> <li>Fear leading to some ambivalence but not actively resisting</li> <li>Staff or parents/carers struggle to implement meal plans prescribed</li> </ul>	<ul style="list-style-type: none"> <li>Some insight into eating problems</li> <li>Some motivation</li> <li>Ambivalent about changes to gain weight but not actively resisting</li> </ul>	
Activity and Exercise (Muscular Function)	High levels of uncontrolled exercise in context of malnutrition (>2hours/day). SUSS Test- (Score 0-1) Multiple daily episodes of vomiting and/or laxative	Moderate levels of uncontrolled exercise in context of malnutrition (>1 hours/day) SUSS Test (Score 2) Regular (=>3x per week) vomiting and/or laxative abuse	Mild levels of uncontrolled exercise in context of malnutrition (<1hour/day) SUSS Test (Score 3)	
Purging Behaviour				
Self-harm/suicidality	Self-poisoning, suicidal ideas with moderate to high risk of completed suicide	Cutting or similar behaviours, suicidal ideas with low risk for completed suicide		
Other medical conditions	Live threatening Physical condition: Confusion, Poor cognitive function, Diabetic Ketoacidosis, Haematemesis, Increased Alcohol consumption	Mild Hematemesis, Pressure Sores, Non-life threatening physical conditions.	Evidence of physical compromise, e.g. poor cognitive flexibility, poor concentration.	
	 Patient should be under Psychiatric care for treatment of ED	 Patient should be under Psychiatric care for treatment of ED	 Patient should be under Psychiatric care for treatment of ED	

