# MARSIPAN checklist for Really Sick Patients with Anorexia Nervosa

## Assessing

**Does the patient have anorexia nervosa?**
- Yes
- Not sure and psychiatric review requested

**Are there significant risk factors?**
- BMI <13 (adults) or <70% median BMI for age (under 18)?
- Recent loss of ≥1 kg for two consecutive weeks?
- Little or no nutrition for >5 days?
- Acute food refusal or <500 kcal/day for >2 days in under 18s?
- Pulse <40?
- BP low with postural dizziness?
- Core temperature <35°C?
- Na <130 mmol/L?
- K <3.0 mmol/L?
- Raised transaminase?
- Glucose <3 mmol/L?
- Raised urea or creatinine?
- ECG: e.g. bradycardia? QTc >450 ms?

**Is the patient consenting to treatment?**
- Yes
- No and assessment for compulsory detention requested

## Refeeding

**Is intensive medical care needed?**
- Yes
- No and regular risk monitoring in place

**Increased risk of refeeding syndrome?**
- Low initial electrolytes
- Low BMI (<13 or mBMI <70%)
- Significant comorbidities (e.g., infection, cardiac failure, alcoholism, uncontrolled diabetes)
  - Start at 5–10 kcal/kg/day
  - Monitor electrolytes twice daily and build up calories swiftly: avoid underfeeding

**Lower risk of refeeding syndrome?**
  - Start at 15–20 kcal/kg/day and build up swiftly
  - Avoid underfeeding syndrome

**Give all adults oral thiamine and Pabrinex®**

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

## Managing

**Are medical and psychiatric staff collaborating in care?**
- Yes
- No and psychiatric consultation awaited

**Are nurses trained in managing medical and psychiatric problems?**
- Yes
- No and appropriately skilled staff requested/training in place

**Are there behaviours that increase risk?**
- Purging behaviours
- Falsifying weight
- Disposing of feed
- Exercising
- Self-harm, suicidality
- Family distress/anxiety
- Safeguarding concerns
  - Mobilise psychiatric team to advise on management

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