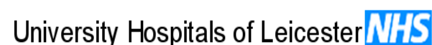
Paediatric Inpatient Eating Disorder UHL Guideline



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Contents

2. Introduction and Who Guideline Applies to: 1
3. Suspected/Confirmed Eating Disorder Pathway, Management & Referral 3
4. Care Plan 4
5. Education and Training 5
6. Monitoring Compliance 5
7. Supporting Documents and Key References 5
8. Key Words 6
Development and approval record for this document 6
Appendix 1: Risk Assessment 7
Appendix 2: 50th Centile BMI values 8
Appendix 3: Risk Assessment Framework 9
Appendix 4: Action Plan 11
Appendix 5: Patient Monitoring Diary 12
Appendix 6: Graded Meal plan 13
Appendix 7: Foods Permitted List 18
Appendix 8: Graded Meal plan (Vegan) 19
Appendix 9: Foods Permitted List (Vegan) 24
Appendix 10: Energy Content of Meal Plan – for dietetic use only, not to be shared with patients 25
Appendix 11: CAMHs Eating Disorder Team referral form 26

1. Introduction and Who Guideline Applies to:

1.1 This guideline is intended to assist in the appropriate assessment and management of children/ adolescents admitted to UHL with anorexia and other eating disorders (ED).

1.2 As per NICE guideline (NE69, 2017), individuals with an eating disorder whose physical health is severely compromised should be admitted for medical stabilisation and to initiate refeeding. (See appendix 3 for risk assessment framework).

1.3 The aim of this guideline is to improve and provide consistent care for all patients presenting with an ED and to highlight the role of each speciality involved, primarily Medical teams (both inpatient and emergency department), Nursing teams, Dietetics and the Children and Adolescent Mental Health Service (CAMHS).

1.4 This guideline is suitable for use in paediatric patients (up to 18 years of age) who present with a suspected/confirmed diagnosis of an ED.

1.5 ED in children and young people are associated with significant physical and psychological morbidity and mortality. Those who present with an ED will often be very under-nourished and refeeding syndrome can occur in this vulnerable group of patients if it is not identified and treated appropriately. It is the responsibility of the medical team (and the Dietitians if already involved in the care of an inpatient) to identify patients who may be at risk of refeeding syndrome. Each patient will require a risk assessment for re-feeding syndrome as part of their overall ED assessment (see Paediatric refeeding

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guideline trust ref: B19/2019). Risk assessment should be completed by the medical team to first assess the individual on presentation.

1.6 This clinical guideline does not replace an individual dietetic assessment and referral to the Dietitian is required as soon as possible for assessment. Referrals must be made via ICE (electronic referral system) and a follow up telephone call/ answerphone message can be left informing team of admission on 0116 258 5400. Dietitians will respond within 48 hours of receipt of a referral.

1.7 If food and oral nutritional supplements (ONS) are refused for 24 hours after Dietetic assessment, a Nasogastric tube (NGT) should be considered following discussion with the wider team (Royal College of Physicians, 2022), balancing risk and wishes of the parent/young person. Such a discussion may help to improve co-operation in accepting normal diet or ONS. If an NGT is placed, feeds should be commenced as per re-feeding guidelines and re-feeding bloods monitored daily. Please follow the plan provided and contact the Dietitian if there are concerns that the feed is not tolerated (e.g. causing vomiting/diarrhoea).

1.8 Oral and enteral feeds must not be started in patients on specialised diets such as those on Ketogenic diets for intractable epilepsy, or an inherited metabolic disease/disorder e.g. Phenylketonuria or patients with a known food allergy until assessed by a Dietitian who will advise on feeding in these patient groups.
Please note: Fictitious reporting of food allergies/intolerances and dietary restrictions are extremely common in this patient group. Any restriction should be clarified with a parent/guardian who can advise that it was in place prior to development of ED symptoms and have an underpinning diagnosis.

1.9 CAMHS referrals should be made promptly once an ED is suspected. A named Consultant should be allocated to the patients case to ensure the appropriate referrals are made and that care is escalated as needed.

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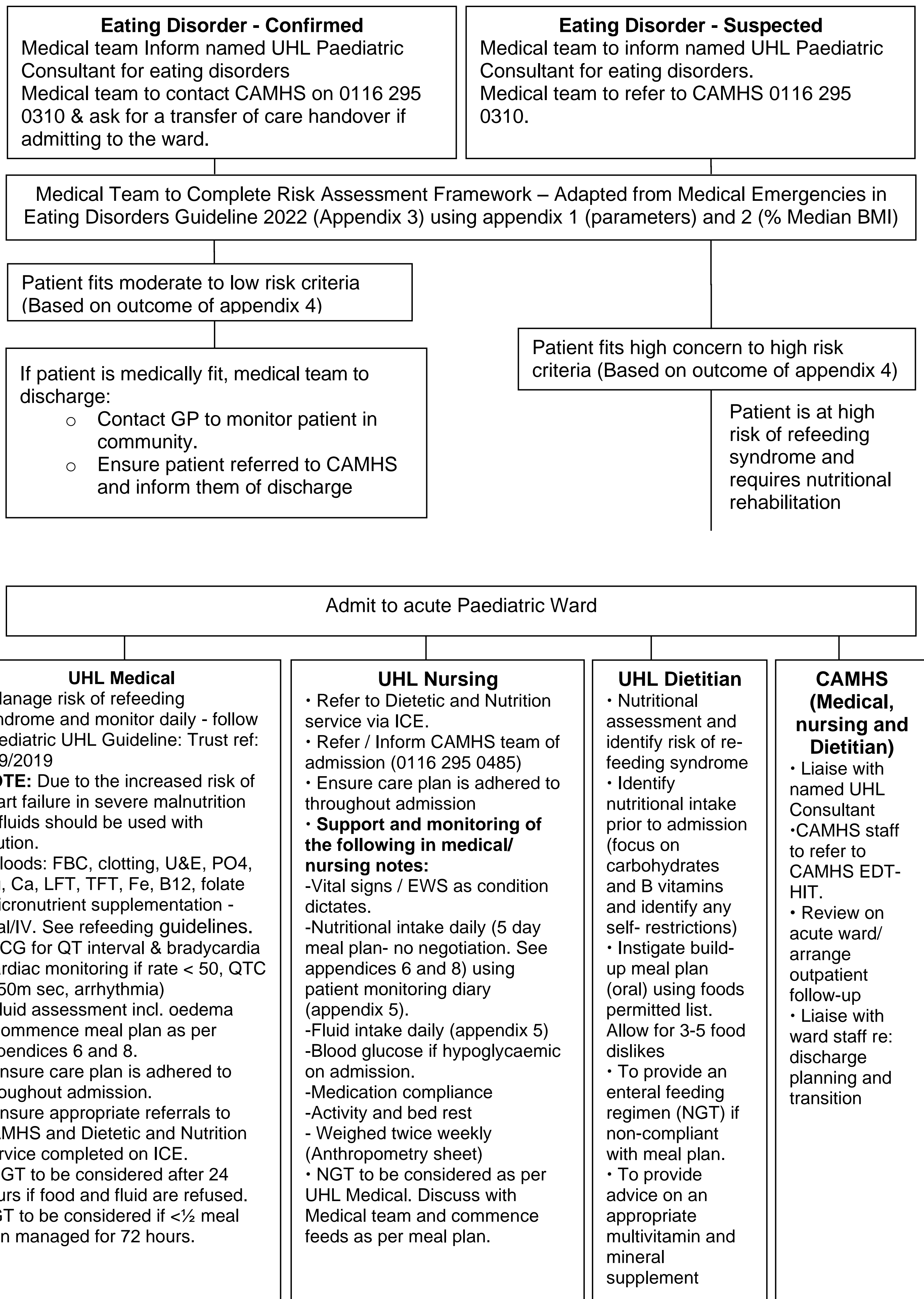
2. Suspected/Confirmed Eating Disorder Pathway, Management & Referral



3. Care Plan

Ward staff to ensure the following is adhered to throughout admission:

Graded Meal Plans **(see Appendix 6 and 8)**	All patients are to start at 1400kcals and will reach 2400kcals by day five. Underfeeding increases the time period in which refeeding complications are most likely to occur and contributes to increased cardiac risk.
Time limits on Meals	Time Limits: Meals 30 minutes, Snacks 15 minutes, ONS 10 minutes.
Meal time distractions	Consider limiting the use of phones during meals and snacks- however these may be beneficial to help control and manage anxiety e.g. speaking with friends
Weight Monitoring	Twice weekly weights - Minimal clothing (no shoes) - On waking and before food/ fluid consumed - After passing first urine of the day - Check pockets/ hems of clothes for heavy items N.B. Weight gain may be variable in the first week as often patients are dehydrated on admission. Expected weight gain after first week should be ~0.5-1kg per week. Weights should not be hidden from patients unless specified by the ED team. Adjustments may be made to the plan by the Dietitian to facilitate weight gain.
Foods brought into hospital	For at least the first week, the nursing staff are to choose all meals and snacks **with the parents.** Patients should not be asked what they want to eat without a parent present, unless otherwise specified. Foods brought into hospital must adhere to the food hygiene guideline and meal and snack substitutions should be approved by the Dietitian. See: **Food Hygiene for Ward/Department Kitchens Policy: B27/2004**
Fluid	Daily fluid intake should achieve 1800mls (but not exceed 2500ml). Include all drinks listed in the diet plan when calculating the total fluid intake. A suggested minimum intake is 1500ml
Nasogastric Feeds	Please contact Dietitian for review if needed (poor tolerance including pain, nausea, vomiting or diarrhoea related to feeds) If food and ONS are refused for 24 hours, an NGT should be considered after discussion with the wider team and ONS can be given as a bolus feed immediately after each mealtime or as a larger bolus at the end of a day.
Documentation	Use food, fluid and patient monitoring diary (see Appendix 5) to document food and fluid eaten and any uneaten food, as well as any unusual behaviours/ interactions/ relationships.
Exercise	Patients to rest as much as possible - ensure no excessive standing at bedside, long walks or long toilet breaks.
Toileting	Toilet: Use before meals, should not be used during or one hour after meals and 30 minutes after snacks.

4. Education and Training

Additional training or experience in eating disorders, managing difficult behaviour or motivational interviewing would be beneficial when assessing and reviewing this patient group, but it is not essential.

The purpose for admission to an acute ward is for medical stabilisation only and psychological input should be given only by those suitable qualified e.g. CAMHS/ Psychiatry.

5. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Datix incidents – Paediatric Dietitians to Datix if children identified at being at risk of refeeding syndrome do not have their serum Na, K, Mg, PO4 , Ca checked initially or continued daily until full feeds are met and the above electrolytes are within range.	Number of Datix incidents related to refeeding syndrome/management of refeeding syndrome in paediatric patients. To be obtained via Patient Safety Team.	Senior Specialist Dietitian (Paediatrics)	Quarterly	To report back to the Childrens Hospital on trends as indicated.

6. Supporting Documents and Key References

National Institute for Health and Care Excellence (NICE Guidelines), 2017. *Eating disorders: recognition and treatment*. [online] Available at: <https://www.nice.org.uk/guidance/ng69> [Accessed 6 October 2023].

Royal College of Physicians, 2022. *Medical Emergencies in Eating Disorders: Guidance on Recognition and Management.* RCPsych College Report [CR233]. 2022. Available at: https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr233 [Accessed 6 October 2023].

Starship Inpatient Eating Disorders Team, 2011. Starship Children's Health Clinical Guideline. ANOREXIA / EATING DISORDERS - INPATIENT MANAGEMENT.

University Hospitals of Leicester: Food Hygiene for Ward/Department Kitchens Policy: B27/2004

University Hospitals of Leicester: Guideline to identify and manage paediatric inpatients who are at risk of refeeding syndrome. Trust reference: B19/2019

University Hospitals of Leicester: Guideline for Treating Patients with Anorexia Nervosa when Admitted as a Medical Emergency. Trust reference E2/2012

7. Key Words

Paediatric Eating Disorder, Anorexia, Refeeding syndrome, Re-feeding, Meal plan, Nasogastric tube, NG, Enteral, CAMHS, MEED, Junior Marsipan, Malnourished, Underweight, food refusal.

Development and approval record for this document			
Author / Lead Officer:	Harshidh Daya - Dietitian Hannah Harding - Dietitian Katie Sellens - Senior Dietitian	**Executive lead:** Chief Nurse	
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REVIEW RECORD			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
May 2023	**1**	Rachel Fox, Senior Specialist Dietitian Cathy Steele, Dietetic Head of Service Children's Hospital & ED clinical guidelines group.	New document
March 2024	**2**	Katie Sellens	• Scope changed from up to 16 years to up to 18 years of age. • UHL Medical - NGT to be considered after 24 hours if food and fluid are refused. NGT to be considered if <½ meal plan managed for 72 hours. (previously NGT to be considered if <½ meal plan managed) • UHL Nursing - -Nutritional intake daily (5-day meal plan- no negotiation. (Previously 3 day). NGT to be considered as per UHL Medical. (Previously NGT to be considered after 24 hours if <1/2 meal plan managed.) • UHL Dietitian - Added - Liaise with ward staff re: discharge planning and transition. • Graded meal plans to start at 1400 kcals, previously 1200, to reach 2400 (previously 2000 or 2400) by day 5 (previously day 3). Removed age specific recommendation and pre- portioning of main meals. • Expected weight gain after first week should be ~0.5-1kg per week (previously 1kg). Added Weights should not be hidden from patients unless specified by the ED team. • Added - Patients should not be asked what they want to eat without a parent present, unless otherwise specified and Foods brought into hospital must adhere to the food hygiene guideline and meal and snack substitutions should be approved by the Dietitian. • NGT should be considered after D/W wider team and option to give ONS as a larger bolus at the end of the day now available. • Graded meal plans updated & added a vegan option • Foods permitted list updated & vegan option • Energy content of meal plans updated. • Added CANHS referral form

Appendix 1: Risk Assessment.
To be Completed at Time of Admission

PATIENT IDENTIFICATION

NAME: ______________________________

S NUMBER: __________________________

NHS NUMBER: ________________________

DOB: _______________________________

Key Parameters	
Sitting blood pressure:	**Standing blood pressure:**
Sitting Pulse rate:	**Standing pulse rate:**
Respiration rate:	**Temperature:**
Weight:	**Height in meters:**
BMI = Weight kg/ (Height m)^2	**% Median BMI** = Actual BMI x 100 / Median BMI (50th percentile) for age and gender (see appendix 2)

Appendix 2: 50th Centile BMI values

- Needed to calculate % median BMI

		Female
9	16.037	16.399
9.25	16.125	16.515
9.5	16.219	16.637
9.75	16.318	16.765
10	16.423	16.898
10.25	16.533	17.036
10.5	16.648	17.179
10.75	16.768	17.327
11	16.892	17.478
11.25	17.02	17.634
11.5	17.154	17.793
11.75	17.291	17.954
12	17.433	18.117
12.25	17.579	18.281
12.5	17.729	18.446
12.75	17.881	18.61
13	18.037	18.772
13.25	18.194	18.932
13.5	18.354	19.09
13.75	18.514	19.244
14	18.675	19.395
14.25	18.836	19.542
14.5	18.997	19.684
14.75	19.158	19.822
15	19.317	19.955
15.25	19.475	20.083
15.5	19.632	20.206
15.75	19.786	20.324
16	19.938	20.438
16.25	20.087	20.547
16.5	20.234	20.652
16.75	20.378	20.751
17	20.519	20.847
17.25	20.656	20.938
17.5	20.791	21.026
17.75	20.923	21.11
18	21.052	21.19
18.25	21.178	21.267
18.5	21.301	21.342
18.75	21.422	21.413
19	21.54	21.482
19.25	21.655	21.548
19.5	21.768	21.612
19.75	21.878	21.674
20	21.986	21.735

Appendix 3: Risk Assessment Framework, Adapted from Medical Emergencies in Eating Disorders (MEED)

University Hospitals of Leicester NHS
NHS Trust

	Red: High impending risk to life	Amber: Alert to high concern for impending risk to life	Green: low impending risk to life
BMI and weight	Under 18 years: % mBMI <70% Over 18: BMI <15	BMI and weight Under 18 years: % mBMI <80% Over 18: BMI <15	BMI and weight Under 18 years: % mBMI < 80% Over 18: BMI <15
Weight loss	Recent loss of weight of ≥1kg/week for 2 weeks (consecutive) in an undernourished patient34 Rapid weight loss at any weight, e.g. in obesity or ARFID	Recent loss of weight of 500–999g/week for 2 consecutive weeks in an undernourished patient	Recent weight loss of <500gr/week or fluctuating weight
HR and rhythm	<40	40-50	>50
Cardiovascular health	Standing systolic BP below 0.4th centile for age or less than 90 if 18+, associated with recurrent syncope and postural drop in systolic BP of >20mmHg or increase in HR of over 30bpm (35bpm in <16 years)	Standing systolic BP <0.4th centile or <90 if 18+ associated with occasional syncope; postural drop in systolic BP of >15mmHg or increase in HR of up to 30bpm (35bpm in <16 years)	• Normal standing systolic BP for age and gender with reference to centile charts • Normal orthostatic cardiovascular changes • Normal heart rhythm
Assessment of hydration status	• Fluid refusal • Severe dehydration (10%): reduced urine output, dry mouth, postural BP drop (see above), decreased skin turgor, sunken eyes, tachypnoea, tachycardia	Orthostatic ↓in systolic BP of ≥15mmHg Orthostatic ↑ in HR of up to 30 bpm	Normal orthostatic cardiovascular changes but pre-syncopal symptoms
Temperature	<35.5°C tympanic or 35.0°C axillary	<36°C	≥36°C
Muscular function SUSS Test	Unable to sit up from lying flat, or to get up from squat at all or only by using upper limbs to help (Score 0 or 1)	Unable to sit up or stand from squat without noticeable difficulty (Score 2)	Able to sit up from lying flat and stand from squat with no difficulty (Score 3)

a. Patients with inappropriately normal/high HR for degree of underweight are at even higher risk (hypovolaemia). HR may also be ↑purposefully by consuming excess caffeine in coffee or other drinks. Jackson et al, 2007.

Muscular function: Hand grip strength Muscular function: MUAC	Male <30.5kg, Female <17.5kg (3rd percentile) <18cm (approx. BMI <13)	Male <38kg, Female <23kg (5rd percentile) 18-20cm (approx. BMI <15.5)	Male >38kg, Female >23kg >20cm (approx. BMI >15.5)
EEG abnormalities	• **<18 years**: QTC > 460ms (female), 450ms (male) • **18+ years**: QTc >450ms (females), 430ms (males) • And any other significant ECG abnormality	• **<18 years**: QTC > 460ms (female), 450ms (male) • **18+ years**: QTc >450ms (females), >430ms (males) • And no other EEG anomaly • Taking medication known to prolong QTc interval	• **<18 years**: QTC <460ms (female), 450ms (male) • **18+ years**: QTc <450ms (females), <430ms (males)
Biochemical abnormalities	↓K (<2.5mmol/L),↓PO4, ↓Na,↓Ca, ↓alb, ↓gluc (<3mmol/L), HbA1c >10% in diabetes	none	None
Haematology	• Low white cell count • Haemaglobin <10g/L	none	none
Disordered Eating	Acute food refusal, or est. intake 500kcal/d for >2 days	None	None
Engagement	• Physical struggles with others over nutrition or exercise restriction • Harm to self • Poor insight or motivation • Fear leading to resistance to weight gain • Inability for staff/carers to implement prescribed meal plan	• Poor insight or motivation • Resistance to weight gain • Staff or parents/carers unable to implement meal plan prescribed • Some insight and motivation to tackle eating problems • Fear leading to some ambivalence but not actively resisting	• Some insight and motivation to tackle eating problems • May be ambivalent but not actively resisting
Activity & exercise	>2 hours a day uncontrolled exercise (in the context of malnutrition)	>1 hour per day (in the context of malnutrition)	<1 hour per day (in the context of malnutrition)
Mental health	Self-harm and suicidal ideation with moderate to high risk of completed suicide	Cutting or similar behaviours, suicidal ideas with low risk of completed suicide	
Total Score for each column			

Appendix 4: Action Plan

PATIENT IDENTIFICATION

NAME: ______________________________

S NUMBER: __________________________

NHS NUMBER: ________________________

DOB: _______________________________

Please consider admission as an inpatient if >1 high risk criteria are met.

Action Plan				
Risk Assessment discussed with senior clinician. *Please provide name*				
Overall Risk Assessment using senior clinician's clinical judgement and table above. *Please circle risk category*	Red Very High risk	Amber High risk	Green Moderate risk	Blue Low risk
CAMHS *Please circle if appropriate*	Referral to CAMHS		Known to CAMHS & contacted	
Discharge to GP for follow up				
Admit				

Appendix 5: Patient Monitoring Diary

NAME: ______________________ **S NUMBER:** _____________________ **NHS NUMBER:** ___________________ **DOB:** ________________

Time	**Food/Fluid given**	**Amount eaten**	**Notes on Activity/ Bed rest**	**Bathroom trips** (note any concerns eg. long trips to the toilet, toilet directly after the meal)

Day 1:

Meal	Oral Diet Plan	Supplement (Fortisip Compact)
Breakfast (0800hrs)	1 x box cereal/ 30g ready brek/ 2 weetabix with minimum 150ml semi-skimmed milk AND 1 banana	120ml
Snack (1030hrs)	Snack from foods permitted list	60ml
Lunch (1230hrs)	1 hot meal portion OR 1 sandwich	140ml
Snack (1430hrs)	Snack from foods permitted list	60ml
Dinner (1700hrs)	1 main meal portion	140ml
Snack (2000hrs)	Snack from foods permitted list	60ml
Total		580ml
The food is the treatment therefore ALL of the food given must be eaten. **If half of the meal/snack is not eaten within the time frames given below, then the full ONS is to be given immediately** **If more than half but less than the full meal/snack is eaten within the time frames given below, then give ½ volume of ONS immediately** **Snack = 15min, Meal 30min** **DO NOT NEGOTIATE WITH THE PATIENT OR FAMILY.**		

Fluid
Offer 250mls to drink with each meal and snack
Include any ONS given in total fluid
In the first week of refeeding, it is recommended to avoid fruit juices, energy drinks and hot chocolates due to their potential impact towards refeeding syndrome.

Minimum: 1500mls
Ideal intake: 1800mls – 2000mls
Do not exceed: 2500mls

Record all food and fluid consumed, and note any food not eaten.

Day 2:

Meal	Oral Diet Plan	Supplement (Fortisip Compact)
Breakfast (0830hrs)	2 x box cereal/ 60g ready brek/ 3 weetabix with 150ml semi-skimmed milk AND 1 slice of toast with butter and jam	170ml
Snack (1030hrs)	Snack from foods permitted list	80ml
Lunch (1230hrs)	1 main meal portion OR 1 sandwich	140ml
Snack (1430hrs)	Snack from foods permitted list	80ml
Dinner (1700hrs)	1 main meal portion,	140ml
Snack (2000hrs)	Snack from foods permitted list	80ml
Total		690ml
The food is the treatment therefore ALL of the food given must be eaten. **If half of the meal/snack is not eaten within the time frames given below, then the full ONS is to be given immediately** **If more than half but less than the full meal/snack is eaten within the time frames given below, then give ½ volume of ONS immediately** **Snack = 15min, Meal 30min** **DO NOT NEGOTIATE WITH THE PATIENT OR FAMILY.**		

Fluid
Offer 250mls to drink with each meal and snack
Include any ONS given in total fluid
In the first week of refeeding, it is recommended to avoid fruit juices, energy drinks and hot chocolates due to their potential impact towards refeeding syndrome.

Minimum: 1500mls
Ideal intake: 1800mls – 2000mls
Do not exceed: 2500mls

Record all food and fluid consumed, and note any food not eaten.

Day 3:

Meal	Oral Diet Plan	Supplement (Fortisip Compact)
Breakfast (0830hrs)	2 x box cereal/ 60g ready brek/ 3 weetabix with 150ml semi-skimmed milk AND 1 slice of toast with butter and jam	170ml
Snack (1030hrs)	Snack from foods permitted list	80ml
Lunch (1230hrs)	1 main meal portion with sides OR 1 sandwich with crisps and 1 fruit portion	180ml
Snack (1430hrs)	Snack from foods permitted list	80ml
Dinner (1700hrs)	1 full main meal portion with sides	180ml
Snack (2000hrs)	Snack from foods permitted list	80ml
Total		770ml
The food is the treatment therefore ALL of the food given must be eaten. **If half of the meal/snack is <u>not eaten</u> within the time frames given below, then the full ONS is to be given immediately** **If more than half but less than the full meal/snack is eaten within the time frames given below, then give ½ volume of ONS immediately** **Snack = 15min, Meal 30min** **DO NOT NEGOTIATE WITH THE PATIENT OR FAMILY.**		

Fluid
Offer 250mls to drink with each meal and snack
Include any ONS given in total fluid
In the first week of refeeding, it is recommended to avoid fruit juices, energy drinks and hot chocolates due to their potential impact towards refeeding syndrome.

Minimum: 1500mls
Ideal intake: 1800mls – 2000mls
Do not exceed: 2500mls

Record all food and fluid consumed, and note any food not eaten.

Day 4:

Meal	Oral Diet Plan	Supplement (Fortisip Compact)
Breakfast (0830hrs)	2 x box cereal/ 60g ready brek/ 3 weetabix with 150ml semi-skimmed milk AND 1 slice of toast with butter and jam	170ml
Snack (1030hrs)	Snack from foods permitted list	80ml
Lunch (1230hrs)	1 main meal portion with sides OR 1 sandwich with crisps and 1 fruit portion	180ml
Snack (1430hrs)	Snack from foods permitted list	80ml
Dinner (1700hrs)	1 full main meal portion with sides AND 1 dessert portion	300ml
Snack (2000hrs)	Snack from foods permitted list	80ml
Total		890ml
The food is the treatment therefore ALL of the food given must be eaten. **If half of the meal/snack is <u>not eaten</u> within the time frames given below, then the full ONS is to be given immediately** **If more than half but less than the full meal/snack is eaten within the time frames given below, then give ½ volume of ONS immediately** **Snack = 15min, Meal 30min** **DO NOT NEGOTIATE WITH THE PATIENT OR FAMILY.**		

Fluid
Offer 250mls to drink with each meal and snack
Include any ONS given in total fluid
In the first week of refeeding, it is recommended to avoid fruit juices, energy drinks and hot chocolates due to their potential impact towards refeeding syndrome.

Minimum: 1500mls
Ideal intake: 1800mls – 2000mls
Do not exceed: 2500mls

Record all food and fluid consumed, and note any food not eaten.

Day 5:

Meal	Oral Diet Plan	Supplement (Fortisip Compact)
Breakfast (0830hrs)	2 x box cereal/ 60g ready brek/ 3 weetabix with 150ml semi-skimmed milk AND 1 slice of toast with butter and jam	170ml
Snack (1030hrs)	Snack from foods permitted list	80ml
Lunch (1230hrs)	1 main meal portion with sides OR 1 sandwich with crisps and 1 fruit portion AND 1 dessert option	300ml
Snack (1430hrs)	Snack from foods permitted list	80ml
Dinner (1700hrs)	1 full main meal portion with sides AND 1 dessert portion	300ml
Snack (2000hrs)	Snack from foods permitted list	80ml
Total		1010ml
The food is the treatment therefore ALL of the food given must be eaten. **If half of the meal/snack is <u>not eaten</u> within the time frames given below, then the full ONS is to be given immediately** **If more than half but less than the full meal/snack is eaten within the time frames given below, then give ½ volume of ONS immediately** **Snack = 15min, Meal 30min** **DO NOT NEGOTIATE WITH THE PATIENT OR FAMILY.**		

Fluid
Offer 250mls to drink with each meal and snack
Include any ONS given in total fluid
In the first week of refeeding, it is recommended to avoid fruit juices, energy drinks and hot chocolates due to their potential impact towards refeeding syndrome.

Minimum: 1500mls
Ideal intake: 1800mls – 2000mls
Do not exceed: 2500mls

Record all food and fluid consumed, and note any food not eaten.

Appendix 7: Foods Permitted List

<table>
<tr><td colspan="2">Day 1 Snack options</td><td>• 250ml semi-skimmed milk
• 1 pot thick & creamy yoghurt
• 1 digestive biscuit and piece of fruit
• 1 Ambrosia custard pot (order from w27 menu)
• 1 slice of toast with butter
• 1 packet crisps</td></tr>
<tr><td colspan="2">Day 2-5 Snack options</td><td>• 200ml semi-skimmed milk / 1 thick & creamy yoghurt + 1 digestive biscuit
• 2 digestive biscuits + 1 piece of fruit
• 1 cake slice/flapjack
• 1 croissant (order from w27 menu)
• 2 scoops ice cream (order from w27 menu)
• 1 x chocolate bar + 1 piece of fruit
• 2 hardboiled eggs + 1 yoghurt
• 50g houmous + 1 pack mini breadsticks or 3 regular breadsticks +/- vegetable sticks
• 70g guacamole + 1 pack mini breadsticks or 3 regular breadsticks +/- vegetable sticks
• 1 slice of toast with 2 x butter +/- jam or chocolate spread
• 1 packet of crisps + 1 x pre- portioned packet cheese
• 30g nuts</td></tr>
<tr><td>Day 4-5 Dessert Options</td><td>Ward 27 Menu</td><td>• Cake / sponge pudding / crumble / pie with custard (w27/ward menu)
• 2 x pancakes with jam or chocolate spread
• 1 croissant with 2 x butter and jam
• 4 scoops ice cream (w27) + one portion of fruit or chocolate spread
• 3 x biscuits with 1 chocolate soya dessert / yogurt</td></tr>
</table>

Day 1:

Meal	Oral Diet Plan	Supplement (Fortisip Plant Based)
Breakfast (0800hrs)	1 x box cereal/ 30g ready brek/ 2 weetabix with minimum 150ml soya milk AND 1 banana	190ml
Snack (1030hrs)	Snack from foods permitted list	100ml
Lunch (1230hrs)	1 hot meal portion OR 1 sandwich	220ml
Snack (1430hrs)	Snack from foods permitted list	100ml
Dinner (1700hrs)	1 main meal portion	220ml
Snack (2000hrs)	Snack from foods permitted list	100ml
Total		930ml

The food is the treatment therefore ALL of the food given must be eaten.

If half of the meal/snack is not eaten within the time frames given below, then the full ONS is to be given immediately
If more than half but less than the full meal/snack is eaten within the time frames given below, then give ½ volume of ONS immediately
Snack = 15min, Meal 30min

DO NOT NEGOTIATE WITH THE PATIENT OR FAMILY.

Fluid
Offer 250mls to drink with each meal and snack
Include any ONS given in total fluid
In the first week of refeeding, it is recommended to avoid fruit juices, energy drinks and hot chocolates due to their potential impact towards refeeding syndrome.

Minimum: 1500mls
Ideal intake: 1800mls – 2000mls
Do not exceed: 2500mls

Record all food and fluid consumed, and note any food not eaten.

Day 2:

Meal	Oral Diet Plan	Supplement (Fortisip Plant Based)
Breakfast (0830hrs)	2 x box cereal/ 60g ready brek/ 3 weetabix with 150ml soya milk AND 1 slice of toast with margarine and jam	270ml
Snack (1030hrs)	Snack from foods permitted list	130ml
Lunch (1230hrs)	1 main meal portion OR 1 sandwich	220ml
Snack (1430hrs)	Snack from foods permitted list	130ml
Dinner (1700hrs)	1 main meal portion,	220ml
Snack (2000hrs)	Snack from foods permitted list	130ml
Total		1100ml
The food is the treatment therefore ALL of the food given must be eaten. **If half of the meal/snack is <u>not eaten</u> within the time frames given below, then the full ONS is to be given immediately** **If more than half but less than the full meal/snack is eaten within the time frames given below, then give ½ volume of ONS immediately** **Snack = 15min, Meal 30min** **DO NOT NEGOTIATE WITH THE PATIENT OR FAMILY.**		

Fluid
Offer 250mls to drink with each meal and snack
Include any ONS given in total fluid
In the first week of refeeding, it is recommended to avoid fruit juices, energy drinks and hot chocolates due to their potential impact towards refeeding syndrome.

Minimum: 1500mls
Ideal intake: 1800mls – 2000mls
Do not exceed: 2500mls

Record all food and fluid consumed, and note any food not eaten.

NB: Paper copies of this document may not be most recent version. The definitive version is held on InSite in the Policies and Guidelines Library

Day 3:

Meal	Oral Diet Plan	Supplement (Fortisip Plant Based)
Breakfast (0830hrs)	2 x box cereal/ 60g ready brek/ 3 weetabix with 150ml soya milk AND 1 slice of toast with margarine and jam	270ml
Snack (1030hrs)	Snack from foods permitted list	130ml
Lunch (1230hrs)	1 main meal portion with sides OR 1 sandwich with crisps and 1 fruit portion	290ml
Snack (1430hrs)	Snack from foods permitted list	130ml
Dinner (1700hrs)	1 full main meal portion with sides	290ml
Snack (2000hrs)	Snack from foods permitted list	130ml
Total		1240ml
The food is the treatment therefore ALL of the food given must be eaten. **If half of the meal/snack is <u>not eaten</u> within the time frames given below, then the full ONS is to be given immediately** **If more than half but less than the full meal/snack is eaten within the time frames given below, then give ½ volume of ONS immediately** **Snack = 15min, Meal 30min** **DO NOT NEGOTIATE WITH THE PATIENT OR FAMILY.**		

Fluid
Offer 250mls to drink with each meal and snack
Include any ONS given in total fluid
In the first week of refeeding, it is recommended to avoid fruit juices, energy drinks and hot chocolates due to their potential impact towards refeeding syndrome.

Minimum: 1500mls
Ideal intake: 1800mls – 2000mls
Do not exceed: 2500mls

Record all food and fluid consumed, and note any food not eaten.

Day 4:

Meal	Oral Diet Plan	Supplement (Fortisip Plant Based)
Breakfast (0830hrs)	2 x box cereal/ 60g ready brek/ 3 weetabix with 150ml soya milk AND 1 slice of toast with margarine and jam	270ml
Snack (1030hrs)	Snack from foods permitted list	130ml
Lunch (1230hrs)	1 main meal portion with sides OR 1 sandwich with crisps and 1 fruit portion	290ml
Snack (1430hrs)	Snack from foods permitted list	130ml
Dinner (1700hrs)	1 full main meal portion with sides AND 1 dessert portion	480ml
Snack (2000hrs)	Snack from foods permitted list	130ml
Total		1430ml
The food is the treatment therefore ALL of the food given must be eaten. **If half of the meal/snack is <u>not eaten</u> within the time frames given below, then the full ONS is to be given immediately** **If more than half but less than the full meal/snack is eaten within the time frames given below, then give ½ volume of ONS immediately** **Snack = 15min, Meal 30min** **DO NOT NEGOTIATE WITH THE PATIENT OR FAMILY.**		

Fluid

Offer 250mls to drink with each meal and snack
Include any ONS given in total fluid
In the first week of refeeding, it is recommended to avoid fruit juices, energy drinks and hot chocolates due to their potential impact towards refeeding syndrome.

Minimum: 1500mls
Ideal intake: 1800mls – 2000mls
Do not exceed: 2500mls

Record all food and fluid consumed, and note any food not eaten.

Day 5:

Meal	Oral Diet Plan	Supplement (Fortisip Plant Based)
Breakfast (0830hrs)	2 x box cereal/ 60g ready brek/ 3 weetabix with 150ml soya milk AND 1 slice of toast with margarine and jam	270ml
Snack (1030hrs)	Snack from foods permitted list	130ml
Lunch (1230hrs)	1 main meal portion with sides OR 1 sandwich with crisps and 1 fruit portion AND 1 dessert option	480ml
Snack (1430hrs)	Snack from foods permitted list	130ml
Dinner (1700hrs)	1 full main meal portion with sides AND 1 dessert portion	480ml
Snack (2000hrs)	Snack from foods permitted list	130ml
Total		1620ml
The food is the treatment therefore ALL of the food given must be eaten. **If half of the meal/snack is <u>not eaten</u> within the time frames given below, then the full ONS is to be given immediately** **If more than half but less than the full meal/snack is eaten within the time frames given below, then give ½ volume of ONS immediately** **Snack = 15min, Meal 30min** **DO NOT NEGOTIATE WITH THE PATIENT OR FAMILY.**		

Fluid
Offer 250mls to drink with each meal and snack
Include any ONS given in total fluid
In the first week of refeeding, it is recommended to avoid fruit juices, energy drinks and hot chocolates due to their potential impact towards refeeding syndrome.

Minimum: 1500mls
Ideal intake: 1800mls – 2000mls
Do not exceed: 2500mls

Record all food and fluid consumed, and note any food not eaten.

Day 1 Snack options	• 300ml soya milk • One pot soya yoghurt and piece of fruit • One digestive biscuit and piece of fruit • One slice of toast with margarine • One packet crisps • Bourbon biscuits x 3 • Soya custard 150g
Day 2-5 Snack options	• Vegan cake slice/flapjack • 200ml soya milk / soya yoghurt + two digestive biscuits • 200g soya yoghurt + two portions of fruit • Two digestive biscuits + one piece of fruit • One slice of toast with 2 x margarine and jam • One packet of crisps with 40g vegan cheese • 50g houmous + 1 pack mini breadsticks or 3 regular breadsticks +/- vegetable sticks • 70g guacamole + 1 pack mini breadsticks or 3 regular breadsticks +/- vegetable sticks • 2 hardboiled eggs + 125g soya yoghurt **or** 40g houmous
Day 4-5 Dessert options	• DF flapjack (w27) with soya custard • Apple crumble (w27) with soya custard (brought in) • DF cake slice with soya custard (brought in) • 2 x chocolate soya desserts / soya yogurts with 200mls soya milk • 3 x biscuits with 1 chocolate soya dessert / soya yogurt • 4 scoops dairy free ice cream (brought in) + one portion of fruit or chocolate spread

Appendix 10: Energy Content of Meal Plan – for dietetic use only, not to be shared with patients

Graded Meal plan

Day 1: ~1400kcal

Day 2: ~1650kcal

Day 3: ~1850kcal

Day 4: ~ 2100kcal

Day 5: ~ 2400kcal

Final aim:

Breakfast: ~400kcal

Morning snack: ~200kcal

Lunch: ~720kcal

Afternoon snack: ~200kcal

Evening meal: ~720kcal

Evening snack: ~200kcal

Leicestershire Partnership
NHS Trust

A University Teaching Trust

Child and Adolescent Mental Health Service
Eating Disorders Team (CAMHS)
Mawson House
62-68 Valence Road
Leicester
LE3 1AR
Tel: 0116 295 0310
Fax: 0116 295 0311

Child and Adolescent Eating Disorders Service
Referral form

Referrer Details	**Is** the patient/parents/carer aware of the referral ☐ **Yes** ☐ **No**
Name of referrer:	
Referral Details	
Name:	**Address**:
DOB:	**NHS number**:
Date of referral:	What is the current meal plan:
Is patient open to CAMHS?	Are there any additional physical or mental health diagnoses?:
Referral priority: ☐ Routine Referral ☐ Urgent Referral	**Current medication:**
Reason for referral [in addition to screening checklist overleaf]:	
History Of Rapid Weight Loss: Please Quantify (example: ½ kg/week, ½-1kg, 1kg / week) including duration:	

Eating disorder symptoms please complete the following information:

Blood pressure … Pulse …

Weight: kg

Height: **cm**

Scoff Questionnaire: Please ask patient and mark boxes as appropriate

Do you make yourself sick because you feel uncomfortably full	☐ Yes	No ☐
Do you worry you have lost control over how much you eat?	☐ Yes	No ☐
Have you lost more than one stone in a three-month period?	☐ Yes	No ☐
Do you believe yourself to be fat when others say you are thin?	☐ Yes	No ☐
Would you say that food dominates your life?	☐ Yes	No ☐

Symptom Checklist [Please tick]

- ☐ **Restricted food intake**
- ☐ **Distorted body image**
- ☐ **Restricted fluid intake**
- ☐ **Significantly overweight**
- ☐ **Bingeing**
- **Other please state: i.e. pregnancy**
- ☐ **Vomiting/purging**
- ☐ **Diuretic / Diet pills / Laxative abuse**
- ☐ **Amenorrhoea**
- ☐ **Excessive exercise**
- ☐ **Below normal body weight**
- ☐ **Self harm**
- ☐ **Suicidal ideation (please state current management of)**

Physical checklist

- ☐ Weakness, fatigue*
- ☐ Dizziness, faintness*
- ☐ Impaired concentration
- ☐ Frequent sore throats
- ☐ Unexplained Abdominal Pain
- ☐ Diarrhoea/constipation
- ☐ Shortness of breath*
- ☐ Palpitations*
- ☐ Chest Pain*
- ☐ Amenorrhoea*
- ☐ Cold intolerance

Signed Date