LRI Emergency Department

Suspected Eating Disorders of Patients Under 18 Years UHL Childrens Emergency Department Guideline

Staff relevant to:	**ED Medical and Nursing Staff**
ED senior team approval date:	**EDGC 26th October 2022**
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LRI Emergency Department

Proforma to Guide the Assessment and Management of Patients <18 yrs with Known or Suspected Eating Disorders

Based on MEED Guidance 2022

Produced by Jennifer Mann
Approval: ED Guidelines Committee Oct 2022
Review date: Oct 2023. Trust Ref: C62/2022

Full name:

DOB:

Unit number:

Use patient addressograph label if available

1. Record key observations *(use charts to right side)*

2. History (*use bullet key points)*

**If you need more space, please use a continuation sheet*

Past Medical History.
[ ] Diabetes Type 1 / 2 *(circle)*
[ ] Cardiovascular disease
[ ] Autistic Spectrum Disorder
[ ] MH Disorder *(state)*
[ ] Other *(state)*

Ask specifically about:

1. *Key psychological symptoms (body image disturbance, dietary restriction, weight loss and compensatory behaviours - self induced vomiting, dysfunctional exercise, laxative / diuretic abuse) Fear may lead the patient to falsify their weight and over-exercise*
2. *Mood changes (feeling anxious, depressed, difficulties with concentration or memory)*
3. *Thoughts of self harm or suicide. Suicidal ideation is common in eating disorders*

3. Examination findings

Beware - patients near to death often appear well. Look for the following:

1. *Signs of dehydration (dry mouth, reduced urine output, reduced skin turgor, sunken eyes)*
2. *Signs of fluid overload seen in refeeding (shortness of breath, hepatomegaly, peripheral oedema)*
3. *Evidence of self harm*
4. *Patients have an extremely powerful drive to exercise so they may appear very energetic right up until collapse*
5. *A heart rate within normal range may reflect anxious patients who are at baseline bradycardic*

Completed by………………………………Role:...............................Date:..../..…/.….

Observations

Sats	
RR	
HR	
BP	*Lying* *Standing*
GCS	E M V
Temp	

Beware bradycardia with hypotension

Escalate to ST4+ for review
Avoid large fluid boluses in these patients if shocked due to reduced cardiac function

Glucose:
(<3 Red flag)

Ketones:
(if glucose <4)

Hypoglycaemia in conscious:
- Sugary drink *or*
- Carbohydrate snack *or*
- Give 1 tube Glucogel *or*
- Consider NG / IV routes

If consciousness impaired
- Give 1 tube Glucogel
- 2 ml/kg 10% Glucose IV

Remember to recheck glucose

Age	
Weight	
Height	

Systolic BP centile:
(see attached chart)

*Now download the **Junior MARSiPAN** app on your mobile to calculate the following:*

%mBMI:

4. Investigations

Tick to confirm performed:

[ ] ECG
[ ] Blood gas
[ ] FBC, UE, CRP
[ ] LFT, Bone, Mg
[ ] *HbA1C if Diabetic*

5. Blood Gas

pH:	Glu:	K:
pCO2:	Lac:	Cl:
HCO3:	Na:	Ca:

*Circle any abnormality

6. ECG Interpretation

	QTc:

*Look out for **Hypokalaemia** changes (shown above)*

7. Lab Blood Results - *Red flags shown in brackets - circle if present and seek senior advice*

Hb: (<10)	Plat:	Ur:	ALT: (>3 x n)	Ca: (<2.2)	CRP:
WCC: (<4)	Na: (<135)	Cr:	Alb: (<34)	Phos: (<0.8)	Other:
Neut:	K: (<2.5)	AlkP: (>3 x n)	Bili:	Mg: (<0.7)	

8. Medical Emergencies in Eating Disorders Risk Assessment Framework

Please tick any features present and use the outcome chart below to guide further decision making

Criteria		Green - low risk to life		Amber - intermediate risk to life		Red - high risk to life
Weight		m%BMI >80% Weight loss <500g / wk Fluctuating weight		m%BMI 70-80% Weight loss 500g-999g / wk for 14 days In undernourished patient		m%BMI <70% Weight loss >1 kg / wk for 14 days Rapid weight loss at any weight Acute food refusal >24 hours Calorie intake <500 kcal for 2 days
Hydration		Minimal fluid restriction Mild dehydration (<5%)		Severe fluid restriction Moderate dehydration (5-10%)		Fluid refusal Severe dehydration (10%)
CVS		HR (awake) over 50 bpm Normal standing systolic BP Normal orthostatic postural change Normal heart rhythm		HR (awake) 40-50 bpm Standing systolic BP <0.4th age centile with occasional syncope Moderate orthostatic changes: *Postural drop in systolic >15 mmHg or increase in HR up to 35 bpm if <16 yrs or up to 30 bpm if < 16 yrs*		HR (awake) < 40 bpm Standing systolic BP <0.4th age centile with recurrent syncope Marked orthostatic changes: *Postural drop in systolic >20 mmHg or increase in HR of over 35 bpm if <16 yrs and over 30 bpm if >16 yrs*
ECG		QTc <460 female, < 450 male No ECG abnormalities		QTc >460 female, >450 male with no other ECG abnormalities On medication which prolongs QTc		QTc >460 female, >450 male with other ECG abnormalities
General exam		Temperature > 36'C SUSS* Test score 3 Evidence of physical compromise eg. poor concentration		Temperature < 36'C SUSS* Test score 2 Non life threatening physical compromise eg. mild haematemesis or pressure sores		Temperature <35.5'C (ear) or <35'C axilla SUSS* Test score 1 or 0 Life threatening medical condition eg. severe haematemesis, acute confusion
Other features established during patient assessment		Daily dysfunctional exercise < 1 hr Has insight and motivation to tackle eating problems May be ambivalent but not resisting		Daily dysfunctional exercise 1-2 hrs Some insight or motivation Fear leading to ambivalence but not actively resisting weight gain Regular vomiting and / or laxative abuse Self harm with low risk of suicide		Daily dysfunctional exercise > 2 hrs Poor insight or motivation Physical struggles with staff / carer Unable to follow prescribed meal plan Multiple daily vomits Self harm, poisoning or suicidal ideation
Biochemical		Normal lab blood and gas results		Abnormal but corrected lab blood / gas		Abnormal lab bloods or gas results Note hypoglycaemia is a red flag

SUSS test is Sit Up Squat Stand Test: Ability to do sit up from lying position or rise up from squatted position without using their hands. Graded 0 (unable), 1 (needs to use hands), 2 (able to do with noticeable difficulty) and 3 (can do with no difficulty.)

9. Criteria total

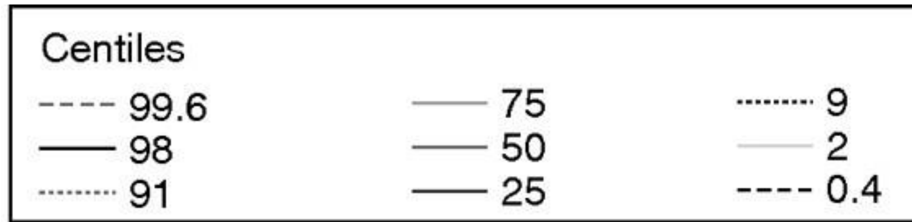
Amber	Red

Those with 2 or more Amber or 1 or more Red criteria are high risk and should be considered for medical admission

10. Outcome

All cases should be discussed with an ST4 + regarding whether acute medical admission is required
All cases should be referred to and discussed with the Mental Health Triage team *(contactable via switchboard)*
A Safeguarding Children Referral Form needs to be completed on ICE - tick here if sent [ ]

Completed by…………………………………Role:..................................Date:..../…../…..



B

Systolic blood pressure (mm Hg)

170
160
150
140
130
120
110
100
90
80
70

4 8 12 16 20 24

A

Systolic blood pressure (mm Hg)

170
160
150
140
130
120
110
100
90
80
70

4 8 12 16 20 24

Age (years)

Jackson LV, Thalange NKS, Cole TJBlood pressure centiles for Great BritainArchives of Disease in Childhood 2007;**92:**298-303.