

# **Assessment and Admission Guidelines for**

## **Eating Disorders Presentations in the**

### **Emergency Department**

Eating disorders are serious mental and physical illnesses. Most presentations are the result of medical complications associated with starvation or purging, or for suicidal risk. NSW Health identifies people with eating disorders as “Core Business” for medical and mental health service providers. Effective management of a person with an eating disorder requires close collaboration between both health care streams.

#### **Step 1: Physical assessment**

A thorough physical examination must be completed including the following physical observations and investigations:

- Body Mass Index (weight [kg]/height [m<sup>2</sup>])
- Postural blood pressure and heart rate
- ECG (including measurement of QTc interval, corrected for rate)
- Bloods including full blood count, electrolytes, glucose, renal function, liver function, thyroid function (T3, T4, TSH), calcium, magnesium, phosphate, amylase, ESR.
- Urinalysis

#### **Step 2: Consulting Endocrinology**

If any of the following are present, call the Endocrine team/registrar to determine if an admission for the management of medical instability secondary to an eating disorder is required. Criteria for Consultation with Endocrinology:

1. BP <80/40mmHg or BP 90/60mmHg plus postural drop (15mmHg).
2. BMI <14/m<sup>2</sup> in women or 16kg/m<sup>2</sup> in men plus acute medical issue (e.g. infection).
3. Significant electrolyte disturbance (i.e. serum potassium <2.5mmol/L, hypophosphatemia).
4. Haematological abnormalities such as significant anemia (Hb < 70) or bone marrow suppression (neutrophils <1).
5. LFT dysfunction (3 upper limit of normal).
6. Hypothermia (temperature < 35.5°C).
7. Renal failure
8. Symptomatic hypoglycemia (<2.7mmol/L).

9. Tachycardia (>110 standing or lying).
10. Bradycardia (<50)

### **Step 3: Mental Health Assessment**

- If the patient **is admitted** for the management of medical instability secondary to an eating disorder, CL psychiatry **MUST** be called and informed of the admission at the first available opportunity so they can assess the patient and provide management recommendations.
- If the patient is refusing treatment contact CL psychiatry for advice and/or assessment as the Mental Health Act or Guardianship Act may need to be considered.
- If the patient **is not admitted** for medical reasons but there are indications for a mental health assessment then call CL Psychiatry/Mental Health Liaison Nurse to determine if an Acute Mental Health Admission is required. **The patient must remain in the Emergency department until the Mental Health Assessment is complete.**

### **Step 4: Discharge**

- **All patients** with a suspected eating disorder who are not admitted should be discharged with the information pack for RPA Peter Beumont Eating Disorders Service.
- **Local patients (SLHD):** to be discharged call Peter Beumont Intake (P: 9515 1430) and make an appointment for an assessment within the next week along with discharge back to any treating clinicians.
- **Out of district (non-SLHD) patients:** Discharge to usual treating clinicians +/- referral to local mental health service via the Mental Health Triage Line (1800011511).

***For further clarification for admission/discharge processes see attached flow charts.***