Eating Disorders in Adolescent Patients Assessment in the Emergency Department

Procedure

MonashHealth

Who must comply with this procedure?

All Monash Health Emergency Department nursing and medical staff within their scope of practice.

This procedure applies in the following setting:

This procedure is applicable to all Monash Health staff, patients, clients and their families and carers.

Precautions and Contraindications

- Patients with eating disorders and low BMI or history of significant weight loss (i.e. 10-15%+ in 3-6 months) have altered metabolic function, low metabolic rate and are at risk of electrolyte abnormalities, particularly if there are additional compensatory behaviours such as purging or laxative abuse
- The most important initial therapy is to commence feeding – this should occur in the emergency department, after initial blood tests have been taken

Procedure

1. **History**

   a. Note eating disorder history including: (Eating disorders in Adolescent Patients – Assessment in the Emergency Department Background)

      i. Concern over weight

      ii. Dysmorphic concerns

      iii. Weight profile (with reference to percentiles if possible)

         1. current weight, pre-morbid weight, highest and lowest weight

         2. BMI, %loss of weight over time

      iv. Dietary habits

      v. Associated behaviours with eating

      vi. Weight control (weight loss regimen, exercise, pills)

      vii. Vomiting

      viii. Binge eating

   b. Risk assessment for suicide and self harm

   c. Review for medical complications (Eating disorders in Adolescent Patients – Assessment in the Emergency Department Background)

2. Physical Examination

a. Vital signs

i. Temperature, Pulse rate (lying and standing), Postural blood pressure,

ii. Weight, height (calculate BMI)

b. General physical examination (cardiovascular, respiratory, gastrointestinal, neurological)

c. Check for specific medical complications (see Eating disorders in Adolescent Patients – Assessment in the Emergency Department Background for complete list)

3. Investigations

a. 12-lead ECG

b. Blood tests – FBE, ESR, U&E. LFT, Glucose, Ca, Mg, PO_4

c. If sufficient blood is available, consider adding

i. Iron studies, B12, red cell folate, Vit D and Zn

4. Consultation

a. Adolescent medicine / Paediatrics – ***all patients***

1. Clinical advice / discussion of medical issues

2. Decision re inpatient admission vs outpatient follow-up

b. Psychiatry – selective referral

1. If behaviour placing patient or others at significant risk of harm, or concerns regarding acute mental illness (psychosis, suicidality, etc)

5. Indications for Recommendation

a. Their mental illness is placing themselves or others at risk of harm

b. This most commonly occurs in this population when medical care is refused due to anxiety over losing control or gaining weight because of treatment.

c. Detention should be used to enforce medical assessment and care which prevents harm from complications of an eating disorder

6. Disposition

a. Options for admission include monitored beds (CCU, ICU), adolescent ward beds (42 North), general medical beds or adult eating disorder unit beds.

b. Recommendations for specific bed types:

Cardiac monitoring if

Heart rate < 40 - 45

Other criteria:

Major fluid and electrolyte disturbances including low potassium (K+ < 2.5), calcium, magnesium and phosphate

Adolescent inpatient bed

Any of the following (levels above these cut-offs may still require admission – discuss with adolescent consultant / fellow as required)

Heart Rate > 30 pulse differential

Postural hypotension > 20 mmHg

Hypothermia < 36°C

Electrolyte disturbance eg. Potassium (K^+ < 3.0)

Eating disorder compensatory behaviours out of control

Social admission for family respite – may be appropriate in rare circumstances

Discuss with the adolescent and psychiatry team

7. **Feeding**
   a. Feeding the patient in the ED is a ***critical intervention***.
   b. In-hours, the eating disorder dietician can be contacted on pager # 187
   c. Please click on the following link to view meal plans / meal support strategies for the ED (R:\mmcedref\Paeds\Adolescent eating disorder management guidelines.pdf).

Keywords or tags

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