

## EMERGENCY DEPARTMENT TRIAGE

The following tests should be conducted for all patients presenting to the Emergency Department with an eating disorder. Seek consultation if there are any concerns or signs indicating admission.

| Assessment / Test Required   | Signs Indicating Need For Admission Or Consultation  |
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| Temperature  | <ul style="list-style-type: none"> <li>▪ Temperature &lt;35.5°C</li> <li>▪ Extremities look cold/blue</li> </ul>   |
| Blood pressure   | <ul style="list-style-type: none"> <li>▪ BP &lt; 70/40mm or postural drop &gt; 15mmHg</li> </ul>   |
| Pulse  | <ul style="list-style-type: none"> <li>▪ HR &lt; 50 bpm, &gt;100bpm or &gt;20bpm ↑ in HR</li> <li>▪ Check for regularity as well as rate</li> </ul>  |
| Height, weight, weight history<br>Calculate BMI Centile  | <ul style="list-style-type: none"> <li>▪ BMI Centile &lt;5<sup>th</sup></li> <li>▪ Rapid weight loss (e.g., &gt; 1kg/week over several weeks)</li> </ul>   |
| Bloods<br>(UEC, FBC, LFTs, magnesium and phosphate)  | <ul style="list-style-type: none"> <li>▪ Low serum potassium (≤3.0mmol/L); low serum phosphate or BSL &lt;3.0mmol/L</li> <li>▪ Other significant electrolyte disturbance</li> </ul>  |
| ECG  | <ul style="list-style-type: none"> <li>▪ ECG rate &lt;50; Prolonged QTc interval &gt;450msecs</li> <li>▪ Arrhythmia</li> </ul>   |
| Other medical criteria   | <ul style="list-style-type: none"> <li>▪ Moderate-severe dehydration; ceased fluid intake</li> <li>▪ Ketosis</li> <li>▪ Other physical conditions e.g., pregnancy, diabetes</li> </ul>   |
| Brief history of eating disorder including extent of purging behaviours and past treatment                                       | <ul style="list-style-type: none"> <li>▪ BN with out of control vomiting</li> <li>▪ Vomiting more than 4 times a day</li> <li>▪ Weight loss of &gt;1kg/week for four weeks</li> </ul>  |
| Assess psychiatric comorbidity, e.g., depression, OCD, psychosis<br>Risk assessment of suicidality, self-harm and harm to others | <ul style="list-style-type: none"> <li>▪ Moderate to high suicidal ideation</li> <li>▪ Active self-harm</li> <li>▪ Moderate to high agitation and distress</li> <li>▪ Other psychiatric condition requiring hospitalisation</li> </ul> |
| Other  | <ul style="list-style-type: none"> <li>▪ Aversive family relationships or severe family stress or strain</li> </ul>  |

### WHO TO INVOLVE

If any of the above signs arise, it is essential that you involve a consultant with expertise in this area. If there are no systems set up in your local Area, please contact the following hospitals and ask for the eating disorders consultant (available 24 hours per day, 7 days per week):

The Children's Hospital Westmead (patients 12-16 years), Ph: 98450000  
Westmead Hospital (patients 15-18 years), Ph: 98455555

### INDICATIONS FOR COMMUNITY REFERRAL

If the patient is medically and psychologically stable and does not require a hospital admission, it is recommended that the patient be referred to their GP and considered for referral to the local CAMHS and local Dietitian. If there are no CAMHS clinicians locally, a referral to the Community Health Child and Family team (along with GP and Dietitian) may be an option. The recommended approach for community care for people with an eating disorder is multidisciplinary coordinated care, including medical, psychological and dietetic health professionals, and others as indicated. A paediatrician should monitor patients who are medically compromised or significantly underweight.