

Table 2: Indicators for Admission

	Psychiatric or Medical admission is indicated (level of acuity can usually be managed in either setting)	Acute Medical admission is required (level of acuity usually requires a medical ward)
<b>Re-feeding risk</b>	<b>High (if markers below present)</b>	<b>Extreme (if markers below present)</b>
Weight	Body Mass index (BMI) < 16	BMI < 14
Weight Loss	Rapid weight loss (i.e. 1kg/wk over several weeks) or grossly inadequate nutritional intake (<1000kCal daily) or continued weight loss despite adequate community treatment.	
Systolic BP	< 90mmHg	< 80mmHg
Postural BP	> 10mmHg drop with standing	> 20 mmHg drop with standing
Heart rate	< 40bpm or > 110 bpm or significant postural tachycardia (increase in more than 10bpm on standing)	
Temp	<35.5°C Or extremities are cold and blue	<35.°c Or extremities are cold and blue
12-lead ECG	Any arrhythmia including QTc prolongation, or non-specific ST or T-wave changes including inversion or biphasic waves	
Blood sugar	< 3.5mmol/L	< 2.5mmol/L
Sodium	< 130 mmol/L*	< 125mmol/L
Potassium	< 3.5 mmol/L*	< 3.0mmol/L
Magnesium	0.7 – 1.0 mmol/L*	< 0.7 mmol.L
Phosphate	0.8 mmol/L*	< 0.8 mmol/L
Albumin	< 35/L	< 30 g/L
Liver enzymes	Mildly elevated	Markedly elevated (AST or ALT >500)
Neutropils	< 2.0 x 10 <sup>9</sup> L	< 1.0 x 10 <sup>9</sup> /L
Severity Eating Disorder Symptoms	<ul style="list-style-type: none"> <li>– BN without control of vomiting</li> <li>– Vomiting more than 4 times a day</li> <li>– BN with hypokalaemia</li> <li>– Excessive daily laxative use</li> </ul>	
Risk Assessment	<ul style="list-style-type: none"> <li>– 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>– Not responding to outpatient treatment</li> <li>– Aversive family relationships or severe family stress or strain</li> </ul>	
* Please note, any biochemical abnormality that has not responded to adequate replacement within the first 24 hours of admission should be reviewed by a Medical Registrar urgently.		