

### OUTPATIENT MEDICAL MONITORING FOR CHILD/ADOLESCENT EATING DISORDERS

Areas to be assessed	Moderate Alert – Continue to monitor weekly	High Alert – Assess need to hospitalise
Weight	Weight loss > 0.5kg for several weeks	<75% of expected body weight Weight loss 1kg or more for several weeks
Blood Pressure	Systolic – 90mmHg Diastolic - 60mmHg	Systolic – 80mmHg Diastolic - 50mmHg OR Postural Drop >20mmHg
Heart Rate	<50bpm	<40bpm OR Postural Tachycardia >20bpm increase
Temperature	<36° C	<35.5° C OR cold/blue extremities
Fluid and electrolyte changes	Phosphate – 0.5-0.8mmol/L Potassium – <3.5mmol/L Sodium – <130mmol/L	Phosphate – <0.5mmol/L Potassium – <3.0mmol/L Sodium – <125mmol/L
Liver enzymes	AST – >40 ALT – >45	AST – >80 ALT – >90
Nutrition	Albumin – <35g/L Glucose – <3.5mmol/L	Albumin – <30g/L Glucose – 2.5mmol/L
Cardiovascular – ECG	< 50	<40 OR Prolonged QT Interval >450msec OR Arrhythmias
Muscle Wastage (Sit up and Squat test, over page)	Unable to sit up without using arms Unable to get up without using arms for balance	Unable to sit up at all Unable to get up without using arms as leverage
eGFR		<60ml/min/1.73m <sup>2</sup> OR rapidly dropping (25% within a week)
Bone Marrow	Neutrophils <1.5 x 10 <sup>9</sup> /L	Neutrophils <1.0 x 10 <sup>9</sup> /L
Psychiatric Criteria		Moderate to high suicidal ideation Active self-harm Other psychiatric condition requiring hospitalisation

### Supplements:

Thiamine (B1) – 100mg daily for whole period of nutritional rehabilitation

Phosphate (sandoz) – as needed to correct deficiencies **N.B. low phosphate is key marker for refeeding syndrome**

Potassium – as needed to correct deficiencies **N.B. Low potassium is a key marker for cardiac abnormalities**

Calcium

Vitamin D

Multivitamin with high vitamin B content such as Centrum

### Also:

Refer for dental check up

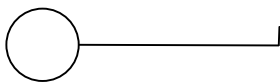
Restrict exercise

Limit activities to ensure safety but allow some social contact

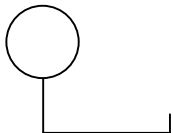
Advise parents on need for sheepskin underlay on bed for skin protection and warm clothing to prevent hypothermia (the anorexic drive may want to burn calories by shivering).

Ensure vaccinations are up to date.

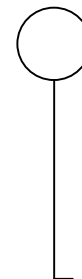
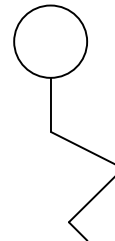
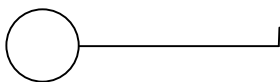
### SUSS (Sit Up Squat Stand) Test For Muscle Wastage (Robinson, 2006 p63)



Sit up: Patient lies down flat on the floor and sits up without, if possible, using their hands.



Scoring  
0: Unable  
1: Able only using hands to help  
2: Able with noticeable difficulty  
3: Able with no difficulty



Squat-stand: patient squats down and rises without, if possible, using their hands.

### References:

ANZAED (2007). Position statement: inpatient services for eating disorders. <http://www.anzaed.org.au/files/positionstatement.pdf>

EDA (2009). Eating Disorders. An Information Pack for General Practitioners. EDA

MH-KidsNSW. (2008). Eating Disorder Toolkit – A practice based guide to the inpatient management of adolescents with eating disorders

National Institute for Clinical Excellence (2004). Eating Disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. Clinical Guideline 9, Appendix 7, pp:202-204.

Reference to Regional and Rural Areas. WHO Printing, Tighe Hill.

Robinson, P. H. (2006) Community Treatment of Eating Disorders. Wiley, London

Royal College of Psychiatrists and Royal College of Physicians. MARSIPAN. Management of Really Sick Patients with Anorexia Nervosa. College report CR 162. London

Treasure, J. (2004). A guide to the medical risk assessment for eating disorders.