

Admission Criteria For Adults with an Eating Disorder

Outpatient Medical Monitoring For Adult Eating Disorders

If **one or more** of these parameters is met, **urgent medical assessment is required**, regarding need to **hospitalise**

Area to be assessed	Medical Admission indicated <i>If one or more these parameters is met urgent medical assessment is required re need to hospitalise</i>	Psychiatric admission indicated <i>If one or more these parameters is met urgent medical assessment is required regarding need to hospitalise</i>
Systolic Blood Pressure	<80mmHg	<90mmHg
Postural Blood Pressure	>20mmHg drop with standing	
Heart Rate	≤40 bpm or >120 bpm	<50 bpm
Postural Heart Rate	Postural tachycardia >20 bpm	
Temp	<35.5C	<36.0C
12-lead ECG	Any arrhythmia including: QTc prolongation, or non-specific ST or T-wave changes including inversion or biphasic waves	
Blood Sugar	Below normal range (<3.0 mmol/L)	
Sodium	<125 mmol/L	<130 mmol/L
Potassium	Below normal range (<3.5 mmol/L)	
Magnesium	Below normal range (<0.7 mmol/L)	
Phosphate	Below normal range (<0.75 mmol/L)	
eGFR	<60ml/min/1.73m ² or rapidly dropping (25% drop within a week)	
Albumin	<30g/L	Below normal range (<35g/L)
Liver Enzymes	Markedly elevated (AST or ALT >500)	
Neutrophils	<0.7 x 10 ⁹ /L	<1.0 x 10 ⁹ /L
Re-feeding risk	High	
Oral Intake	Grossly inadequate nutritional/fluid intake (<1000kCal/4MJ daily). Unmanageable compensatory behaviour (vomiting, exercise, laxatives)	Grossly inadequate nutritional/fluid intake (<1000kCal/4MJ daily). Unmanageable compensatory behaviour (vomiting, exercise, laxatives)
Weight loss	Rapid weight loss (i.e. 1kg/week over several weeks)	Rapid weight loss (i.e. 1kg/week over several weeks)
Body Mass Index (BMI)	BMI <12 kg/m ²	BMI 12-14 kg/m ²
Community supports		Not responding to outpatient treatment

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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

Additional:

- 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)

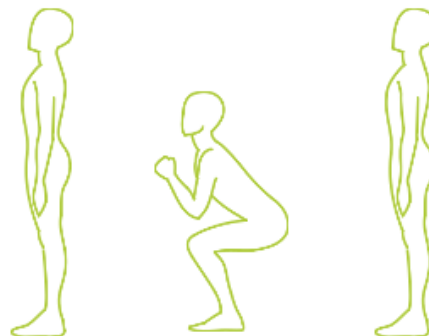
Sit up: Patient lies down flat on the floor and sits up without, if possible, using their hands.



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.



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

📞 For more information, support, and consultation liaison, please contact:
Queensland Eating Disorder Service (QuEDS): (07) 3114 0809

References: ANZAED (2007). Position statement: inpatient services for eating disorders.

https://www.anzaed.org.au/wp-content/uploads/2019/06/anzaed_position_statement_on_inpatient_services_for_eating_disorders_2015.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, Tighes 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. QuEDS Guide to Admission and Inpatient Treatment: <https://metronorth.health.qld.gov.au/rbwh/wp-content/uploads/sites/2/2017/07/guide-to-admission-and-inpatient-treatment-eating-disorder.pdf>