

Appendix 3: Medical emergencies in eating disorders risk checklist for clinicians

Assessing

Does the patient have an eating disorder?

Yes: Anorexia nervosa- Bulimia nervosa- Other

Not sure: Request psychiatric review

Is the patient medically compromised?

- BMI <13 (adults); m%BMI <70% (under 18)?
- Recent loss of >1kg for 2 consecutive weeks?
- Acute food or fluid refusal/intake <400kcal per day?
- Pulse <40?
- BP low, BP postural drop >20mm, dizziness?
- Core temperature <35.5°C?
- Na <130mmol/L?
- K <3.0mmol/L?
- Raised transaminase?
- Glucose <3mmol/L?
- Raised urea or creatinine?
- Abnormal ECG?
- Suicidal thoughts, behaviours?

Is the patient consenting to treatment?

Yes:

No: Mental health assessment requested

Refeeding

High risk for refeeding syndrome?

- Low initial electrolytes
- BMI <13 or m%BMI <70%
- Little or no intake for >4 days
- Low WBC
- Serious medical comorbidities, e.g. sepsis

High risk? Management:

- <20 kcal per kg per day
- Monitor electrolytes twice daily
- build up calories swiftly
- avoid underfeeding

Lower risk? Management:

- Start at 1,400–2,000kcal per day (50 kcal/kg/day) and build by 200 kcal/day, to 2,400kcal/day or more
- Aim for weight increase of 0.5–1kg/week
- Avoid underfeeding

Monitoring

- Electrolytes (especially P, K, glucose)
- ECG
- Vital signs
- BMI

Managing

Are medical and psychiatric staff collaborating in care?

Yes:

No: Psych. consultation awaited

Are nurses trained in managing medical and psychiatric problems?

Yes

No and appropriately skilled staff requested/training in place

Are there behaviours increasing risk?

- Falsifying weight
- Disposing of feed
- Exercising
- Self-harm, suicidality
- Family to stress/anxiety
- Safeguarding concerns

Mobilise psychiatric team to advise on management

Note:

m%BMI = mean percentage BMI

Please do not use BMI as a single indicator of risk