

4. Summary sheet for nurses



Who is this for?

Nurses in the hospital and in the community providing care for patients with severe eating disorders.

a. Risk assessment

A physical risk assessment may already have been completed. However, if not, please consult the risk assessment tool (Chapter 2) and go through the different areas. Note whether any results fulfil criteria for Amber or Red risk and make sure medical staff are aware of the results.

See Chapter 2 and Appendix 3



b. Location of care

Patients with eating disorders who become very ill in the community often require an ambulance to take them to the emergency department and they may then be admitted to a medical ward. If the patient is already known to eating disorder services, contact the service and they may be able to locate an eating disorder bed, which is usually preferable to a medical bed unless there are specific medical treatments or assessments required.

See Chapter 3



c. Safe refeeding

In hospital, the multidisciplinary team will be responsible for prescribing a safe diet which will allow nutritional rehabilitation and at the same time avoid refeeding syndrome, from too-rapid feeding, and underfeeding syndrome from inadequate nutrition. Nurses will usually be responsible for making sure the diet or feed is administered and not disposed of by the patient and to manage nasogastric feeding. If the patient is being refeed in the community, there is a small danger of refeeding syndrome, which is diagnosed by a falling phosphate level in the blood.

See Chapters 4 and 5



d. Behavioural manifestations of eating disorders

Patients with eating disorders often engage in behaviours which limit weight gain and falsify weight. Nurses are in a good position to identify these behaviours and intervene to manage them. Nurses without experience of eating disorders should be supervised by more senior nurses so that they can have the skills to manage behaviours such as hiding food, exercising including micro exercising, and falsifying weight e.g. by drinking water. At the same time patients also need support and empathy which are vital nursing roles. Clear

systems for documentation of both behavioural manifestations and food/fluid intake are crucial for good nursing care.

See Chapter 6



e. Families and carers

Families and carers of patients with eating disorders in the community or hospital can be extremely anxious and require a lot of support and information. They may be desperate for the patient to be admitted to hospital but may also resist the idea of a Mental Health Act Section. An important role for the team, and particularly nurses, is to provide information and practical and emotional support.

See Chapter 7



f. Compulsory admission and treatment

A patient with an eating disorder who is at high risk and refusing treatment may require assessment under the Mental Health Act or equivalent. The nurse may be a member of the crisis team assessing the patient for compulsory treatment. In the inpatient setting, nurses qualified in mental health or in learning disabilities are able to apply Section 5.4 and prevent a patient from leaving hospital for up to 6 hours until a medical assessment is arranged.

See Chapter 8



g. Diabetes mellitus type 1

Diabetes complicates the management of any eating disorder. Insulin or hypoglycaemic drugs may be avoided by the patient to promote weight loss and this can lead to failure of diabetic control. In the long term, increased severity of diabetic complications can occur. The eating disorders nurse and the diabetes nurse need to work together and with the multidisciplinary team in managing these complex clinical problems.

See Chapter 9 and Annexe 3

