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**Inclusion criteria:**

Patients with concern for eating disorder with an associated medical complication:

- Electrolyte abnormalities
- Bradycardia
- Hypotension
- Pericardial effusion
- Superior mesenteric artery syndrome
- Anemia
- Renal injury
- Erosion of dental enamel and dental caries
- Delayed wound healing
- Persistent metabolic alkalosis
- Neutropenia
- Height stunting
- Secondary amenorrhea
- Dizziness/Syncope
- Hypoglycemia
- Abnormal liver function tests
- Frequent fractures or stress fractures

**Exclusion criteria:**

- Patient avoids eating due to medical issues
- Patient avoids eating due to a mental health condition other than fear of weight gain or body image concerns
- Patient avoids eating due to sensory issues
- Patient is medically stable

Patient presents to UCC, ED, ambulatory clinic, or PCP with concern for eating disorder and an identified medical complication

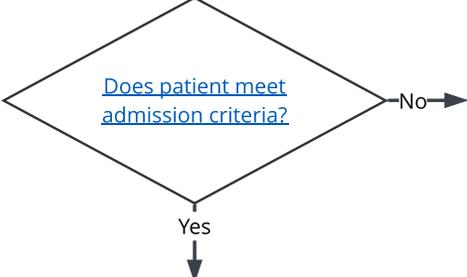
**Outpatient Assessment**

- Obtain weight, full vital signs including temperature, orthostatic heart rate and blood pressure (supine and standing), and last menstrual period.
- Full review of systems with focus on gastrointestinal, cardiac, neurologic, and last menstrual period
- Head to toe exam with focus on work of breathing, edema, heart sounds, perfusion

To help further guide assessment, [the SCOFF screening tool](#) can be utilized

**Initial Labs & Studies**

- Point of Care blood glucose
- Complete blood count with differential
- Basic metabolic panel
- Magnesium
- Phosphorus
- Liver function tests
- Iron studies
- Amylase
- Lipase
- Vitamin D deficiency
- Urinalysis
- Thyroid-stimulating hormone
- Electrocardiogram (EKG)



**Off guideline**

- Proceed with additional work-up for weight loss as medically indicated
- If there are concerns for eating disorder - provider to make referral to the Eating Disorder Clinic

**Call 1800GoMercy**

To consult with Eating Disorder provider on call to guide admission for medical stabilization

**Admit patient for medical stabilization**

**Admission Assessment**

**SCOFF Questionnaire**

The SCOFF Questionnaire (Morgan et al., 1999) is a five-question screening tool designed to detect the presence of an eating disorder of any type. A positive score on the SCOFF (≥2) indicates suspicion of an eating disorder, for which further evaluation with an eating disorder specialist is recommended to confirm an accurate diagnosis. The questions may be delivered verbally as part of an overall health evaluation. This tool can be used in the general population to identify people who may be at risk or have an eating disorder.

<b>S</b> - Do you make yourself Sick (throw up) because you feel uncomfortably full?	Y/N
<b>C</b> - Do you worry you have lost Control over how much you eat?	Y/N
<b>O</b> - Have you recently lost more than One stone (approximately 14 pounds) in a 3-month period?	Y/N
<b>F</b> - Do you believe yourself to be Fat when others say you are too thin?	Y/N
<b>F</b> - Would you say you have thoughts and fears about Food and weight that dominate your life?	Y/N

**Scoring:** Each "yes" response to the five yes/no questions on the SCOFF is summed for the total score. Scores of 2 or greater indicate a likely case of an eating disorder (sensitivity: 100 percent; specificity: 87.5 percent). Consult an eating disorder specialist as necessary.



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### Goals of Medical Stabilization

- Acute physiological stabilization

### Goals of Nutritional Rehabilitation

- Begin weight restoration by advancing daily nutritional and fluid needs
- Begin interruption of eating disorder behaviors

Patient admitted for medical stabilization with concern for eating disorder

### Inpatient Admission Assessment - Primary Inpatient Team

- **Obtain**
  - Blind height and weight  
*Pt standing backwards in 2 hospital gowns and underwear/bra*
  - Full vital signs including temperature, orthostatic heart rate and blood pressure
- **Ask**
  - Detailed dietary history and whether weight loss was intentional
  - Last menstrual period
  - Current or past body image or weight concerns
- **Baseline assessment**
  - Cardiovascular stability
  - Acute/chronic gastrointestinal complaints
  - Neurological abnormalities
  - Safety concerns

Is an underlying eating disorder still a concern?

No → Off Guideline

Yes

Consult Eating Disorder team  
(via Cerner or Web OnCall)

Does Eating Disorder team agree with assessment?

No → Off Guideline

Yes

Initiate Power Plan for Inpatient Eating Disorder

### Orientation/Education

- RN/Care Assistant Upon Admission:**
- Orient family to unit and policies
  - Provide inpatient eating disorder booklet
- Eating Disorder Team Within 24 hours:**
- Provide education on
    - Eating disorders
    - Malnutrition
    - Hospital course (*potential for Nasal Gastric tube with refusal of food*)
    - Discharge planning

### Orders and Studies upon admission

- **Electrocardiogram (EKG)** (if not completed prior to admission)
- **Place** on fall risk
- **Place** on bed rest - hospital staff to monitor bathroom use
- **Order** initial meal plan per eating disorder team's recommendation

### Initial Labs and Studies

(if not completed in Children's Mercy ED/UCC/Ambulatory area today)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Point of Care blood glucose</li> <li>• Complete blood count with differential</li> <li>• Basic metabolic panel</li> <li>• Magnesium</li> <li>• Phosphorus</li> <li>• Liver function tests</li> </ul> | <ul style="list-style-type: none"> <li>• Iron studies</li> <li>• Amylase</li> <li>• Lipase</li> <li>• Vitamin D deficiency</li> <li>• Urinalysis</li> <li>• Thyroid-stimulating hormone</li> </ul> |
|---|--|

[Nutritional Rehabilitation](#)

The **Eating Disorder Team** consists of Adolescent MD, APRN and a social worker



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Eating disorder patient in need of nutritional rehabilitation and medical stability

Initiate Nutritional Rehabilitation - Primary and Eating Disorder Team

### Goals of Medical Stabilization

- Acute physiological stabilization

### Goals of Nutritional Rehabilitation

- Begin weight restoration by advancing daily nutritional needs
- Begin interruption of eating disorder behaviors

### Complete AM Labs

(after 24 hours of intake)

BMP - Mg - Phos

- Daily for first seven days
- **THEN** every other day until goal meal plan reached
- **THEN** weekly or as directed by Eating Disorder Team

### Monitor and Treat

#### • Medical Monitoring

- **Daily blind weights**
- **POC blood glucose checks:** pre and post prandial per eating disorder team recommendations  
*Treat low blood glucose levels*
- **Refeeding syndrome:** Watch for drop in K+, Mg, and Phos  
*Concerns? - immediately consult eating disorder team*
- **Cardiovascular:** continuous CR monitoring, full vital signs + orthostatic HR and BP, fluid status and monitoring for edema
- **Acute and Chronic GI complaints:** constipation, GERD, nausea/vomiting
- **Neurological abnormalities:** altered mental status, delayed cognitive processing
- **Safety:** medical and behavioral

### Monitor Behaviors

- **Monitor** other eating disorder behaviors such as:
  - Excessive movement (shaking or inability to sit still)
  - Increased irritability
  - Rigid rules, special requests, or refusals to meals/snacks
  - Eating very slowly

### Implement standardized refeeding diet plan

- Eating Disorder Team to determine meal plan and progression while following [food guideline](#)
- Increase meal plans daily if there are no signs of refeeding syndrome
  - If refeeding syndrome signs/symptoms occur, treat as needed and once resolved resume nutritional rehab
- If admitted after dinner, patient receives 200-300 kcal snack (provided from floor stock)
- **Order supplements** including:
  - Multivitamin daily
  - 1000 IU Vitamin D daily
  - 100 mg thiamine daily x 5 days
  - Miralax daily

### Customized Care Plan

Recommendations and modifications are made by the Eating Disorder Team and reviewed daily

- **1:1 supervision** by a hospital staff
- **Bathroom monitoring** - bathroom door ajar, direct view of pts feet while on toilet or showering - seated shower - Max bathroom time is 10 min and no bathroom for one hour after eating
- **Meal supervision**
- **Activity restricted** - progresses from bedrest to w/c rides to walks
- **No cell phone**
- **Clothing** - hospital gown
- **Laptop** allowed to complete schoolwork - no social media access
- **Visitors** - per hospital policy but no visitors during meal or snack time

### Discharge Criteria

- Heart rate  $\geq$  45 while sleeping and  $\geq$  50 while awake  
*(unless advised otherwise by eating disorder team)*
- Daily labs indicate no evidence of refeeding syndrome
- Malnutrition symptoms managed/resolved
- Consistent weight gain noted (at or above admission weight)
- Tolerating goal meal plan

Have the goals of medical stabilization and discharge criteria been met?

Continue with nutritional rehabilitation and reassess daily for discharge appropriateness

### Discharge Plans

- Eating Disorder team evaluates pt and makes recommendations on treatment modality based on individual pt needs
- Dietitian completes nutrition education for home
- Eating Disorder team enters specific discharge instructions into the depart note
  - Referrals made to appropriate levels of care/programs or appointments scheduled in eating disorders center
  - Hand-off to primary care physician if patient not following up in eating disorders center