

Eating Disorders – Medical Work-up and Stabilization Clinical Pathway Synopsis

Objective of Clinical Pathway

To provide care standards for the patient diagnosed with an eating disorder and identify concerns for medical instability due to malnourishment.

Background

Eating disorders are serious psychiatric conditions influenced by genetic, psychological, behavioral, and environmental factors and include persistent disturbances in eating or related behaviors.^{1,2} These disorders impair physical health and psychosocial functioning and can lead to severe medical complications, including cardiovascular, metabolic, gastrointestinal, endocrine, renal, and skeletal complications.^{2,3} Early identification and coordinated medical care are essential. Patients with physiologic instability require prompt medical stabilization.⁴⁻⁶ The Eating Disorders Clinical Pathway was developed to provide guidance for timely assessment, consistent stabilization and refeeding practices, and evidence-based care.⁵⁻⁸

Target Users

The target users of this clinical pathway include the following healthcare professionals:

- Physicians in ambulatory care, urgent care, emergency medicine, and hospital medicine settings
- Fellow physicians
- Resident physicians
- Advanced practice providers
- Registered nurses
- Dietitians
- Social workers

Target Population

Inclusion Criteria

- Patients with concern for weight loss and/or suspicion for eating disorders with an associated medical complication
 - Electrolyte imbalance
 - Bradycardia
 - Hypotension
 - Prolonged QT interval – Defined as *longer than usual time for the heart to recharge between beats*
 - Pericardial effusion
 - SMA syndrome (bowel obstruction)
 - Anemia
 - Renal failure
 - Osteopenia
 - Erosion of dental enamel and dental caries

These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare a clinical pathway for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.

- Delayed wound healing
- Infections
- Persistent metabolic alkalosis

Exclusion Criteria

- Patients who avoid eating due to medical issues
- Patients who avoid eating due to mental health conditions other than fear of weight gain or body image concerns
- Patients who avoid eating due to sensory processing issues
- Medically stable patients

Practice Recommendations

Please refer to the American Academy of Pediatrics Clinical Report and the Academy for Eating Disorders Report for full recommendations on practice, evaluation, and treatment.^{4,5}

Additional Questions Posed by the Clinical Pathway Committee

No additional clinical questions were posed for this review.

2026 Updates from Previous Versions of the Clinical Pathway

- Added the Eating Disorders Screening Tool for Primary Care to support outpatient and primary care assessment (see Appendix B)
- Added pregnancy testing to the initial laboratory evaluation for patients with amenorrhea
- Added an urgent referral process for Children's Mercy Emergency Medicine, Urgent Care, and Express Care
- Referring clinicians now consult Pediatric Hospital Medicine when patients meet admission criteria, improving access to inpatient care.
- Specific admission units are now identified, with Pediatric Hospital Medicine determining the most appropriate placement.
- Individual Eating Disorder Team members are now consulted as needed during inpatient care
- Updated the order set name to align with the new electronic health record
- Updated laboratory monitoring frequency during nutritional rehabilitation
- Added guidance for patients with suicidal ideation

Measures

- Referrals to the Eating Disorders Team for inpatient admissions that met the criteria for the inpatient treatment program
- Length of stay for patients on the inpatient treatment program for medical stabilization
- Increasing referrals from community physicians

Value Implications

The following improvements may increase value by reducing healthcare and non-monetary costs (e.g., missed school/work, lost wages, stress) for patients and families, and by reducing costs and resource utilization for healthcare facilities.

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- Decreased risk of overdiagnosis
- Decreased risk of overtreatment
- Decreased frequency of re-admission
- Decreased inpatient length of stay
- Decreased unwarranted variation in care

Organizational Barriers and Facilitators**Potential Barriers**

- Variability of an acceptable level of risk among physicians and providers
- Challenges with follow-up faced by some families

Potential Facilitators

- Collaborative engagement across care continuum settings during clinical pathway development
- High rate of use of the clinical pathway

Bias Awareness

Our goal is to recognize the social determinants of health and minimize healthcare disparities, while acknowledging that our unconscious biases can contribute to these disparities.

Order Sets

- IP Eating Disorder EBP Pathway

Order Panels

- Diet & Supplement Meal Plan (aka CM IP EATING DISORDER MEAL PLAN)

Educational Materials

There are no educational materials associated with this clinical pathway

Clinical Pathway Preparation

This product was prepared by the Evidence Based Practice (EBP) Department in collaboration with the Eating Disorders Clinical Pathway Committee, composed of content experts at Children's Mercy.

Clinical Pathway Representation

This clinical pathway was originally created with representation from Adolescent and Young Adult Medicine, Hospital Medicine, Social Work, Nutrition, 6 Henson, and Evidence Based Practice.

Eating Disorders Clinical Pathway Revision Committee Members and Representation

- Amanda Dietz, APRN, FNP-C, PMHS | Adolescent and Young Adult Medicine | Committee Chair
- Jamie Reasoner, MD | Hospital Medicine | Committee Member
- Rhonda Sullivan, MS, RD, SCP, LD | Nutrition | Committee Member
- Amanda Nedved, MD | Urgent Care Clinic | Committee Consultant

EBP Committee Members

- Todd Glenski, MD, MSHA, FASA | Anesthesiology, Evidence Based Practice

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- Andrea Melanson, OTD, OTR/L | Evidence Based Practice

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Adolescent and Young Adult Medicine, Hospital Medicine, Nutrition, and Evidence Based Practice.

Conflict of Interest

The contributors to the Eating Disorders Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed. For committee members identified, the conflicts of interest are as follows:

Approval Process

- This pathway was reviewed and approved by the EBP Department and the Eating Disorders Clinical Pathway Committee after committee members garnered feedback from their respective divisions/departments.

Review Requested

Department/Unit	Date
Hospital Medicine	October 2026
Adult and Young Adult Medicine	October 2026
Nutrition	October 2026
Urgent Care	October 2026
Evidence Based Practice	October 2026

Version History

Date	Comments	
June 2023	Version one:	Created a formalized algorithm and synopsis
October 2026	Version two:	Updated literature added an additional screening tool and updated the process for coordinating care. Both the algorithms and synopsis are aligned with evidence-based recommendations

Date for Next Review

- October 2030

Implementation & Follow-Up

- Once approved, the pathway was implemented and presented to the appropriate care teams:
 - Announcements made to relevant departments
 - Additional institution-wide announcements were made via the hospital website and relevant huddles
 - Community clinics affiliated with CM received announcements via "Progress Notes"
- Care measurements may be assessed and shared with appropriate care teams to determine if changes need to occur.

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- Pathways are reviewed every 4 years (or sooner) and updated as necessary within the EBP Department at Children's Mercy. Pathway committees are involved with every review and update.

Disclaimer

When evidence is lacking or inconclusive, care options are provided in the supporting documents and in the order set(s) and/or order panel(s) that accompany the clinical pathway.

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Appendix A¹⁰⁻¹³
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.

S – Do you make yourself S ick (throw up) because you feel uncomfortably full?	Y/N
C – Do you worry you have lost C ontrol over how much you eat?	Y/N
O – Have you recently lost more than O ne stone (approximately 14 pounds) in a 3-month period?	Y/N
F – Do you believe yourself to be F at when others say you are too thin?	Y/N
F – Would you say you have thoughts and fears about F ood 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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Appendix B^{5,14-15}

EATING DISORDER SCREEN FOR PRIMARY CARE

- Are you satisfied with your eating patterns?
- Do you ever eat in secret?
- Does your weight affect the way you feel about yourself?
- Have any members of your family suffered from an eating disorder?
- Do you currently suffer from or have you ever suffered in the past with an eating disorder?

>= 3 abnormal responses are considered a positive screen

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