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Inclusion criteria:
Concerning medical findings:

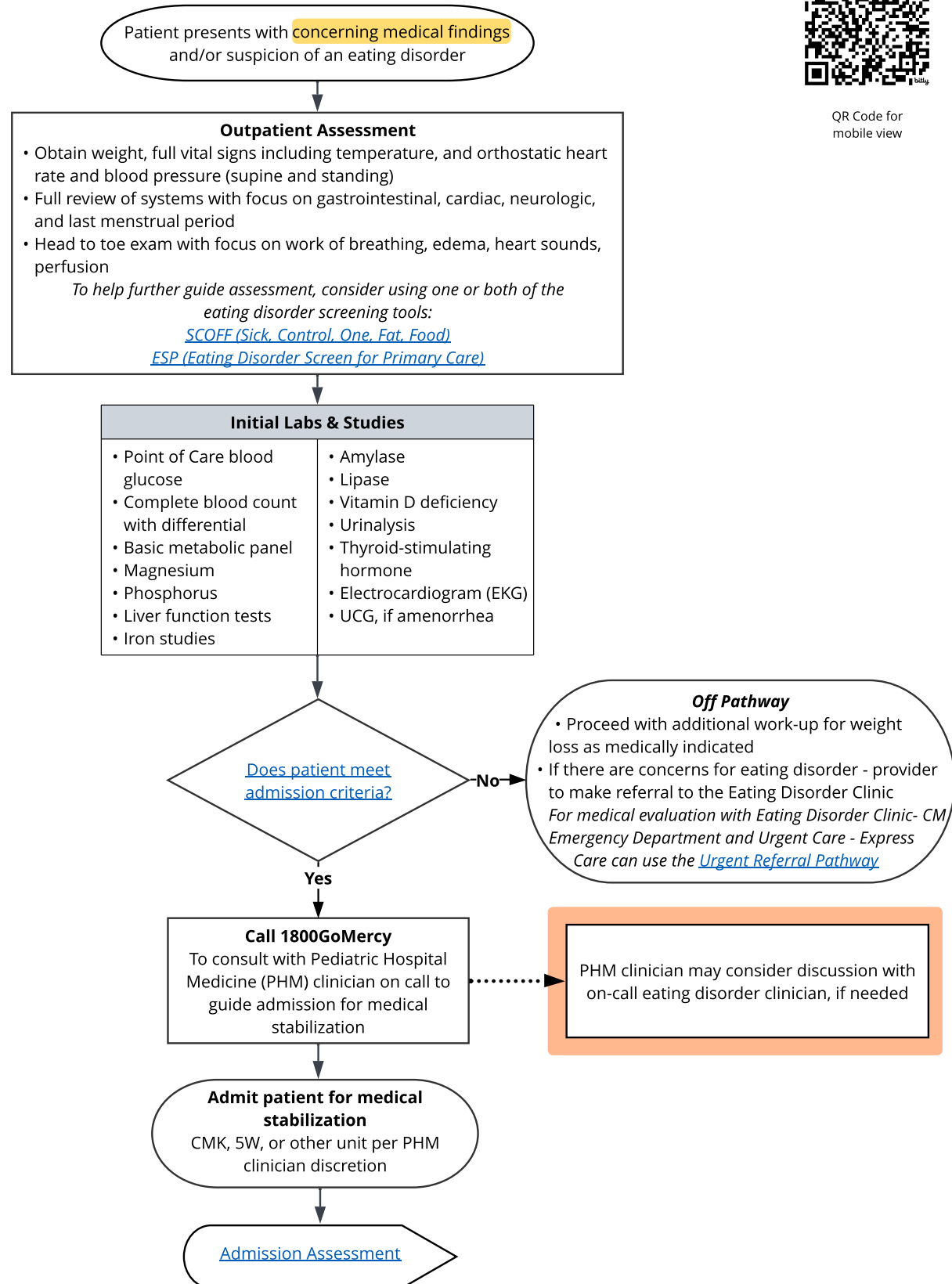
- Electrolyte abnormalities
- Bradycardia
- Hypotension
- Pericardial effusion
- Superior mesenteric artery syndrome
- Anemia
- Renal injury
- Erosion of dental enamel and dental caries
- Delayed wound healing
- Persistent metabolic alkalosis
- Neutropenia
- Height stunting
- Secondary amenorrhea
- Dizziness/Syncope
- 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

Urgent Care/Express Care considerations:

- Unable to complete EKG or labs (other than POC glucose)
- Call 1800GoMercy to consult with Pediatric Hospital Medicine clinician if there are questions regarding admission
- If medically stable and labs/EKG not available, can pursue referral to the Eating Disorders Clinic without sending to the Emergency Department





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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

The Eating Disorder Team

consists of Adolescent Physician, Nurse Practitioner, Registered Dietitian, and/or Psychologist (PhD)

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 and activity 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 Pathway

Provide appropriate care

Yes

Consult individual Eating Disorders Team members as needed

Does Eating Disorder team agree with assessment?

No

Off Pathway

Eating Disorders Team will provide guidance

Yes

Initiate Order Set: IP Eating Disorder EBP Pathway

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)

- | | |
|--|-------------------------------|
| • Point of Care blood glucose | • Iron studies |
| • Complete blood count with differential | • Amylase |
| • Basic metabolic panel | • Lipase |
| • Magnesium | • Vitamin D deficiency |
| • Phosphorus | • Urinalysis |
| • Liver function tests | • Thyroid-stimulating hormone |
| | • UCG, if amenorrhea |

[Nutritional Rehabilitation](#)



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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

Eating disorder patient in need of full Eating Disorder protocol for nutritional rehabilitation and medical stability

Initiate Nutritional Rehabilitation - Designated Eating Disorder Team Members

Complete AM Labs

(after 24 hours of intake)

BMP - Mg - Phos

- Daily for first seven days or until meal plan goal reached
- **THEN** as directed by Eating Disorder Team or Adolescent Medicine

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](#) (most commonly, patient begin on meal plan D)
- 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

- **If patient has suicidal ideation,** refer to internal policy titled 'Behavioral Health/Suicidal Ideation/Homicidal Ideation 1:1'
- **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
- **Okay for all electronic use**
- **Clothing** - hospital gown
- **Visitors** - per hospital policy but no visitors during meal or snack time

Discharge Criteria

- Heart rate ≥ 45 while sleeping and ≥ 50 while awake
- 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?

No

Continue with nutritional rehabilitation and reassess daily for discharge appropriateness

Yes

Discharge Plans

- **Dietitian** completes nutrition education for home
- **Eating Disorder Team** enters specific discharge instructions into the EMR documentation
- **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