

# Eating Disorder Patients Emergency Department

Clinical Practice Guideline (CPG)

Protocol Approved by: Divisions of Pediatric  
Emergency Medicine and Adolescent Medicine  
Date(s) of Approval: 1/20/15

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# Eating Disorder Clinical Practice Guideline Algorithm

## Identification

- **Red Flags:** Dramatic wt loss, underweight (% of pre-existing wt), food/fluid refusal, dizziness, syncope, chest pain/SOB, constipation, amenorrhea, hx of bingeing/purging, parental concerns; feeding failure even though the patient is currently receiving services; uncontrolled purge cycle
- **History:** timing of wt loss, recent/typical food/fluid intake, wt loss meds (PO/PR) bingeing, purging, menses, mental health issues, SI/HI, water loading, over-exercising



## Vital Signs

- **Resting HR & Orthostatics**
  - **If HR <50:** cardiac monitor & EKG
- **Orthostatic BP:** If BP drops >20 mmHg → rehydration is required (see below for reference)
- **Temperature:** If temp < 36°C → re-warming



## Growth Parameters (Weight, Height, BMI)

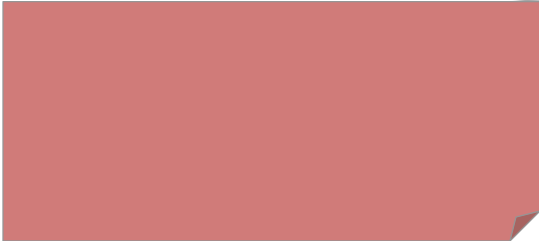
- **(a) Previous wt:** \_\_\_\_\_ kg
- **(b) Current dry wt** (gown, no shoes): \_\_\_\_\_ kg
- **Wt loss (a-b):** \_\_\_\_\_ kg
- **Percentile:** \_\_\_\_\_ %
- **Current height:** \_\_\_\_\_ cm
- **Percentile:** \_\_\_\_\_ %
- **BMI:** \_\_\_\_\_
- **Percentile:** \_\_\_\_\_ %



## Physical Exam

- **Hydration status**
- **Muscular weakness**
- **Mental Status** (slowing/confusion)
- **Skin Ulceration** (back/spine)
- **Bruising**
- **Muscle Wasting**
- **Lanugo**
- **Self harm scars**





- Abnormal or concerning labs
- Social Concerns
- Anorexia Nervosa
  - <75% ideal body weight or ongoing weight loss despite intensive management
  - Refusal to eat
  - Body fat <10%
  - Heart Rate <50 beats per minute daytime or <45 beats per minute nighttime
  - SBP <90
  - Orthostatic changes in pulse (>20 beats per minute) or blood pressure (>10 mmHg)
  - Temperature <96°F
  - Arrhythmia
- Bulimia Nervosa
  - Syncope
  - Serum potassium concentration <3.2 mmol/L
  - Serum chloride concentration <88 mmol/L
  - Esophageal tears
  - Cardiac arrhythmias including prolonged QTc
  - Hypothermia
  - Suicide risk
  - Intractable vomiting
  - Hematemesis
  - Failure to respond to outpatient treatment



- ACUTE dehydration (optional)**
- **IV:** NS 10 ml/kg over 1 -2 hr for 3-5% (mild) dehydration
  - **PO:** water/juice 250ml q4hr
  - Note: monitor HR & BP during hydration for stress induced tachycardia/HF



#### Correct Electrolytes:

- **K < 3.5:** add 20-40mmol KCl/L, recheck in 4hrs
- **Na abnormalities:** IV NS hydration, recheck in 4hrs
- **Glucose <80:** 200 ml PO juice, recheck in 30mins; IV glucose should be avoided
- **Phos <0.8:** 500mg PO BID
- **Phos <0.5:** IV phosphate at 0.33 – 0.5 mmol/kg over 6hrs; check levels 1hr post-infusion, then 6hrs after that
- **Mg <0.7:** 500mg PO BID, max dose 2g
- **Mg <0.5:** IV Mg Sulfate 25-50mg/kg/dose q6hr x3doses, max rate 125mg/kg/hr with max dose 2g



**ADMIT/TRANSFER** to the Adolescent Inpatient Team (orange/purple team)

This algorithm is designed to treat the majority of children & youth presenting to the ED with complaints concerning with an Eating Disorder (ED).

- **Phone Consultation Only of Adolescent Patient:** Access Center RN will
  - Record Demographic Information & Physician Call
  - Place Text Page to Consultation Physician On-Call (AMION)
- **If it is on Monday – Friday between the hours of 8 AM – 4:30 PM**
  - Access Center will ask referring MD to stay on the line
  - AMION to page the following staff:
    - Dr. Marianne Dustan Brady
    - Dr. Victoria Cornelius
- **After Hours (NOT M-F between 8AM – 4:30PM)**
  - Access Center will hang up phone
  - They will consult the ED attending
  - Consult Physician On-Call will call back Access Center within 10 minutes
  - Access Center will set up Recorded 3-way Phone Call (Referring Physician, Consulting Physician & Access Center RN)
  - If patient is instructed to follow-up with clinic please give them the clinic number 314-268-6406 to call the next business day AND inbox Tara, Marianne, Victoria & Theresa Forsythe so they can follow up
  - THE CLINIC IS CLOSED ON FRIDAY, SATURDAY, AND SUNDAY
  - ANY EMERGENCY NEEDS TO COME TO OUR ED FOR TREATMENT
- Please have family call the office to arrange for this appointment. Theresa Forsythe is the POC.

#### \*Electrolyte abnormalities indicative for eating disorders (ED):

- Glucose: ↓(poor nutrition), ↑(insulin omission)
- Sodium: ↓(water loading or laxatives)
- Potassium: ↓(vomiting, laxatives, diuretics, refeeding)
- Chloride: ↓(vomiting), ↑(laxatives)
- Blood bicarbonate: ↑(vomiting), ↓(laxatives)
- Blood urea nitrogen: ↑(dehydration)
- Creatinine: ↑(dehydration, renal dysfunction), ↓(poor muscle mass)
- Calcium: slightly ↓ (poor nutrition at the expense of bone)
- Phosphate: ↓(poor nutrition or refeeding)
- Magnesium: ↓(poor nutrition, laxatives, refeeding)

- Total protein/albumin: ↑(in early malnutrition at the expense of muscle mass), ↓(in later malnutrition)
- Total bilirubin: ↑(liver dysfunction), ↓(poor RBC mass)
- Aspartate aminotransaminase (AST), alanine aminotransaminase (AST): ↑(liver dysfunction)
- Amylase: ↑(vomiting, pancreatitis)

**\*\*Significant EKG findings:** Bradycardia or other arrhythmias, low-voltage changes, prolonged QTc interval, T-wave inversions, and occasional ST-segment depression.

### **References:**

*AED 2011 Eating Disorders: Critical Points for Early Recognition and Medical Risk Management in the Care of Individuals with Eating Disorders.* N.p.: n.p., n.d. *FEAST Education Resources.* Academy for Eating Disorders' Medical Care Standards Task Force. Web. 8 Oct. 2014. <<http://feast-ed.org/Portals/0/Documents/Library/AED%20Report%202011%20Eating%20Disorders.pdf>>.

BC's Provincial Community Hospital Protocol (A): Recommended Care of the Patient with an Eating Disorder in the Emergency Room. N.d. Raw data. Provincial Health Services Authority, Providence.

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Eating Disorders in the Emergency Department: Critical Points for the Recognition & Medical Management of Individuals with Eating Disorders in the Acute Care Setting. N.p.: AED Academy for Eating Disorders, 2012. Print.