Eating Disorder Patients
Emergency Department
Clinical Practice Guideline

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Protocol Approved by: Divisions of Pediatric Emergency Medicine and
Adolescent Medicine
Date(s) of Approval: 1/20/15
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/II, 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
Work Up: *
- CMP, Mg, Phos, iCa
- UA
- +/- UA, βHCG, UDS
- PTT, PT/INR (hematemeses)
- CBC, ESR
- Amylase (purging)
- EKG: HR, QT [calc] **
- TSH/Free T4
- Accuchecks q30mins if eating in ED
- VS redone q1hr

- No Red Flags
- Stable HPI
- Stable Labs/Work Up
- Family is reliable for f/u
- No social concerns
- Admission is not indicated

- Contact Adolescent Medicine Team prior to discharge @ 314-268-6406
- If no answer, leave a message with pt’s name, DOB, phone #, and referring Dr/facility AND call the Access center & consider transfer
- Send EPIC email to Dr. Marianne Dustan Brady & Dr. Victoria Comelius with patient’s chart attached concerning this ED visit
- Discharge home/Transfer with a discharge set of VS & follow up with PCP for weight re-check
- After the ED visit, have parents call the following:
  - Medicaid & Insurance: McCallum Place 314-968-1900
  - Private Insurance: St. Louis Behavioral Medicine Institute (Chesterfield, MO) 636-532-9188
- Supplemental Information for parents: neda.org
- Please see below for further instructions

- 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 20-40 mmol KCl/L, recheck in 4hrs
- \( Na \) abnormalities: IV NS hydration, recheck in 4hrs
- Glucose <80: 200 ml PO juice, recheck in 30 mins; IV glucose should be avoided
- Phos <0.8: 500 mg PO BID
- Phos <0.5: IV phosphate at 0.33 – 0.5 mmol/kg over 6 hrs; check levels 1 hr post-infusion, then 6 hrs after that
- Mg <0.7: 500 mg PO BID, max dose 2g
- Mg <0.5: IV Mg Sulfate 25-50 mg/kg/dose q6hr x3 doses, max rate 125 mg/kg/hr with max dose 2g

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:**


