

Appendix 3: Medical emergencies in eating disorders risk checklist for clinicians

Assessing

Does the patient have an eating disorder?

Yes: Anorexia nervosa- Bulimia nervosa- Other

Not sure: **Request psychiatric review**

Is the patient medically compromised?

- ☐ BMI <13 (adults); m%MBI <70% (under 18)?
- ☐ Recent loss of >1kg for 2 consecutive weeks?
- ☐ Acute food or fluid refusal/intake <400kcal per day?
- ☐ Pulse <40?
- ☐ BP low, BP postural drop >20mm, dizziness?
- ☐ Core temperature <35.5°C?
- ☐ Na <130mmol/L?
- ☐ K <3.0mmol/L?
- ☐ Raised transaminase?
- ☐ Glucose <3mmol/L?
- ☐ Raised urea or creatinine?
- ☐ Abnormal ECG?
- ☐ Suicidal thoughts, behaviours?

Is the patient consenting to treatment?

Yes:

No: **Mental health assessment requested**

Refeeding

High risk for refeeding syndrome?

- ☐ Low initial electrolytes
- ☐ BMI <13 or m%BMI <70%
- ☐ Little or no intake for >4 days
- ☐ Low WBC
- ☐ Serious medical comorbidities, e.g. sepsis

High risk? Management:

- <20 kcal per kg per day
- Monitor electrolytes twice daily
- build up calories swiftly
- avoid underfeeding

Lower risk? Management:

- Start at 1,400–2,000kcal per day (50 kcal/kg/day) and build by 200 kcal/day, to 2,400kcal/day or more
- Aim for weight increase of 0.5–1kg/week
- Avoid underfeeding

Monitoring

- ☐ Electrolytes (especially P, K, glucose)
- ☐ ECG
- ☐ Vital signs
- ☐ BMI

Managing

Are medical and psychiatric staff collaborating in care?

Yes:

No: **Psych. consultation awaited**

Are nurses trained in managing medical and psychiatric problems?

Yes

No and appropriately skilled staff requested/training in place

Are there behaviours increasing risk?

- ☐ Falsifying weight
- ☐ Disposing of feed
- ☐ Exercising
- ☐ Self-harm, suicidality
- ☐ Family to stress/anxiety
- ☐ Safeguarding concerns

Mobilise psychiatric team to advise on management

Note:

m%BMI = mean percentage BMI

Please do not use BMI as a single indicator of risk