Clinical Practice Guideline for Management of Patients Presenting with an Eating Disorder in the Emergency Department

1. Inclusion Criteria

Potential Presenting Symptoms for Patients with Undiagnosed Eating Disorder

- Weight loss
- Fatigue
- Dizziness or syncope
- Seizures
- Constipation
- Dehydration
- Palpitations
- Chest pain
- Abdominal pain
- Spontaneous or low impact fractures

2. Criteria to Assess Medical Stability

Consider admission for medical stabilization based on the AAP Guideline’s criteria for admission for patients with a confirmed or suspected eating disorder

- Pulse: < 50bpm (awake) < 45bpm (asleep)
- Body Temp < 96 F
- Systolic BP < 90 mm Hg
- Corrected QT Interval > 0.45
- Orthostatic changes in pulse of > 20 bpm, or Blood pressure change > 10 mm Hg
- Serum potassium ≤ 3.2 mmol/L
- Serum chloride < 88 mmol/L
- Serum glucose < 65 mg/dL
- Serum magnesium < 1.7 mEq/L
- Any other severe electrolyte abnormality
- GI bleeding, hematemesis, esophageal tears
- Dehydration, intractable vomiting
- Any patient with refusal to eat
- Suicidal

Additional Criteria to consider patient for admission:

- Renal compromise (elevation of baseline Creatinine)
- Hepatic compromise (elevated liver enzymes)
- Patient at risk for refeeding syndrome
  - Chronically undernourished
  - History of alcohol or drug abuse including insulin, chemotherapy, antidepressants, or diuretics.
  - Little to no energy intake ≥10 days
  - BMI < 16
  - Weight loss >15% in past 3-6 months or >20% in past year
  - Below ≤75% initial body weight
  (Note: patient may have normal labs and stable vital signs)

3. Complications

Eating disorder patients are at risk of the following complications:

- IVF can cause the following:
  - In patients with anorexia, the low HR and BP are due to loss of heart muscle mass - IVFs can lead to CHF
  - In patients with bulimia, they are chronically fluid constricted and can develop pseudo-Bartter’s syndrome – IVFs will cause severe edema
  - Refeeding syndrome
  - Cardiac dysrhythmias
  - Severe hypotension
  - Severe bradycardia (especially during sleep)
  - Hepatic failure
  - Hypokalemia
  - Hypomagnesemia
  - Hypophosphatemia
  - Hypoglycemia
  - Leukopenia
  - Anemia
  - Heart failure: avoid large volumes of fluids
  - Pericardial Effusion
  - SMA
  - Sudden death

Patient referred to Emergency Department for Possible Admission for Medical Stabilization of an Eating Disorder

- Assess for risk of suicide using the ASQ
- Implement appropriate precautions per Risk Screening and Safety Precautions for Suicide in the Emergency Department-Policy 2.04

Start medical evaluation for Eating Disorders patients

Medical Evaluation and Initial Treatment for Eating Disorder Patient Includes

- Check HR, BP, Temp
- Orthostatic VS
- Measure Height, Weight, BMI
- EKG

Labs:
- CBC  
- CMP  
- Phos  
- Mg  
- Ionized Calcium  
- Thyroid Function tests  
- Add amylase if N/V  
- UA  
- Urine HcG (if amenorrheic)
- Regular Diet
- Avoid IVF boluses
- Regular Diet
- IVF
- Intravenous fluids

Consider contacting PCP to ensure follow up and PCP comfort with managing as an outpatient

Patient medically stable

Discharge Home

- Follow up with PCP within 48hrs
- Provide List of Local Eating disorder Resources

ADMIT

Consider Admission to PICU if: K<2.7, Phos. < 2.5  Mg<1.3, Ionized Ca < 3.0

Is HR < 40, Sys BP < 80 or QTc > 0.45?

YES to ANY

Admit to PICU

NO to ALL

Admit to General Care 4th Floor SR

CONTINUE ON INPATIENT EATING DISORDER GUIDELINE

Developed through the efforts of Children’s Healthcare of Atlanta and physicians on Children’s medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient’s physician must determine the most appropriate care. © 2019 Children’s Healthcare of Atlanta, Inc.