

Guidelines for Patient Admitted with Eating Disorder (ED)

I. Standing Order initiation criteria

a. This order set is for patients who meet one of the following scenarios:

i. Scenario 1:

1. Previously diagnosed, based on DSM V criteria with

- a. Anorexia Nervosa
- b. ED NOS, Bulimia Nervosa and Disordered Eating with purposeful and active weight loss that is deemed unhealthy or a medical danger to the patient

ii. Scenario 2:

1. Suspected eating disorder (i.e. patients who are actively losing weight secondary to behavior and are <85% of IBW, signs/symptoms of eating disorder, such as bradycardia)

- a. All other organic causes for weight loss need to have been reasonably ruled out
- b. If new diagnosis, recommend medical team discussing with family prior to implementing ED Order Set.

II. Procedure for admission

a. Admit to General Pediatrics service (PHS or Resident teams, per PCP), unless higher level of care indicated.

b. Enter *Eating Disorder Patient Orders v1.0* in Sunrise

i. Diet/Nutrition Rx

1. Initial Diet Rx to be determined by assessment for risk of refeeding syndrome. If diet history indicates patient has been eating a diet that is > 1000 Calories per day then may start the Diet Rx at the Caloric level that is consistent with the intake at home. If patient is at high risk for refeeding syndrome, use the following guideline:

- a. Initial Diet Rx: Regular Diet, 1000 calorie Meal Plan (or 30kcal/kg, if less than 1000 calories)
 - i. DO NOT share calorie level with patient until plan of care discussed at multidisciplinary meeting.
 - ii. 3 meals/day – meal times: 8am, 12pm, 6pm
 - iii. Meal time no longer than 60 minutes
 - iv. All meals to be supervised
 - v. Trays to be delivered to Nursing Station, nutrition labels removed
 - vi. No other foods or drinks permitted in the patient's room at any time
- b. Patient to be supplemented after each meal, as needed, with Ensure Plus/Pediasure 1.5, for 1000 calorie meal plan, per following guidelines:
 - i. Ensure Plus > 10 years old
 - ii. Pediasure 1.5 < 10 years old

Percentage of Calories Consumed	Amount of Ensure Plus or Pediasure 1.5 to be consumed
0-25%	240mL
26-50%	180mL
51-75%	120mL
76-95%	60mL
96-100%	None

2. Goal calories to be determined by dietitian.
 - a. If patient is being followed by an outpatient eating disorder team (dietitian/physician), the clinical dietitian following the patient in the hospital may contact the outpatient team for review of patient's diet history and nutritional goals in order to help with determining the patient's Nutritional Plan of Care.
 - b. Dietitian to pre-order meals and snacks through room service system (CBORD) 2-3 days in advance. Meals can also be ordered by Nursing when dietitian unavailable.
 - i. Admission RN: Order meals UPON ADMISSION; see Diet Order for meal times and calorie level.
 1. Menus on SWIFT: Departments: Food and Nutrition: Eating Disorder Menus. Choose appropriate calorie level menu. If admitted after scheduled dinner meal time per Diet Order, RN may order meal via Room Service, if available. (Hours 7am–10pm.)
 - ii. NOTE: ONLY 1 substitution to meals per DAY allowed (i.e. can replace cow's milk with soy milk or wheat toast with rice).
 - iii. Substitution should be the same food category, such as a fruit for a fruit, if possible.
 - iv. If patient has a documented food allergy this does not count as a substitution.
 - v. Vegan diet honored if it is a longstanding familial preference
 - c. Calories will be advanced by 200 calories every 2 days, depending on refeeding risk and patient symptoms/tolerance.
 - d. Meal schedule to be adjusted as calories increase to include snacks.
 - i. Snacks to be eaten within 30 minutes.
 - ii. Snack times: 10am, 3pm, 8-9pm
 - e. Meal replacement supplementation amounts to be provided at each increasing calorie level. Please see Supplement Replacement Guidelines (Appendix A).
 - f. If Nutrition Plan is not met within 24 hours, with reasonable exceptions (i.e. NPO for procedure), nasogastric tube to be

placed and patient supplemented with formula, per Supplement Replacement Guidelines (Appendix A).

- i. Formula to be run over 1-1.5 hours at designated meal time

c. Nursing:

- i. Vitals Q4H, BP daily, orthostatic BP upon admission
- ii. Daily weights on same scale, same time, in hospital gown. Patient not to be told weight or see weight. See *recommended* Procedure for Weight and Height Measurements (Appendix B).
- iii. Sitter in room to monitor meals, activity, and bathroom usage 24 hours a day.
- iv. Bathroom privileges to include: leaving door open, no flushing until checked by sitter/RN.
- v. Strict I/O, Calorie count for Nursing
 1. Nursing to record all food and beverage types and amounts in flowsheets.

d. Laboratory:

- i. Labs drawn upon admission: CBC, CMP, Mg, Phos
 1. Optional: ESR, UA, Free T4, TSH
 2. If female, may include: LH, FSH, estradiol, UHCG
- ii. Daily labs until normal and patient stable: BMP, Mg, Phos, Ca
 1. Replace electrolytes/minerals as needed:
 - a. Discuss repletion guidelines with pharmacy and/or refer to Micromedex/Lexi-Comp for most recent guidelines.
 2. Replace electrolytes/minerals prior to advancing calories

e. Medications:

- i. Orderable in Sunrise: *Multivitamin/minerals* (per current pharmacy formulary, includes 3mg Thiamine)
 1. If thiamine deficiency/beri beri suspected (i.e. <70% IBW), can supplement with additional thiamine:
 - a. Refer to Micromedex/Lexi-Comp or consult pharmacy for recommendations

f. Cardiology

- i. EKG, as indicated.

g. Consults:

- i. Adolescent Medicine
 1. Scenario 1: Medical Team to consult or communicate with outpatient eating disorder team currently following the patient for plan of care during hospitalization. Consider consulting Karen Beerbower, CEDRD or Pamela Trout, MD for inpatient evaluation and/or treatment recommendations.
 2. Scenario 2: Once patient stabilized, to arrange a complete full nutritional and psychosocial assessment of patient.
 - a. **Goal of assessment is to determine plan for discharge:** Residential treatment, Intensive outpatient, Traditional outpatient, Other
 - b. Please contact Karen Beerbower, CEDRD or Pamela Trout, MD for assessment. Contact information can be found on SWIFT:

- i. Trout: SWIFT → Clinical → Physician Roster
 - ii. Beerbower: SWIFT → Clinical → Allied Health Professional
 - c. Alternative option:
 - i. Patient can be sent out on a day pass for full evaluation at a local eating disorder treatment facility. Contact Patient and Family Counseling for current list of available facilities.
 - ii. Patient and Family Counseling (included in order set):
 - 1. To arrange **Multidisciplinary Team Meeting** within 48-72 hours
 - a. Purpose: To discuss treatment plan for patient to address each aspect of care. See below for more specific information.
 - 2. Assess/Counsel patient with eating disorder.
 - iii. Clinical Nutrition/Dietitian for Intervention (included in order set):
 - 1. To provide nutrition assessment and Nutritional Plan of Care.
 - a. RD to work with outpatient eating disorder team for Nutrition Plan of Care while patient hospitalized, if applicable.
 - iv. Child Life, Music therapy (included in order set)
 - v. Psychiatry – only if indicated
 - vi. Other consults, as appropriate
- h. **Multidisciplinary Team Meeting** within 48-72 hours of admission to determine Plan of Care
 - i. Team will include managing physician team, Nursing, Clinical Nutrition/Dietitian, Patient and Family Counseling, Child Life, and all other consulted practitioners, as applicable. Should include Karen Beerbower, CEDRD or Pamela Trout, MD or Adolescent Medicine team.
 - ii. Will discuss the following during meeting:
 - 1. Activity level – recommended to have 5 minute walk after meals to encourage GI motility
 - 2. Water/Fluid restriction
 - 3. Cell phone/Internet usage
 - 4. Sitter guidelines – restrictions to enforce
 - 5. Nutrition Plan
 - a. PO with solid vs liquid diet, PO/EN combination or EN, medical stability with calorie increases
 - 6. Input from outpatient Eating Disorder team, if indicated
 - 7. Discharge criteria
 - iii. After Plan of Care is set during the **Multidisciplinary Team Meeting**, patient and family will be brought in with team to review and discuss plan.

III. Discharge Criteria

- a. TBD on case-by-case basis at Multidisciplinary Team Meeting
 - i. Medically stable
 - ii. Treatment plan established (Residential treatment, Intensive outpatient, Traditional outpatient)

Appendix A – Supplement Replacement Guidelines

1000 kcal (3 meals)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	240mL
26-50%	180mL
51-75%	120mL
76-95%	60mL
96-100%	None

1200 kcal (3 meals)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	270mL
26-50%	210mL
51-75%	150mL
76-95%	90mL
96-100%	None

1400 kcal (3 meals)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	315mL
26-50%	240mL
51-75%	165mL
76-95%	105mL
96-100%	None

1600 kcal (3 meals, 1 snack)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	315mL
26-50%	240mL
51-75%	165mL
76-95%	90mL
96-100%	None
Percentage of Snack Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	135mL
26-50%	105mL
51-75%	75mL
76-95%	45mL
96-100%	None

1800 kcal (3 meals, 1 snack)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	315mL
26-50%	240mL
51-75%	165mL

76-95%	90mL
96-100%	None
Percentage of Snack Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	270mL
26-50%	210mL
51-75%	135mL
76-95%	60mL
96-100%	None

2000 kcal (3 meals, 2 snacks)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	360mL
26-50%	270mL
51-75%	180mL
76-95%	90mL
96-100%	None
Percentage of Snack Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	135mL
26-50%	105mL
51-75%	75mL
76-95%	45mL
96-100%	None

2200 kcal (3 meals, 2 snacks)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	360mL
26-50%	270mL
51-75%	180mL
76-95%	90mL
96-100%	None
Percentage of Snack Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	195mL
26-50%	150mL
51-75%	105mL
76-95%	45mL
96-100%	None

2400 kcal (3 meals, 3 snacks)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	360mL
26-50%	270mL
51-75%	180mL
76-95%	90mL
96-100%	None
Percentage of Snack Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	165mL

26-50%	120mL
51-75%	90mL
76-95%	45mL
96-100%	None

2600 kcal (3 meals, 3 snacks)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	360mL
26-50%	270mL
51-75%	180mL
76-95%	90mL
96-100%	None
Percentage of Snack Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	210mL
26-50%	165mL
51-75%	105mL
76-95%	60mL
96-100%	None

2800 kcal (3 meals, 3 snacks)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	360mL
26-50%	270mL
51-75%	180mL
76-95%	90mL
96-100%	None
Percentage of Snack Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	265mL
26-50%	200mL
51-75%	135mL
76-95%	65mL
96-100%	None

3000 kcal (3 meals, 3 snacks)

Percentage of Meal Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	360mL
26-50%	270mL
51-75%	180mL
76-95%	90mL
96-100%	None
Percentage of Snack Calories Consumed	Amt of Ensure Plus/Pediasure 1.5 to be consumed
0-25%	310mL
26-50%	235mL
51-75%	155mL
76-95%	80mL
96-100%	None

Appendix B. Guidelines for Weight and Height Measurements

MEASURING HEIGHT

- Measure height with the patient standing, using a wall mounted measure with headboard (if able).
- Shoes should not be worn.
- Clothing that allows the patient's posture to be seen should be worn.
- The back and head should be straight and the patient's eyes looking forward.
- Feet, knees, buttocks, and shoulder blades should be in contact with the wall/measuring tape.
- Arms should be hanging loosely at the sides, with palms facing the thighs.
- The patient should take a deep breath and stand tall to help straighten the spine.
- The moveable headpiece should be lowered gently until it just touches the crown of the head.
- Read the height.

MEASURING WEIGHT

- Use the same balance beam scale each time.
- Ensure the scale is calibrated accurately at zero before use.
- Weight should be taken after patient has voided and at the same time of day, if possible. If the time of weight measure varies, document the time that it was taken in the chart.
- Document food or beverage taken before the weight.
- Lightweight clothing should be worn. Patient may be asked to wear the same clothing for each weight check (i.e. hospital gown).
- The balance should be placed on a hard, flat surface and zeroed before each measurement.
- The patient should stand unassisted, as still as possible, in the middle of the scale, facing away from the scale to obtain a blind weight.
- In order to limit the temptation for the patient to listen and hear the movement of the weights, it is advised to move the large and small weight several times quickly back and forth and read it as quickly as possible when the weights stabilize.
- Occasionally some patients will try to make themselves appear heavier than they really are by strapping weights close to their body, or by carrying heavy objects in their pockets or by drinking excessive amounts of water and avoiding urinating before weighing.
- Do not discuss weight with the patient even if they question. Avoid sharing numbers as well as telling them if it went up or down. Assure them that this will be discussed with their medical team. If they continue to question, assure the patient that many factors affect weight and it will be discussed with evaluation of all influences.
- Avoid any comments such as "you are doing well," or "are you eating everything that you are supposed to?" Such comments often cause anxiety and may affect their willingness to accept the next meal.
- Note in the chart or communicate with the medical team if patient is uncooperative during the weigh-ins.