Avoidant Restrictive Food Intake Disorder (ARFID)

No change in monitoring (VS and labs) and activity from eating disorder clinical management during admission.

Refer to Eating Disorders Clinical Pathway.

<table>
<thead>
<tr>
<th>Nutritional Supplement Replacement</th>
<th>Nutrition and Fluids</th>
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</thead>
<tbody>
<tr>
<td>Consider the following supplements if ≤ 70% ideal body weight or serum phosphorus &lt; 3.0mg/dL:</td>
<td>Refer to Appendix A in Executive Summary for detailed meal planning for patients with ARFID</td>
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<tr>
<td>• Multivitamin</td>
<td>• The BH/EDP Registered Dietitian will develop the meal plan after meeting with the patient and family to determine familiar foods.</td>
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<td>• Phosphorus</td>
<td>• The meal plan will consist of 3 meals + 3 snacks daily, approximately every 3 hours.</td>
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<td>• Magnesium</td>
<td>• There should be a minimum of 600mL and max 2.5L of liquid consumed per 24 hours.</td>
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<tr>
<td>• Zinc</td>
<td>• A feeding team consult will be placed on admission.</td>
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<tr>
<td>• Thiamine supplementation</td>
<td>• Place a clinical feeding evaluation.</td>
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</tbody>
</table>

Constipation

- Stool softeners
- MiraLAX (Polyethylene glycol)
- Colace (Docusate)

Behavioral/Psychiatric

- If compliant on home medications, continue during admission
- No standard psychiatry medications upon admission, can be added once comorbidities (depression, anxiety, bipolar or ADHD) are impacting treatment
- Olanzapine can help with anorexia nervosa
- Do not treat depression until patient close to 85% of an ideal body weight
- Anxiety management with SSRI and SNRI as well as short-term use of benzodiazepine

IV Fluids:

- Consider NS bolus and/or continuous IVFs if severe dehydration or patient refusing PO fluids (consider smaller bolus if signs of heart failure)

Supplements:

- Boost Kids 1.5 or Boost plus (44% and 50% carbohydrates respectively)
- Supplements given based on ¼, ½, ¾ of meals/snacks uneaten
- ...

For patients ≤ 70% ideal body weight:

- Supplement daily with 100mg thiamine and 500mg phosphorus BID to prevent refeeding syndrome
- NG tubes are more common in the treatment of patients with ARFID after assessment by provider
- First 24 hours, receive Nutren Jr with Fiber or Peptamen with Prebio continuous via NG
- Day 3-7 of nocturnal NG feedings or bolus the remaining calories (50% kcal from NG and 50% kcal by mouth)

Discharge home, to an outpatient day program, or transferred to an inpatient eating disorders unit once medically stable. There are multiple factors determining disposition. At minimum, the admission criteria need to be addressed and corrected to assure medical stability before discharge and continuing psychiatric treatment for the eating disorder.