EATING DISORDER
CLINICAL PATHWAY

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.

Medications

Nutritional Supplement Replacement

Consider the following supplements if ≤ 70% ideal body weight or serum phosphorus < 3.0mg/dL:

- Multivitamin
- Phosphorus
- Magnesium
- Zinc
- Thiamine supplementation

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

Nutrition and Fluids

Refer to Appendix A in Executive Summary for detailed meal planning for patients with ARFID

- The BH/EDP Registered Dietitian will develop the meal plan after meeting with the patient and family to determine familiar foods.
- The meal plan will consist of 3 meals + 3 snacks daily, approximately every 3 hours.
- There should be a minimum of 600mL and max 2.5L of liquid consumed per 24 hours.
- A feeding team consult will be placed on admission.
  - Place a clinical feeding evaluation.
- The initial diet order will begin at 1600 kcal. Unless the patient is admitted in the morning and the team is confident that the patient receives at least 90% of this calorie amount (~1400 kcal), the patient should remain on 1600 kcal for the first **full** day (24 hours).
- The diet order will increase by 200 kcal/day as tolerated until the low-end of estimated calorie needs is reached (determined by the Registered Dietitian).
- If the initial diet order is placed after 1800 hours, the patient should consume 150 mL BKE 1.5 + 1 packet of crackers (saltine, club, graham) or a food chosen by the parent/guardian.
- Limit 50% of intake coming from carbohydrates and the RD can use protein supplements to prevent refeeding syndrome.
- The bedside team will document percentages of meals and snacks consumed.
- The patient will have the opportunity to complete the full meal/snack as served, otherwise will need to consume an equivalent amount of nutrition via BKE 1.5 (the same supplement protocol as the standard eating disorder pathway).
- Patients with ARFID are more likely to require nasogastric tube feeds

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
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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.