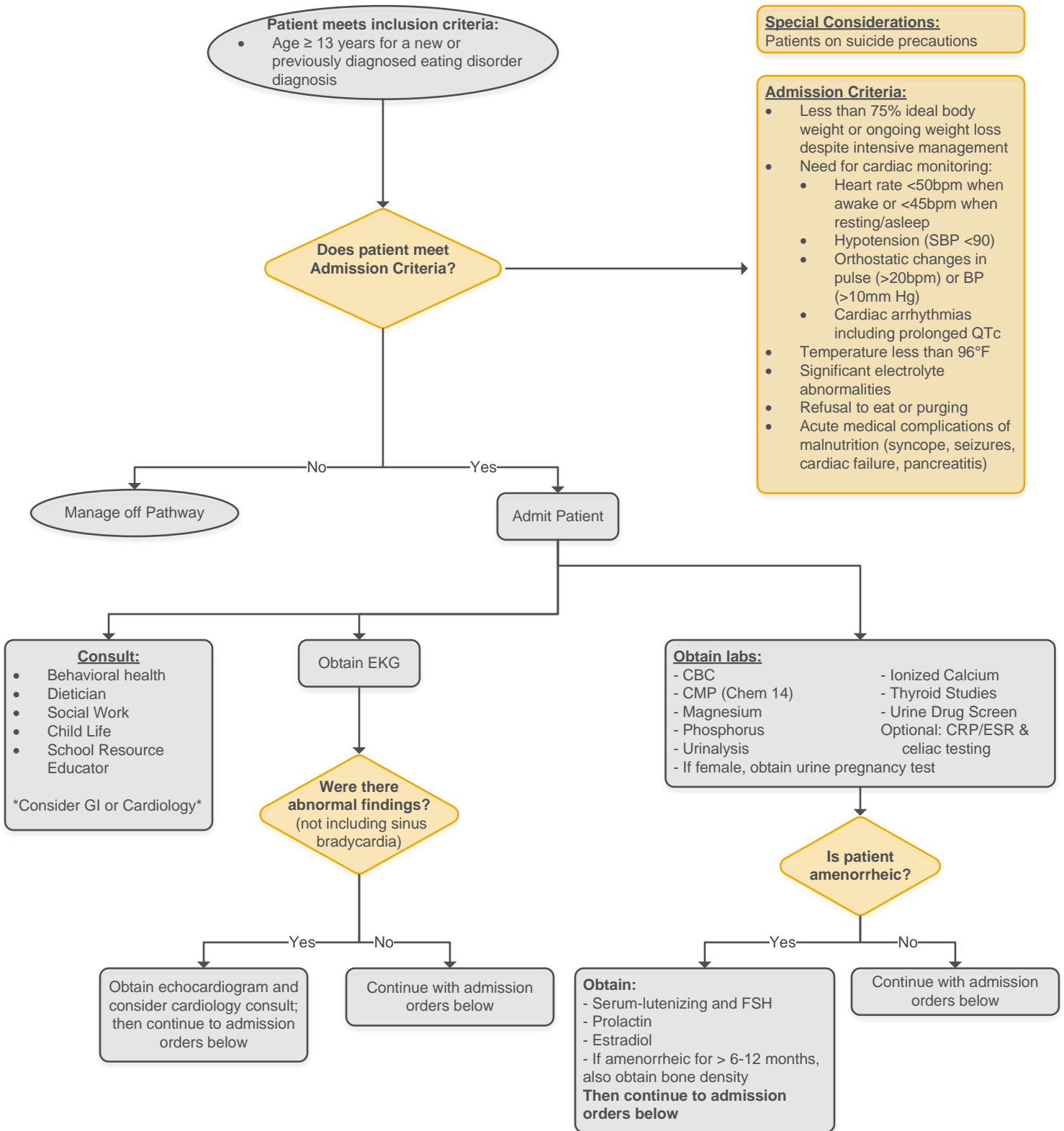


EATING DISORDER CLINICAL PATHWAY



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Clinical Management During Admission

Monitoring (VS and Labs)	Medications	Nutrition and Fluids	Activity
<ul style="list-style-type: none"> <u>Vital Signs</u> every 4 hours for 24 hours; then can change based on provider discretion <u>Daily weights</u> by 0800 in underwear and hospital gown only, after 1st void <ul style="list-style-type: none"> Weight with their back to scale and do not share weight with patient <u>Cardiac Monitoring:</u> <ul style="list-style-type: none"> Obtain orthostatic BP upon admission; if abnormal (>20BPM increase in pulse, >10mmHg increase DBP, or >20 mmHg decrease in SBP) obtain daily in AM Telemetry indicated for prolonged QTc, Bradycardia and Orthostatic Hypotension Labs daily for 7 days then every Monday, Wednesday and Friday for duration of hospitalization to include: <ul style="list-style-type: none"> CMP (chem 14), magnesium, phosphorus 	<p><u>Constipation</u></p> <ul style="list-style-type: none"> Stool softeners MiraLAX (Polyethylene glycol) Colace (Docusate) <p>**Avoid stimulant laxatives**</p> <p><u>Behavioral/Psychiatric</u></p> <ul style="list-style-type: none"> 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 average body weight Anxiety management with SSRI and SNRI as well as short-term use of benzodiazepine 	<p><u>Refeeding Syndrome</u></p> <ul style="list-style-type: none"> Phosphate, potassium and magnesium levels fall rapidly leading to combined metabolic, cardiovascular, neurologic and hematologic complications Most common in first week of hospitalization <p><u>Meal Plan</u></p> <ul style="list-style-type: none"> Initiate at 1600kcal and advance by 200kcal per day unless already part of an outpatient program with established calorie level Should include 50% carbohydrates, 20% protein and 30% fat to prevent refeeding syndrome Registered Dietitian (RD) will establish meal plan upon admission with patient based on food dislikes – For Details refer to Eating Disorder Admission “What to Expect” Ideal Body weight based on Baldwin Wood table or estimate with BMI at 50h percentile x height (m) squared Complete meal in 30 min and snacks in 15 min <p><u>For patients ≤70% ideal body weight:</u></p> <ul style="list-style-type: none"> Supplement daily with 100mg thiamine and 500mg phosphorus BID to prevent refeeding syndrome First 24 hours, receive Nutren Jr with Fiber or Peptamen with Prebio continuous via NG Day 3-7 of nocturnal NG feedings or bolus with the remaining calories (50% kcal from NG and 50% kcal by mouth) <p><u>Supplements:</u></p> <ul style="list-style-type: none"> Boost Kids 1.5 or Boost plus (44% and 50% carbohydrates respectively) Supplements given based on ¼, ½, ¾ of meals/snacks uneaten Multivitamin, phosphorus, magnesium, zinc, and/or thiamine supplementation if <70% ideal body weight or serum phos <3.0 mg/dL Patient must drink nutrition supplement within 20 minutes <p><u>Expected weight gain</u></p> <ul style="list-style-type: none"> 1-2kg per week after 7 days of weight maintenance If 150-300 grams per day not achieved x2 consecutive days after goal calories are met, then increase by 200kcal <p><u>Fluids</u></p> <ul style="list-style-type: none"> 2500mL fluid restriction with appropriate adjustment based on dietician 8-12oz Gatorade daily included in fluid restriction/requirement; If boost used also count in fluid restriction/requirement Fluids will be milk at meals/snack and water in between 	<ul style="list-style-type: none"> Safety attendant 1:1 with door open at all times Bedrest: bed bath and bedside commode only Bathroom privileges observed by staff: can take 5 minute shower Bathroom door locked if not in use, no walking halls, use wheelchair or bed to transport If patient does inappropriate activity, redirect x2; if continue give supplementation 1 oz boost plus No more than 2 visitors at a time No electronics, including cell phones Can watch TV, movies, play cards, art supplies, pet therapy, schoolwork as long as not interfering with therapy and must not be during meal times May use playroom with sedentary activities (no pinball, wii or air hockey) All activities must be supervised After meals, 60 minutes of bedrest. After snacks 30 minutes of bedrest. <p><u>Activity Level-Category 1</u></p> <p>Patient can engage in the following (not during meal or snack time) per nursing:</p> <ul style="list-style-type: none"> - Movies - Television - Puzzle books - Reading books - Coloring books - Pet Therapy - Schoolwork - Laptop for homework only - Room phone to talk to parents only <p><u>Activity Level-Category 2</u></p> <p>Can engage in category 1 activities and the following per nursing:</p> <ul style="list-style-type: none"> - Painting - Arts & Crafts - Playdoh - Bingo - Arts & Crafts - Games - Nail Polish - Video games - Aromatherapy - Playroom times (seated activity only) - May eat with family in room - May use room phone to talk to other approved by parents and physicians for 30 min in evening (not during meal or snack times) <p><u>Activity Level-Category 3</u></p> <p>Can engage in category 1 & 2 activities and the following per nursing:</p> <ul style="list-style-type: none"> - Music - Patio time - Lobby time - Movie night in Glow - Family may bring in outside food to eat with patient in room - Limit strenuous activity to 20 min

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.