EATING DISORDER
CLINICAL PATHWAY

Patient meets inclusion criteria for a new or previously diagnosed eating disorder diagnosis

Does patient meet Admission Criteria?

No

Admit Patient

No

Obtain labs:
- CBC
- Ionized Calcium
- CMP (Chem 14)
- Thyroid Studies
- Magnesium
- Urine Drug Screen
- Phosphorus
- If female, obtain urine pregnancy test
- Optional: CPR/ESR & celiac testing

Obtain echocardiogram and consider cardiology consult; then continue to admission orders below

If female, obtain urine pregnancy test

Yes

Obtain EKG

Obtain labs:
- Serum-lutenizing and FSH
- Prolactin
- Estradiol
- If amenorrheic for >6-12 months, also obtain bone density

Is patient amenorrheic?

Yes

Continue with admission orders below

No

Continue with admission orders below

Obtain:
- Heart rate <50bpm when awake or <45bpm when resting/asleep
- Hypotension (SBP <90)
- Orthostatic changes in pulse (>20bpm) or BP (>10mm Hg)
- Cardiac arrhythmias including prolonged QTc
- Temperature less than 96°F
- Significant electrolyte abnormalities
- Refusal to eat or purging
- Acute medical complications of malnutrition (syncope, seizures, cardiac failure, pancreatitis)

Consult:
- Behavioral health
- Dietician
- Social Work
- Child Life
- School Resource Educator

*Consider GI or Cardiology*

Yes

No

Admit Patient

Manage off Pathway

Special Considerations:
Patients on suicide precautions

Admission Criteria:
- Less than 75% ideal body weight or ongoing weight loss despite intensive management
- Need for cardiac monitoring:
  - Heart rate <50bpm when awake or <45bpm when resting/asleep
  - Hypotension (SBP <90)
  - Orthostatic changes in pulse (>20bpm) or BP (>10mm Hg)
  - Cardiac arrhythmias including prolonged QTc
  - Temperature less than 96°F
  - Significant electrolyte abnormalities
  - Refusal to eat or purging
  - Acute medical complications of malnutrition (syncope, seizures, cardiac failure, pancreatitis)

Were there abnormal findings? (not including sinus bradycardia)

Yes

No

Obtain:
- CBC
- CMP (Chem 14)
- Magnesium
- Phosphorus
- Urinalysis
- If female, obtain urine pregnancy test
## Monitoring (VS and Labs)

- **Vital Signs** every 4 hours for 24 hours; then can change based on provider discretion
- **Daily weights** by 0800 in underwear and hospital gown only, after 1st void
  - Weight with their back to scale and do not share weight with patient
- **Cardiac Monitoring:**
  - 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 1st week of hospitalization to include:
    - CMP (chem 14), magnesium, phosphorus

## Medications

- **Constipation**
  - Stool softeners
  - MiraLAX (Polyethylene glycol)
  - Colace (Docusate)
  - **Avoid stimulant laxatives**
- **Behavioral/Psychiatric**
  - If compliant on home medications, continue during admission
  - No standard psychiatric 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
- **Avoid stimulant use of benzodiazepine**

## Nutrition and Fluids

### Refeeding Syndrome
- Phosphate, potassium and magnesium levels fall rapidly leading to combined metabolic, cardiovascular, neurologic and hematologic complications
- Most common in first week of hospitalization

#### Meal Plan
- **Initial measurement**:
  - Initiate at 1600kcal and advance by 200kcal per day unless already part of an outpatient program with established calorie level
- **Initial weight**:
  - Should include 50% carbohydrates, 20% protein and 30% fat to prevent refeeding syndrome
- **Initial dietary**:
  - 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 50th percentile x height (m) squared
  - Complete meal in 30 min and snacks in 15 min

#### Supplementation
- **For patients ≤ 70% ideal body weight**:
  - Supplement daily with 100mg thiamine and 500mg phosphorus BID to prevent refeeding syndrome
  - First 24 hours, receive Nutren Jr with Fiber or Peptamen to Prevent continuous via NG
  - Day 3-7 of nocturnal NG feeding or bolus the remaining calories (50% kcal from NG and 50% kcal by mouth)

#### Supplements:
- Boost Kids 1.5 or Boost Plus (44% and 50% carbohydrates respectively)
- Supplements given based on %, %, % 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

#### Expected weight gain
- 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

#### Fluids
- 2500mL fluid restriction with appropriate adjustment based on dietitian
- 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

## Activity

- Sitter 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.

### Activity Level - Category 1
- Patient can engage in the following (not during meal or snack time) per nursing:
  - Movies
  - Television
  - Puzzle books
  - Reading books
  - Coloring books
  - Pet Therapy
  - Schoolwork
  - Laptop for homework only
  - Room phone to talk to parents only

### Activity Level - Category 2
- Can engage in category 1 activities and the following per nursing:
  - Painting
  - Arts & Crafts
  - Playdown
  - 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)

### Activity Level - Category 3
- Can engage in category 1 & 2 activities and the following per nursing:
  - 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

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**Disclaimer:** Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

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