



ASSESSMENT GUIDELINES for HOSPITALIZATION of PATIENTS with EATING DISORDERS

Risk of premature death is 6-12 times higher in women with AN as compared to the general population, adjusting for age (Academy for Eating Disorders, 2011).

Consider hospitalization of patients with eating disorders who have **one or more** of the following:

Criteria	Adult	Child (less than 18 years)
Heart Rate	Resting Heart rate < 40 bpm Resting Heart rate >110 bpm	Resting Heart rate < 50 bpm daytime; < 45 bpm nighttime
#Postural tachycardia (lying and standing v/s)	Heart rate change > 35 bpm	Heart rate change >35 bpm
#Hypotension	B/P less than 90/60 mmHg	B/P less than 80/50 mmHg
#Postural hypotension (lying and standing)	Systolic B/P drop of 20 mmHg or more	Systolic B/P drop of 20 mmHg or more
ECG	Abnormalities such as arrhythmias or prolonged QTc	Abnormalities such as arrhythmias or prolonged QTc
Weight	* BMI <15 or ongoing wt loss despite intervention with ED team	**<75% IBW or ongoing wt loss despite intervention with the ED team
Serum Potassium (hypokalemia)	***Less than 3.0 mmol/L	Less than the lower limit of normal as per hospital laboratory values
Hypocalcemia, Hypomagnesemia, Hypophosphatemia	Less than the lower limit of normal as per hospital laboratory values	Less than the lower limit of normal as per hospital laboratory values
Dehydration Poorly Controlled Diabetes	As determined by medical personnel	As determined by medical personnel
Hypothermia	<35.5 degrees Celsius	<35.5 degrees Celsius
Hepatic or renal or cardiovascular organ systems	Hepatic or renal or cardiovascular organ compromise requiring acute treatment	Hepatic or renal or cardiovascular organ compromise requiring acute treatment

* BMI = Weight (kg)/Height (m²)

** Emergency room staff are not required to **determine IBW** (Ideal Body Weight) as this can be determined by the Eating Disorder professional.

*** If the patient is dehydrated, whole-body potassium values may be low even if the serum potassium value is in the normal range; determine concurrent urine specific gravity to assess for dehydration.

Lying for 5 min and do vital signs (pulse X 1 min.)
Stand for 2 minutes, and repeat vitals (pulse X 1 min.)

This is a guideline. All decisions with respect to patient care are the responsibility of the attending physician assuming duty of care. (Approved by Medical Advisory Committee, Eastern Health, November 2009)

Revised March 2012

References

Academy for Eating Disorders. Critical points for early recognition and medical risk management in the care of individuals with eating disorders 2nd Edition (2011).

American Psychiatric Association. Practice Guidelines for the treatments of patients with eating disorders (2006).

Committee on Adolescence. (2003). Identifying and treating eating disorders. *Pediatrics*, 111; 204-211.

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