Medical Emergencies in Eating Disorders (MEED)

Initial Assessment

Weight and height
Standard observations including lying and standing BP, lying and standing pulse and ECG

Muscle Function Tests

Without using their arms to assist, ask the patient to:
- Stand from a squat
- Sit up from lying flat

History and Examination

Take a history and examine the child, including performing muscle function tests, and asking about suicidal ideation.

Suicidal Ideation

Please remember: 20% of the mortality from severe anorexia is from suicide and Anorexia Nervosa carries the highest mortality of any psychiatric diagnosis

Investigations

Blood tests: FBC, U&Es, LFTs, CK, Bone Profile (Calcium), Magnesium, Inorganic Phosphate
NB: If not done in the last 3 months: Add TFTs and tTG

Risk Stratification

Print Appendix 1 and complete the Red, Amber or Green classification for each parameter.

Ongoing Plan

Discuss the patient with the paediatric consultant on call, to decide whether the patient requires admission, or is safe to be discharged.

Discharge to Community

First do no harm!

Do not reassure the patient that their risk is low. That will compound the dismissive nature of their eating disorder cognitions and increase perception that change is not necessary, or even worse that they need to try harder with their restriction!

Do Emphasise the severity of the problem and the need for ongoing review and assessment following this presentation.

You MUST:

- ☐ Ensure the patient has follow up/a referral to a community ED team
- ☐ If no self harm/suicidal ideation the patient does not have to wait to be reviewed by CAMHS before discharge.
- ☐ Ensure that the patient and family have a meal plan to follow at home –
  - if they do not have a community plan give the discharge meal plan in appendix 2.
  - Do NOT give this plan if they are assessed as eating more than 1200KCals
  - This will not lead to weight stabilisation but will limit risk of refeeding until further review (has to be within the next 7 days)
- ☐ Request further physiological review with the GP in 7 days (unless follow up booked BEFORE THIS TIME with Community EDT). Note date of review on Discharge.
- ☐ Give Sanatogen/Forceval as TTO to continue throughout treatment.
- ☐ Clear instructions to parents and patient that exercise can be DANGEROUS – and must be stopped entirely until seen by community EDT.

Admission

DO NOT INSERT NGT IN ED

In ED/ Paediatric Assessment Unit:

- ☐ Start meal plan 1: 1400kcal local plan or appendix 4
- ☐ Refer to the Paediatric medical team for admission.
- ☐ Please refer to Local inpatient CAMHS Liaison team as per local policy if not known
- ☐ Explain that the ward team will increase the meal plan every 24 hours provided refeeding bloods remain normal to enable medical stabilisation
- ☐ Check Zinc/B12/folate/ferritin/Vitamin D, CK TTG and TFTs (if not already taken in ED) with next refeeding bloods.

On admission to ward:

- ○ Print Pathway for clinical staff looking after YP with confirmed or suspected eating disorder
- ○ Start multivitamins as per pathway
- ○ Start thiamine 100mg per day for 10 days
- ○ Monitor for refeeding as per pathway

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