

Managing Eating Disorders in the Emergency Department

Prof. Ian Caterson: Director, The Boden Institute, University of Sydney

Dr Matthew Holten: Consultation Liaison Psychiatry, RPA, SLHD

Joanne Titterton: State-wide Child and Adolescent Eating Disorder Coordinator, CEDD; Clinical Nurse Consultant, SCHN

Dr Anne Morris: Paediatrician, SCHN

Chair: Bridget Mulvey, Eating Disorder Network Coordinator, SLHD

- As part of your Local Service Plan for Eating Disorders, **Emergency Department Pathways** will form a local priority for change.
- This is a mandate for you to develop a local procedure for the management of these patients as they present to Emergency Departments.
- Develop a structured approach and assessment criteria for different teams in the Emergency Department to provide consistency in process.
- You will need to establish criteria for admission that acts as a guide.
- Emergency Department procedures should allow for clinical judgement somewhere in the process, because there are always exceptions.
- Aim to improve patients experience by ensuring a thorough assessment and appropriate treatment.
- Work within limitations and parameters such as, outpatient resources and timely access to inpatient eating disorder beds.
- Be creative with what you can offer locally.
- Make sure you consult broadly with any draft set of Emergency guidelines, the medical directors of the wards patients will be admitted to **MUST BE INVOLVED**.
- Make sure your Local Service Plan Steering Committee signs off on Emergency Department protocols that are developed.
- For those who won't meet criteria for admission, what treatment options can you send them home with? Be aware of discharge options and community treatment pathways for clients so that they do not get 'lost in the system'.
- Consider other entry points within the districts for eating disorder patients who may not require Emergency Department level of acuity, e.g. planned admissions via GP.
- Review and evaluate any Emergency Department protocols that are developed on an ongoing basis.

Include in any physical assessment the following:

- Body Mass Index (weight in kg/ height m²)
- Postural Blood pressure and heart rate
- ECG (including measurement of QTC interval, corrected for rate)
- Bloods, including full blood count, electrolytes, glucose, renal function, liver function, thyroid function (T3, T4, TSH), calcium, magnesium, phosphate, amylase, ESR
- Urinalysis

Discharge:

- Patients discharged from the ED to follow-up with usual eating disorder services +/- local mental health service.
- Locally be creative to put together a treatment team, e.g. GP, Local MH team, private dietitian, psychologists, family therapists to provide support and monitoring.
- Support available through eating disorders network coordinators/CEDD/NSW Outreach

If patient has no current Eating Disorders Services involved or there are other concerns about follow-up they can be referred to tertiary service at Peter Beumont EDS intake for 'urgent slot' Outpatient Appointment (if geographically possible) or the NSW eating Disorders Outreach Service via PB EDS, 02 9515 1430.

For further information, please refer the following documents:

- <http://cedd.org.au/wordpress/wp-content/uploads/2015/04/1.pdf>
- http://cedd.org.au/wordpress/wp-content/uploads/2015/04/ED_PathwayFlowcharts.pdf