

## Eating Disorder's in the Emergency Department: Children and Adolescents

Children and adolescents with an eating disorder are at great risk of medical and psychiatric complications, in particular those presenting with Anorexia Nervosa. It is therefore essential to have efficient and timely medical and psychiatric assessment and treatment commenced.

### Mental health Assessment

History of presenting illness including:

- Presence of comorbid psychiatric illnesses
- Safety assessment
- Family and Social
- History Past Medical and Psychiatric History
- Current Medications

### Medical Assessment

- ECG
- Bloods: EUC, FBC, LFT, TSH, T3, T4, LH, FSH, oestradiol, amylase, ferritin, CK, CMP and BSL (eating disorder order set on power chart at CHW).
- Measurement of vital signs (pulse, postural BP and temperature)
- Urinalysis

### Treatment

- If medically unstable hospitalisation is required
  - Medically unstable is defined as:
    - Heart Rate < 50 beats/min
    - Temperature < 35.5 C
    - Blood Pressure < 80/40 mm/Hg or postural drop >30 mm/Hg
    - Recommended refeeding protocol: <http://cedd.org.au/wordpress/wp-content/uploads/2015/04/Refeeding-flowchart-for-children.pdf>
- If assessed as being at risk to self or others hospitalisation is required
- If medically stable, ensure follow-up is planned and implemented
  - Clear management plan
  - Ensure patient eats prior to discharge
  - Medical follow up arranged
  - Meal plan/advise on same
  - Clear expectations (when to re-present for treatment etc.)
  - Psychological support (if available)

