EATING DISORDER
CLINICAL PATHWAY

**Patient meets inclusion criteria:**
- Age ≥ 13 years for a new or previously diagnosed eating disorder diagnosis

**Does patient meet Admission Criteria?**

**Admit Patient**

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

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

*Consider GI or Cardiology*

**Obtain EKG**

**Were there abnormal findings?**

(not including sinus bradycardia)

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

**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)

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

*Consider GI or Cardiology*

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**EATING DISORDER CLINICAL PATHWAY**

**Children’s Hospital & Medical Center**

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**Clinical Management During Admission**

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| • Vital Signs: every 4 hours for 24 hours; then can change based on provider discretion | Constipation  
- Stool softeners  
- Miralax (Polyethylene glycol)  
- Colace (Docusate)  
**Avoid stimulant laxatives**  
**Behavioral/Psychiatric**  
- If compliant on home medications, continue during admission  
- No standard psychotropic 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 average body weight  
- Anxiety management with SSRI and SNRI as well as short-term use of benzodiazepine | 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**  
- Initiate at 1600kcal and advance by 200kcal per day unless already part of an outpatient program with established calorie level  
- Should include 50% carbohydrates, 20% protein and 30% fat to prevent refeeding syndrome  
- 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  
**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 with Prebio continuous vis NG  
- Day 3-7 of nocturnal NG feedings or bolus the remaining calories (50% kcal from NG and 50% kcal by mouth)  
**Supplements:**  
- oost Kids 1.5 or Boost plus (44% and 50% carbohydrates respectively)  
- Supplements given based on ¼, ½, ¾ 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 dietician  
- 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 | Sit 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  
- Playdoh  
- Bingo  
- Arts & Crafts  
- Games  
- Nail Polish  
- Video games  
- Aromatherapy  
- Playroom times (seated activity only)  
- May eat with family in room  
- May use phone room 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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**Clinical Effectiveness**