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
- Magnesium
- Urinalysis
- Phosphorus
- Optional: CRP/ESR & celiac testing
- If female, obtain urine pregnancy test

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

Were there abnormal findings?
(not including sinus bradycardia)

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

No
- Continue with admission orders below

Obtain EKG

Is patient amenorrheic?

Yes
- Continue with admission orders below

No
- If amenorrheic for > 6-12 months, also obtain bone density
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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ChildrensOmaha.org/Pathways
Updated 05/2023
## EATING DISORDER CLINICAL PATHWAY

### Clinical Management During Admission

<table>
<thead>
<tr>
<th>Monitoring (VS and Labs)</th>
<th>Medications</th>
<th>Nutrition and Fluids</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vital Signs</strong> every 4 hours for 24 hours; then can change based on provider discretion</td>
<td><strong>Constipation</strong></td>
<td><strong>Phosphate</strong> rapidly leading to combined metabolic, cardiovascular, neurologic and hematologic complications</td>
<td>• Safety attendant 1:1 with door open at all times</td>
</tr>
<tr>
<td><strong>Daily weights</strong> by 0800 in undergarment and hospital gown only, after 1st void</td>
<td><strong>Stool softeners</strong></td>
<td><strong>Potassium</strong> and magnesium levels fall rapidly leading to combined metabolic, cardiovascular, neurologic and hematologic complications</td>
<td>• Bedrest: bed bath and bedside commode only</td>
</tr>
<tr>
<td>• Weight with their back to scale and do not share weight with patient</td>
<td><strong>MiraLAX</strong> (Polyethylene glycol)</td>
<td><strong>Magnesium</strong> and phosphorus BID to prevent refeeding syndrome</td>
<td>• Bathroom privileges observed by staff: can take 5 minute shower</td>
</tr>
<tr>
<td><strong>Cardiac Monitoring:</strong></td>
<td><strong>Colace (Docusate)</strong></td>
<td><strong>Baldwin Wood table</strong> or estimate with BMI at 50th percentile x height (m) squared</td>
<td>• Bathroom door locked if not in use, no walking halls, use wheelchair or bed to transport</td>
</tr>
<tr>
<td>• Obtain orthostatic BP upon admission; if abnormal (&gt;20 BPM increase in pulse, &gt;10 mmHg increase DBP, or &gt;20 mmHg decrease in SBP) obtain daily in AM</td>
<td><strong>Avoid stimulant laxatives</strong></td>
<td><strong>Complete meal in 30 min and snacks in 15 min</strong></td>
<td>• No more than 2 visitors at a time</td>
</tr>
<tr>
<td>• Telemetry indicated for prolonged QTc, Bradycardia and Orthostatic Hypotension</td>
<td><strong>Behavioral/Psychiatric</strong></td>
<td><strong>For patients ≥70% ideal body weight:</strong></td>
<td>• No electronics, including cell phones</td>
</tr>
<tr>
<td>Labs daily for 7 days then every Monday, Wednesday and Friday for duration of hospitalization to include:</td>
<td>• If compliant on home medications, continue during admission</td>
<td>• Supplement daily with 100mg thiamine and 500mg phosphorus BID to prevent refeeding syndrome</td>
<td>• 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</td>
</tr>
<tr>
<td>• CMP (chem 14), magnesium, phosphorus</td>
<td>• No standard psychiatry medications upon admission, can be added once comorbidities (depression, anxiety, bipolar or ADHD) are impacting treatment</td>
<td>First 24 hours, receive Nutren Jr with Fiber or Peptamen with Prebio continuous via NG</td>
<td>• May use playroom with sedentary activities (no pinball, Wii or air hockey)</td>
</tr>
<tr>
<td><strong>Expected weight gain</strong></td>
<td>• Olanzapine can help with anorexia nervosa</td>
<td>Day 3-7 of nocturnal NG feedings or bolus the remaining calories (50% kcal from NG and 50% kcal by mouth)</td>
<td>• All activities must be supervised</td>
</tr>
<tr>
<td>1-2kg per week after 7 days of weight maintenance</td>
<td>• Do not treat depression until patient close to 85% of an average body weight</td>
<td><strong>Supplements:</strong></td>
<td>• After meals, 60 minutes of bedrest. After snacks 30 minutes of bedrest.</td>
</tr>
<tr>
<td>If 150-300 grams per day not achieved x2 consecutive days after goal calories are met, then increase by 200kcal</td>
<td>• Anxiety management with SSRI and SNRI as well as short-term use of benzodiazepine</td>
<td>Boost Kids 1.5 or Boost plus (44% and 50% carbohydrates respectively)</td>
<td>• Activity Level-Category 1</td>
</tr>
<tr>
<td><strong>Fluids</strong></td>
<td>• Constipation</td>
<td><strong>Supplements given based on ¼, ½, ¾ of meals/snacks eaten</strong></td>
<td>Patient can engage in the following (not during meal or snack time) per nursing:</td>
</tr>
<tr>
<td>2500mL fluid restriction with appropriate adjustment based on dietitian</td>
<td>• Stool softeners</td>
<td>• Multivitamin, phosphorus, magnesium, zinc, and/or thiamine supplementation if &lt;70% ideal body weight or serum phos &lt;3.0 mg/dL</td>
<td>- Movies</td>
</tr>
<tr>
<td>8-12oz Gatorade daily included in fluid restriction/requirement; if boost used also count in fluid restriction/requirement</td>
<td>• MiraLAX (Polyethylene glycol)</td>
<td>• Patient must drink nutrition supplement within 20 minutes</td>
<td>- Television</td>
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<tr>
<td>Fluids will be milk at meals/snack and water in between</td>
<td>• Colace (Docusate)</td>
<td>• Expected weight gain</td>
<td>- Puzzle books</td>
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</table>

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Discharge home, to an outpatient day program, or transferred to an inpatient eating disorders unit once medically stable. There are multiple factors determining disposition. At minimum, the admission criteria need to be addressed and corrected to assure medical stability before discharge and continuing psychiatric treatment for the eating disorder.

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