

# ADULT EATING DISORDERS

## BC'S COMMUNITY HOSPITAL GUIDELINE: RECOMMENDED CARE OF THE PATIENT WITH AN EATING DISORDER IN THE EMERGENCY ROOM



Emergency room presentations for eating disorder patients occur for four reasons:

1. Psychiatric crisis
2. Family distress associated with eating disorder patient health
3. Substance use related complication
4. Medical problem directly related to eating disorder

Look for the following medical indicators presented by the eating disorder patient at the Emergency Room.

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| <p><b>Standard Mortality Rate (SMR)*</b></p> <ul style="list-style-type: none"> <li>SMR is elevated in the low weight patient &amp; VERY elevated in patients with BMI &lt;11 (SMR=30).</li> <li>Medical death in an eating disorder patient is usually due to ventricular tachycardia/fibrillation, hypoglycemia and/or infection.</li> </ul>   |
| <p><b>BMI &lt;13 High Risk***</b></p> <p><b>Combined with a low BMI each variable listed below is an indication for hospitalization:</b></p> <ul style="list-style-type: none"> <li>delirium</li> <li>severe motor and cognitive slowing</li> <li>electrolyte abnormalities (K, Na, Mg)</li> <li>any infection</li> <li>seizure</li> <li>sinus tachycardia</li> <li>fever</li> <li>hypoglycemia on blood sample 2.5 to 3.5</li> </ul> <ul style="list-style-type: none"> <li>BMI &lt; 13 is an indicator for certification under the Mental Health Act if the patient refuses admission although BMI &lt; 13 alone is not enough for admission.</li> <li>ECG changes: prolonged QTC and/or t wave changes on ECG including depression and t wave inversion &gt; conduction abnormalities such as junctional rhythm ventricular tachycardia or fibrillation clinical CHF renal failure. <b>In such ECG cases consider admitting to a monitored bed</b> in a CCU, telemetry ward, ICU, or High Dependency Unit depending on hospital resources.</li> </ul> |
| <p><b>BMI 13-16 (Medium Risk)</b></p> <ul style="list-style-type: none"> <li>Eating disorder patients may present with all of the previously mentioned criteria.</li> <li>The presenting complaint requires medical care. However <b>the decision to admit is less clear cut</b> and will depend on the clinical judgment of the ER physician, family distress and age of the patient.</li> <li>Inpatient care or outpatient referral to an eating disorder secondary program is recommended.</li> <li>See <b>“Consult Service Available”</b> Box to help with treatment decisions.</li> </ul>   |
| <p><b>BMI &gt;16</b></p> <ul style="list-style-type: none"> <li>Medical problems in the Bulimia Nervosa (BN) or purging subtype of an eating disorder with a BMI in the normal range (18.5-25) include seizure and electrolyte disturbances (Mg, Na, K)</li> <li>Rarely does a patient with BN require a medical admission for eating disorder related complications.</li> <li>Most medical problems can be managed with usual medical care, and the patient can be discharged from the ER.</li> <li>Referral to an eating disorder secondary program should be initiated prior to discharge.</li> </ul>   |
| <p><b>All Patients: Mental Health Status</b></p> <p>Screen for mental health status/self-harm. If suicidality is present, inpatient monitoring and treatment may be needed depending on the estimated level of risk.</p>   |
| <p><b>Local Referral Resources/Contacts</b></p>  |

**Calculate body mass index (BMI\*\*)** using this online calculator: [www.nhlbhsupport.com/bmi](http://www.nhlbhsupport.com/bmi), other preferred BMI calculator, or manually.  
**BMI = weight(kg) /height (m<sup>2</sup>)**

**CONSULT SERVICE AVAILABLE TO PROVIDE GUIDANCE ON:**

1. medical advice for eating disorder patients presenting to ER
2. initiating access to eating disorder services
3. providing guidance, re-admission and discharge criteria for the above mentioned group

**During normal weekday business hours** Mon. - Fri. 9am-4pm an Eating Disorders Triage Nurse is available for consultation at St. Paul's Hospital (SPH), at 604-806-8654.

**Outside normal business hours** the eating disorders internist on call may be paged through St. Paul's Hospital switchboard 604-682-2344, 0 for Operator to provide medical advice and guidance.

**\*Standard Mortality Rate (SMR):** SMR is deaths in an eating disorders age group as compared to age matched cohorts.

**\*\*Notes on BMI**  
 BMI: Consistent weight measurement is recommended. Weight should be taken in private, with a hospital gown. The Body Mass Index (BMI; weight in kilograms divided by height in meters squared) should be calculated for all individuals with eating disorders. Adults with a BMI < 18.5 are considered underweight.

BMI applications may be downloaded to handheld devices/portable devices such as Apple iPhones/iPads, Blackberry and other PDA devices (free) or see/search similar under "Alberta Health Services BMI app"  
<https://itunes.apple.com/us/app/calculate-medical-calculator/id361811483?mt=8>

**\*\*\*Medical Acuity:**  
 Many factors determine the relevance of BMI for a given patient including abnormal muscularity, body frame, constipation, fluid loading, and ethnicity (Lask & Frampton, 2009).

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