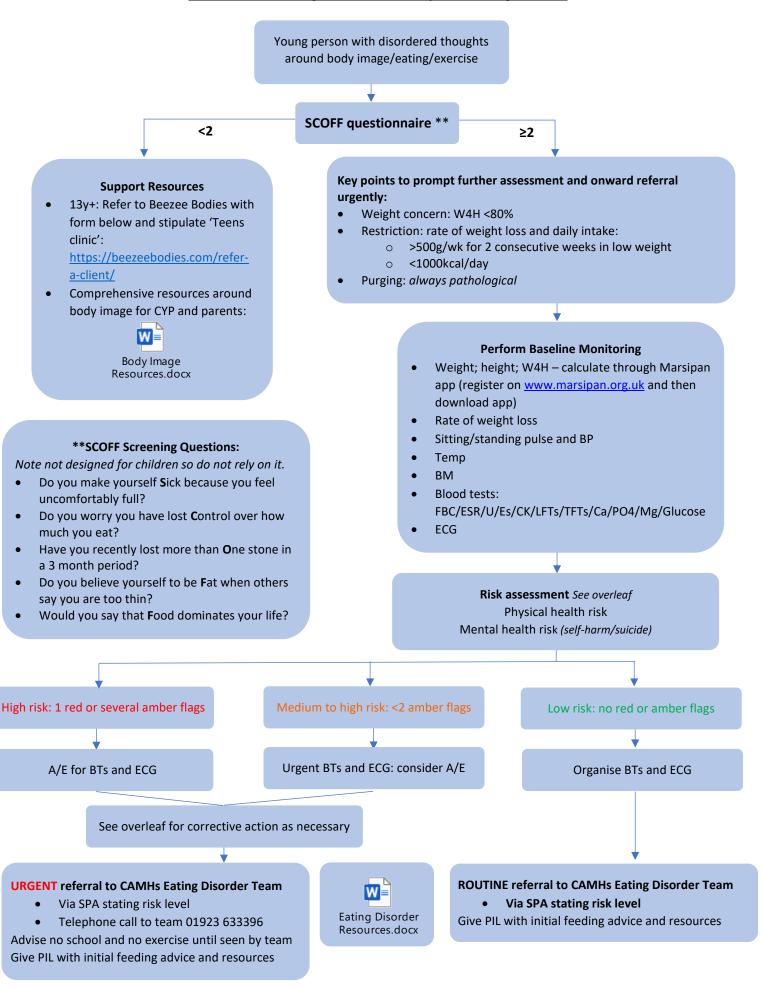
Assessment of Young Person with a Suspected Eating Disorder



BASELINE RISK ASSESSMENT (based on Junior Marsipan Risk assessment)								
	RED	AMBER	GREEN					
Weight								
<18yr: Median % BMI	<70%	70-80%	>80%					
(W4H)	.42	12.11.0	.45					
>18yr: BMI	<13	13-14.9	>15					
Recent weight loss	≥ 1kg/week for 2 weeks in	500-999g/week for 2 weeks in undernourished patient	< 500g/week or fluctuating					
Cardiovascular health	undernourished patient	undernourished patient	weight					
	440h m m	40 F0h a re	> F.Ob 12 12					
Heart rate (awake)	<40bpm	40-50bpm	>50bpm Normal standing BP for age and					
Standing BP	<0.4 centile for age	<0.4 centile for age (84-98/35-40)						
	<90 systolic if 18+yr with	<90 systolic if 18+yr with occasional syncope or	gender and normal heart rhythm and					
Dran in DD on standing	recurrent syncope and >20	>15/10 mmHg	Normal orthostatic changes					
Drop in BP on standing			Normal orthostatic changes					
Rise in pulse on standing	>30bpm (>35 in <16yrs) or	Up to 30bpm (35 in <16yr) or						
BM	<3	<4	>4					
Temp	<35.5 tympanic; 35.0 axillary	<36	>36					
Hydration Status	155.5 tympanic, 55.6 axillary							
Urine output; dry	Fluid refusal	Severe fluid restriction	Minimal fluid restriction					
mouth; postural	Severe dehydration 10%	Moderate dehydration 5-10%	Mild dehydration only <5%					
changes; skin turgor;	Severe deligaration 10%	Wioderate deliyaration 5-10%	Wind derivariation only 1370					
sunken eyes; P; RR								
Muscular weakness								
SUSS Test Part 1:	Unable to sit up from lying flat (0)	Unable to sit up without	Sits up from lying flat without any					
Sit up from lying flat	or without using hands (1)	noticeable difficulty (2)	difficulty (3)					
SUSS Test Part 2:	Unable to get up from squatting	Unable to get up without	Stands up from squat flat without					
Stand up from squat	(0) or without using hands (1)	noticeable difficulty (2)	any difficulty (3)					
Investigations	(o) or without using harias (1)	noticeable annealty (2)	any anneatty (3)					
ECG:	<18yrs QTc >460ms F; >400ms M	<18yr: QTc >460ms F;>400ms M	<18yr: QTc <460ms F; <400ms M					
females (F); males (M)	18+yrs QTc >450ms F;>430ms M	>18yrs: QTc >450ms F; >430msM	>18yrs: QTc <450ms F; <430ms M					
remaies (i), maies (ivi)	and any other ECG abnormality	No other ECG abnormality	2 Loyis. Qre (450ms r, (450ms W					
	and any other los asmormancy	Meds that prolong QTc						
Biochemistry Blood Tests	Hypokalaemia <3.0mmol/l	<3.5mmol/l	>3.5mmol/l					
	Hyponatraemia <130mmol/l	<135mmol/l	>135mmol/l					
	Hypophosphataemia		200111110171					
	<1mmol/l (adolescents)							
	<0.8mmol/l (adults)							
	Hypocalcaemia							
	Transaminases x 3ULN							
	Hypoalbuminaemia <32	<35	>35					
	Hypoglycaemia <3mmol/l	<4.0mmol/l	>4.0mmol/l					
	In Diabetes HbA1C >10%							
Haematology Blood	Low White Cell Count <2.0	< 4.0	>4					
Tests	Haemoglobin <10g/l	<11g/l	>11g/l					
Disordered eating behavio	<u> </u>	<u> </u>	- <u> </u>					
Restriction	Acute food refusal or calorie	Severe restriction <50% required	Moderate restriction					
	<500kcal for 2 or more days	intake (<1000kcal)						
Purging behaviours	Multiple daily episodes	3 x week						
Exercise in malnutrition	>2h/day uncontrolled exercise	>1h/day uncontrolled exercise	<1h/day					
Engagement	Physical resistance	Poor insight and some resistance	Some insight and motivation					
Self-harm and suicide	High risk suicidal thoughts or	Low risk suicidal thoughts and						
	behaviours	behaviours						

	Dulas	4F0					
	Pulse	<50					
Corrective action	BM	<4		Snack and water		No improvement	
	BP	<90/50		Repeat monitoring		To A/E	
	Systolic BP on standing	Drop >15					
	Diastolic BP on standing	g Drop >10					
	Pulse on standing	Increase >30	Dr Alison Cowan version 1				