**Assessment of Young Person with a Suspected Eating Disorder**

Young person with disordered thoughts around body image/eating/exercise

**Key points to prompt further urgent assessment and onward referral:**

* Weight concern: W4H <80%
* Restriction: rate of weight loss and daily intake:
	+ >500g/wk for 2 consecutive weeks in low weight
	+ <1000kcal/day
* Purging: *always pathological*

**SCOFF questionnaire** \*\*

**≥2**

**<2**

**Support Resources**

* 13y+: Refer to Beezee Bodies with form below and stipulate ‘Teens clinic’: <https://beezeebodies.com/refer-a-client/>
* Comprehensive resources around body image for CYP and parents:

[*Body Image PIL*](https://www.hwehealthiertogether.nhs.uk/parentscarers/support-advice-parents-body-image-concerns)

**Perform Baseline Monitoring**

* Weight; height; W4H – calculate through Marsipan app (register on [www.marsipan.org.uk](http://www.marsipan.org.uk) and then download app)
* Rate of weight loss
* Sitting/standing pulse and BP
* Temp
* BM
* Blood tests: FBC/ESR/U/Es/CK/LFTs/TFTs/Ca/PO4/Mg/Glucose
* ECG

**\*\*SCOFF Screening Questions:**

*Note not designed for children so do not rely on it.*

* Do you make yourself **S**ick because you feel uncomfortably full?
* Do you worry you have lost **C**ontrol over how much you eat?
* Have you recently lost more than **O**ne stone in a 3 month period?
* Do you believe yourself to be **F**at when others say you are too thin?
* Would you say that **F**ood dominates your life?

**Risk assessment** *See overleaf*

Physical health risk

Mental health risk *(self-harm/suicide)*

**CAMHs Eating Disorder Team contact details**: 01923 633396; Team email: Hpftcamhs.eatingdisorders@nhs.net

Medium to high risk: 2 or more amber flags

A/E for BTs and ECG

Urgent BTs and ECG: consider A/E

Organise BTs and ECG

Low risk: no red or amber flags

High risk: 1 red or several amber flags

Very low risk: refer to [First Steps ED](https://firststepsed.co.uk/)

See overleaf for corrective action as necessary

**ROUTINE referral to CAMHs Eating Disorder Team**

* **Via SPA stating risk level**

Give PIL with initial feeding advice and resources

[*Eating Disorder PIL*](https://www.hwehealthiertogether.nhs.uk/parentscarers/support-advice-parents-eating-disorders)

**URGENT referral to CAMHs Eating Disorder Team**

* Via SPA stating risk level
* Telephone call to team 01923 633396

Advise no school and no exercise until seen by team

Give PIL with initial feeding advice and resources [*Eating Disorder PIL*](https://www.hwehealthiertogether.nhs.uk/parentscarers/support-advice-parents-eating-disorders)

|  |
| --- |
|  **BASELINE RISK ASSESSMENT** *(based on MEED guidance)* |
|  | RED | AMBER | GREEN |
| Weight |
| <18yr: Median% BMI (W4H) | <70% | 70-80% | >80%  |
| ≥18yr: BMI | <13 | 13-14.9 | >15 |
| Recent weight loss  | ≥ 1kg/week for 2 weeks in undernourished patient | 500-999g/week for 2 weeks in undernourished patient | < 500g/week or fluctuating weight |
| Cardiovascular health |
| Heart rate (awake) | <40bpm | 40-50bpm | >50bpm |
| Standing BP | <0.4 centile for age<90 systolic if 18+yr with recurrent syncope and | <0.4 centile for age (84-98/35-40)<90 systolic if 18+yr with occasional syncope or | Normal standing BP for age and gender and normal heart rhythm and |
| Drop in BP on standing | >20 mmHg | >15/10 mmHg | Normal orthostatic changes |
| Rise in pulse on standing | >30bpm (>35 in <16yrs) or | Up to 30bpm (35 in <16yr) or |
|  |
| Blood sugar (BM) | <3mmol/l | <4mmol/l | >4mmol/l |
| Temp | <35.5 tympanic; 35.0 axillary | <36 | >36 |
| Hydration Status |
| Urine output; dry mouth; postural changes; skin turgor; sunken eyes; P; RR | Fluid refusalSevere dehydration 10% | Severe fluid restrictionModerate dehydration 5-10% | Minimal fluid restrictionMild dehydration only <5% |
| Muscular weakness |
| SUSS Test Part 1: Sit up from lying flat | Unable to sit up from lying flat (0) or without using hands (1) | Unable to sit up without noticeable difficulty (2) | Sits up from lying flat without any difficulty (3) |
| SUSS Test Part 2:Stand up from squat | Unable to get up from squatting (0) or without using hands (1) | Unable to get up without noticeable difficulty (2) | Stands up from squat flat without any difficulty (3) |
| Investigations |
| ECG: females (F); males (M) | <18yrs QTc >460ms F; >400ms M18+yrs QTc >450ms F;>430ms M*and* any other ECG abnormality | <18yr: QTc >460ms F;>400ms M>18yrs: QTc >450ms F; >430msMNo other ECG abnormalityMeds that prolong QTc | <18yr: QTc <460ms F; <400ms M>18yrs: QTc <450ms F; <430ms M |
| Biochemistry Blood Tests | Hypokalaemia <2.5mmol/l | <3.5mmol/l | >3.5mmol/l |
| Hyponatraemia <130mmol/l | <135mmol/l | >135mmol/l |
| Raised urea or creatinine |  |  |
| Hypophosphataemia<1mmol/l (adolescents) <0.8mmol/l (adults) |  |  |
| Hypocalcaemia |  |  |
| Transaminases x 3 ULN |  |  |
| Hypoalbuminaemia <32 | <35 | >35 |
| In Diabetes HbA1C >10% |  |  |
| Haematology Blood Tests | Low White Cell Count <2.0 | < 4.0 | >4 |
| Haemoglobin <10g/l | <11g/l | >11g/l |
| Disordered eating behaviours |
| Restriction | Acute food refusal or calorie <500kcal for 2 or more days | Severe restriction <50% required intake (<1000kcal) | Moderate restriction |
| 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 behaviours  | Low risk suicidal thoughts and behaviours |  |

Corrective action

No improvement To A/E

Snack and water

Repeat monitoring

|  |  |
| --- | --- |
| Pulse | <50 |
| BM | <4 |
| BP | <90/50 |
| Systolic BP on standing | Drop >15 |
| Diastolic BP on standing | Drop >10 |
| Pulse on standing | Increase >30 |

  *Dr Alison Cowan version 5*